Improving Your Observation & Documentation Skills

Leader Guide
PROGRAM DESCRIPTION

This program focuses on knowing how to make good objective observations, gather the client’s subjective input, report and record these observations. The nursing assistant and home health aide will learn how to pick up on subtle body language cues from the client and become more familiar with the Patient’s Bill of Rights, all of which will make taking care of the client more rewarding.  

Video running time: 25 minutes (2 contact hours total, which includes contents of learning guide.)

OBJECTIVES

At the completion of this program, the participant will be able to:

1. List four different observations that can be made using the senses.
2. Describe the sequence of objective observations that can be made when first meeting a client.
3. Define subjective observation and give examples.
4. Identify three client observations that must be reported immediately.
5. List at least four basic rules for recording client information.
The Nursing Process

The nursing process is a systematic method of problem solving. It is based on the scientific method. The nursing process is called "process" because it is ongoing. These are the steps of the nursing process:

**Assessment:** This is the systematic, ongoing collection of information from multiple sources. Assessment is done when a nurse interviews a client and the client’s significant others. A physical assessment of the client is also completed observing the following: laboratory data, daily client actions, assessing the client’s ability to carry out daily activities, symptoms and the client’s response to treatment. In long term care, resident assessment instruments are used to provide a comprehensive multi-disciplinary assessment.

**Problem Identification or Nursing Diagnosis:** Assessment data leads to identifying client strengths and client problems. These may be actual problems the client currently experiences, or potential problems that may occur with that client in the future. Problems are stated and related to a cause or influencing factor.

**Planning:** The systematic steps that the nurse will enact, with others, to assist the client to meet the goals (or outcomes) that are set. For each problem, a measurable, specific goal is identified. The plan includes nursing actions, based on aspects of nursing theory, nursing science, other sciences, and research findings. The beliefs and values of the nursing profession as well as the values of the client are taken into account.

**Implementation:** Carrying out the plan.

**Evaluation:** This is the systematic process of examining each client goal-related outcome to determine if it were met and to revise the plan accordingly. Evaluation may also identify the resources that are needed for the client or the health care provider in their continuing plan of care.

**Professional Nursing Roles**

As the nurse carries out the nursing process, the nurse enacts a variety of professional roles. These are:

- clinician
- teacher
- client advocate
- leader

These roles may overlap. In the clinician role, the nurse may provide direct "hands on" care, or may assess a client's needs and direct others to provide services to meet those needs. The nurse may conduct patient and family teaching in a teaching role. The nurse may also teach other health professionals when a multidisciplinary team addresses the client's needs. The nurse is a client advocate when collaborating with the client, finding resources for the client, and acting on behalf of the client. The nurse is a leader when planning and assigning the care of a client to others, maintaining overall responsibility and accountability for that care, assisting other members of the health care team to set and meet goals or when providing resources to other health care providers.
GLOSSARY OF KEY TERMS

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<tr>
<th>Term</th>
<th>Definition</th>
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<tr>
<td>ADLs</td>
<td>Activities of daily living, such as eating, bathing, brushing the teeth or grooming.</td>
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<tr>
<td>Client</td>
<td>The individual you care for in the home, also referred to as a patient in the hospital or acute care and a resident in long term care.</td>
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<td>Confidentiality</td>
<td>Keeping information private, and only allowing certain authorized personnel access to that information.</td>
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<tr>
<td>Foley catheter</td>
<td>A rubber tube placed in the urinary bladder to drain urine.</td>
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<td>Objective observation</td>
<td>Something that can be seen, heard, felt or smelled by a health care person.</td>
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<tr>
<td>Patient Bill of Rights</td>
<td>A list of patient’s rights which offer guidance and protection to patients by identifying the responsibilities that a facility and its staff have toward patients and their families, while the patient is under their care.</td>
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<tr>
<td>Subjective observation</td>
<td>An observation made by the client about something he/she is feeling or experiencing.</td>
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Circle T if the following statement is true. Circle F if the statement is false.

1. T  F  Clients really do not care how the nursing assistant or home health aide looks or behave as long as he/she shows up to take care of them.

2. T  F  A bruised area on the arm is an example of an objective observation.

3. T  F  A subjective observation is one that is given to you by the client about something he/she is feeling or experiencing.

4. T  F  The client’s body language is not as important as what he or she tells you, so it is not that important to observe it.

5. T  F  Reporting observations requires accuracy.

6. T  F  When weighing a client, it is important to weigh at approximately the same time each day on the same scale.

7. T  F  When recording on the client’s record it is best to use a pencil with an eraser in case you make a mistake.

8. T  F  When recording or reporting, it is important that you give facts not opinions or judgments.

9. T  F  The Patient’s Bill of Rights was written so patients could have a clearer explanation of their medical bill after they left the hospital.

10. T  F  If you are having a bad day, it is always good to tell the client about it.
DISCUSSION QUESTIONS

1. Have the participant’s pair off and sit facing each other for two minutes, then have them sit back to back and write down their objective observations about each other without looking back at the person again. Let the students exchange records and read each other’s observations.

2. Invite 5 participants to volunteer to read the following sentence, “I need help.”

   Caregiver #1 will read it as a simple statement of fact.

   Caregiver #2 will read it as an imperative or order!

   Caregiver #3 will read it in an angry tone.

   Caregiver #4 will read it in a pleading, whiny tone.

   Caregiver #5 will read it as a song!

3. Ask the group to identify the voice tones – the moods expressed by those tones – and which of the clients they would most likely assist and why. Ask the participants to identify the work situations where their tone can make a difference in the cooperation that they get from clients, family members and fellow workers. What about the tone of voice some clients use? Even when the message is the same, does the tone of voice make a difference?

4. Bring a copy of your organization’s Bill of Rights. Ask the participants if they know where a copy of these rights is posted. Review the Bill of Rights with the participants and then ask them to identify the problems in the scenario below that you will read to the class.

   A nursing assistant is stopped in the hallway by a client’s daughter. She has been in to see her mother daily for a week and the nursing assistant and the daughter have struck up a good relationship.
DISCUSSION QUESTIONS (continued)

The daughter has a question about the frequency of physical therapy treatments, and asks to see the chart. You heard the physical therapist tell the client just yesterday that the frequency of treatments would be fewer, since the client was doing better and better, and you see no harm in letting the daughter look at the chart. So you go to the chart and give it to the daughter. She takes the chart and heads back to her mother’s room to read it. She is gone quite a while, so you become nervous. The doctor arrives and is looking for the client’s chart, what do you do?

The Patient Bill of Rights states that the patient has the right to confidential treatment of the medical record. The chart is a business record of the facility. The client, and whomever she designates, has a right to the information contained within the chart. Did the client authorize the daughter to look at the chart? Did a nurse give permission for the daughter to read the chart? Was the doctor notified that the daughter had a question about the physical therapy order? Did physical therapy have the opportunity to speak to the daughter about the client’s progress and the plan to decrease treatments? Do you as a nursing assistant have the authority to give out charts to interested parties? Should anyone be allowed to take a chart away and read it? Is it possible that the record could be tampered with if it was in the hands of someone other than the staff responsible for the client’s care?
POST TEST

1. Objective observations are signs that can be observed and reported exactly as seen, so it is best to use your sense of:
   A. sight and hearing
   B. smell
   C. touch
   D. all of the above

2. Subjective observations are your client’s observations, an example of a subjective observation would be:
   A. cough
   B. headache
   C. sweating
   D. puffiness of the skin

3. When you walk into your client’s room or home, an example of an objective observation you might observe would be:
   A. chest pain
   B. dizziness
   C. cough with wheezing
   D. nausea

4. When you first meet your client, you start by:
   A. any way you want, as long as you cover everything
   B. head to toe, and everything in between
   C. getting an overall first impression, then proceeding head to toe
   D. start with complaints and work from there

5. When observing your client’s skin, you should always check for:
   A. color
   B. temperature
   C. breakdown
   D. all of the above
6. If a client tells you that he or she is having pain, what question should you ask?
   A. Where is it?
   B. Can you describe it?
   C. How long have you had it?
   D. All of the above

7. Body language is a form of non-verbal communication and can best be observed through:
   A. posture, gestures and facial expressions
   B. what the client's family member says
   C. input from other caregivers
   D. complaints from your client

8. When giving a report on a client it is important to remember to:
   A. always give the client's name
   B. report any change in his or her condition
   C. make sure it is accurate
   D. all of the above

9. The Patient Bill of Rights was developed in 1972 to fit into every patient care setting (acute care, long term care and home health) and it is intended:
   A. to be confidential information and should not be posted for others to read
   B. for administrative staff only
   C. to acknowledge patient differences and assure quality of life
   D. to inform the patient about their bill

10. If you find yourself in a difficult situation when a client or family member starts acting out, you should:
    A. shout for help and do not stop until someone gets there
    B. respect the person's personal space and stay at least an arm's length away
    C. correct the individual if he or she is wrong
    D. do not engage the individual, simply turn your back and walk away
IMPROVING YOUR OBSERVATION/DOCUMENTATION SKILLS
HNA39

ANSWER SHEET

PRE TEST
1. F
2. T
3. T
4. F
5. T
6. T
7. F
8. T
9. F
10. F

POST TEST
1. D
2. B
3. C
4. C
5. D
6. D
7. A
8. D
9. C
10. B
DEBORAH UNSWORTH, M.S. ARNP: Received her Bachelor of Science Degree from the University of South Florida and her Master of Science Degree from State University of New York. She has worked as a nurse since 1973 in the areas of med-surg, obstetrics and ER. She has been a nurse practitioner and women’s health educator since 1990 and is currently the Director of Education at National Educational Video, Inc.

NEVCO® video educational programs are prepared using specific criteria designed by National Educational Video, Inc.™ All educational programs are coordinated and reviewed under the direction of the NEVCO® Director of Education, who is a master’s prepared nurse.

REFERENCES


While NEVCO® strives to remain current with federal and state regulatory requirements, the information contained in this program is always subject to governmental amendment. Therefore, we suggest that you contact your state and federal authorities for any possible revisions to regulatory requirements.
Participant Evaluation of Objectives

Please evaluate this program by circling the number that best represents how well this program met the following objectives:

1. List four different observations that can be made using the senses.
   4 = Excellent  3 = Good  2 = Average  1 = Poor
   
2. Describe the sequence of objective observations that can be made when first meeting a client.
   4 = Excellent  3 = Good  2 = Average  1 = Poor
   
3. Define subjective observation and give examples.
   4 = Excellent  3 = Good  2 = Average  1 = Poor
   
4. Identify three client observations that must be reported immediately.
   4 = Excellent  3 = Good  2 = Average  1 = Poor
   
5. List at least four basic rules for recording client information.
   4 = Excellent  3 = Good  2 = Average  1 = Poor
   
   4 = Excellent  3 = Good  2 = Average  1 = Poor

Do you feel you met your personal objectives? ____________________

Time required to complete this program? ____________ minutes

COMMENTS: ____________________________________________

Return this form to the facilitator who distributed the learning materials.

Thank you!
REQUEST FOR CERTIFICATES FOR CONTACT HOURS

*TYPE* the NAMES, LICENSE NUMBERS AND JOB TITLES (RN, LPN, MSW, CNA, PT, etc.) of the people who are to be issued a certificate for contact hours for attending the continuing education program:

(Facility Name)

(Title and Number of Video Program)

This request must be submitted along with the *completed roster* and *evaluation sheets* for the above named program.

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FACILITATOR’S EVALUATION
(NEVCO® Video Education Program)

Must be completed by the facilitator

EVALUATION OBJECTIVES:

1. To assess extent to which the program was appropriate, adequate and effective.
2. To identify, continue to develop and evaluate effective quality assurance activities.

Title of Program ____________________________________________ Date _______________________
Place of Employment ____________________________________________ Job Title _______________________

Please evaluate the presentation by circling the number that best describes your rating.

4 – Excellent 3 – Good 2 – Average 1 – Poor

ORGANIZATION OF COURSE

Material was organized to facilitate learning 4 3 2 1
The amount of material covered was adequate and accurate 4 3 2 1
There was effective use of time to cover the subject 4 3 2 1

CONTENT OF THE FACILITATOR’S GUIDE

List total number of objectives in this facilitator’s guide _____________________
List by number the objectives that were met _____________________________

The test material reflected the objectives listed 4 3 2 1
Content can be used to improve nursing practice 4 3 2 1
Content reflected knowledge level and needs of learner 4 3 2 1
The material was current 4 3 2 1

Evaluate Test Questions
Pre-Test 4 3 2 1
Discussion Questions 4 3 2 1
Post-Test 4 3 2 1

FACULTY PRESENTING (Video)

The presentation was 4 3 2 1
The presenter explained the material 4 3 2 1
The presenter demonstrated knowledge of material 4 3 2 1

OVERALL RATING

I felt this teaching method was 4 3 2 1

COMMENTS – (Please make suggestions for future topics and additional comments about the presentation or instructor)
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

Thank you for your time in completing this evaluation! We appreciate your comments and suggestions. The NEVCO® Educational Staff
©1995 Revised 10/2004
EVALUATION
(NEVCO® Video Education Program)

Must be completed by every participant

EVALUATION OBJECTIVES:

(1) To assess extent to which the program was appropriate, adequate and effective.
(2) To identify, continue to develop and evaluate effective quality assurance activities.

Title of Program _____________________ Date _____________________
Place of Employment ____________________________________________ Job Title _____________________

OBJECTIVES
Total number of objectives in program ________
Circle the number of objectives that WERE met 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15
Circle the number of objectives that were NOT met 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

Please evaluate the presentation by circling the number that best describes your rating.
4 – Excellent 3 – Good 2 – Average 1 – Poor

ORGANIZATION OF COURSE
Material was organized to facilitate learning 4 3 2 1
The amount of material covered was adequate and accurate 4 3 2 1

CONTENT OF THE PRESENTATION
The test material reflected the objectives listed 4 3 2 1
Content and/or skills demonstrated can improve my ability to perform my job 4 3 2 1
Content reflected knowledge level and needs of learner 4 3 2 1
The material was current 4 3 2 1
Time for questions was 4 3 2 1
Effective use of time to cover subject was 4 3 2 1
Graphics were beneficial 4 3 2 1

NEVCO® FACULTY (who prepared the program and/or appeared in interviews)
The presentation was well prepared 4 3 2 1
The presentation explained the material well 4 3 2 1
The presenter demonstrated knowledge of material 4 3 2 1

OVERALL RATING
I felt this teaching method was 4 3 2 1
Facilities and classroom were adequate 4 3 2 1

COMMENTS – (Please make suggestions for future topics, content of program and instructors)
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

Thank you for your time in completing this evaluation! We appreciate your comments and suggestions. The NEVCO® Educational Staff
©1995 Revised 10/2004
CONTINUING EDUCATION ROSTER

This form must be completed and returned to NEVCO®.
Keep a copy for your facility, but return the original to NEVCO®.

PRINT OR TYPE

<table>
<thead>
<tr>
<th>Account #</th>
<th>Number and title of Video Program</th>
<th>Dates Given</th>
<th>Contact Hours</th>
<th>Name of Facility</th>
<th>Address of Facility</th>
<th>City/State/Zip</th>
<th>RN Facilitator</th>
<th>Signature</th>
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This activity provided by National Educational Video Inc. is approved as a provider of continuing education in nursing by Alabama State Nurses Association; which is accredited as an approver of continuing education in nursing by The American Nurses Credentialing Center’s Commission on Accreditation.

ROSTER OF PARTICIPANTS

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Certificate of Completion

This is to certify that

______________________________________________________________
Attended and Completed

______________________________________________________________
National Educational Video, Inc.™ Program Number and Title

For __________ contact hours

On ___________

Date

______________________________________________________________
Facility / Agency Name

______________________________________________________________
Facility / Agency Address

______________________________________________________________
RN / Facilitator

CERTIFICATE FOR ASSISTANTS ONLY

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nursing by Alabama State Nurses Association, which is accredited as an approver of continuing education in
nursing by The American Nurses Credentialing Center’s Commission on Accreditation.
CERTIFICATE OF COMPLETION

For each participant who has successfully completed a continuing education program, please make a copy of the blank NEVCO Certificate (on reverse side) and fill in the following information:

1. Name of the learner
2. Program title and number
3. Number of contact hours
4. Date the program was completed
5. Name and address of your Agency / Facility
6. Signature of the RN / Facilitator responsible for offering the program