

Mercy College of Ohio
Nursing Skills Lab
Retesting Policy

Student Name: _____ **Date:** _____

Course: _____ **Skill:** _____

When the student is unsuccessful with the first attempt of a skill this sheet will be completed by the Nursing Skills Lab Personnel. A copy of this completed form is placed in the student's file. Students have 7 calendar days following each attempt to repeat skills testing. (In the event the first check off occurs on a Sunday the repeat testing will be required to be completed by the following Saturday.) However, repeat testing cannot occur on the same day as the unsuccessful attempt.

Student must complete a **typed** one paragraph reflection identifying the potential implications the unsuccessful performance would have on the patient outcome. A reference related to the unsuccessful portion of the skill, along with an in-text citation in APA format is required. Examples include effects of medication errors, increased costs due to nosocomial infections, missed findings, etc. The reference can be from a professional journal, nursing reference book or textbook.

It is highly encouraged and recommended that students practice an adequate amount of time in between each attempt to aid in being successful. The purpose of this documentation is to provide a structured plan to assist the student to complete a required skill successfully.

1st Attempt date: _____ Satisfactory: _____ Unsatisfactory: _____ Initials: _____

2nd Attempt date: _____ Satisfactory: _____ Unsatisfactory: _____ Initials: _____

3rd Attempt date: _____ Satisfactory: _____ Unsatisfactory: _____ Initials: _____

_____ The student was unable to successfully demonstrate the skill within 3 attempts and this will result in a clinical unsatisfactory grade.

Student Signature: _____ **Date:** _____

(My signature confirms that the retesting process was completed)

Lab Personnel Signature: _____ **Date:** _____