

**EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2022**

**Firelands Regional Medical Center School of Nursing
Sandusky, Ohio**

Student:
Semester: **Spring**

Final Grade: Satisfactory/Unsatisfactory

Date of Completion:

Faculty: **Dawn Wikel, MSN, RN, CNE; Lora Malfara, MSN, RN; Elizabeth Woodyard, MSN, RN;
Kelly Ammanniti, MSN, RN; Monica Dunbar, MSN, RN**

Faculty eSignature:

Teaching Assistant: **Devon Cutnaw, BSN, RN; Nick Simonovich, BSN, RN**

DIRECTIONS FOR USE:

Each week the students evaluate themselves based on the competencies using the performance code on page 2. The performance code includes the terms **Satisfactory (S)**, **Needs Improvement (NI)**, **Unsatisfactory (U)**, and **Not Available (NA)**. The faculty member will initial if in agreement with the student’s evaluation. If there is a discrepancy in the performance code evaluation between the student and the faculty member, a note is written on the comment section by the faculty member with the rationale for the evaluation. All competencies must be rated a “S, NI, U, or NA”. If the student does not self-rate, then it is an automatic “U”. A student who submits the clinical evaluation tool late will be rated as “U” in the appropriate competency(s) for that clinical week. Whenever a student receives a “U” in a competency, it must be addressed with a comment as to why it is no longer a “U”. If the student does not state why the “U” is corrected, it will be another “U” until the student addresses it. All clinical competencies are critical to meeting the objectives of the course. If the final performance code is unsatisfactory or needs improvement in any one of the competencies, a grade of unsatisfactory is given. If a pattern of unsatisfactory performance occurs after performing the competency satisfactorily, this also constitutes a grade of unsatisfactory. An unsatisfactory or needs improvement as a final score in any single competency results in a clinical course grade of unsatisfactory; this is a failure of the course. The terms Satisfactory and Unsatisfactory will be used in evaluating the final grade or clinical course performance.

METHODS OF EVALUATION:

- Skills Lab Competency Tool & Skills Checklists
- Simulation, Prebriefing, PEARLS Debriefing, & Reflection Journals
- Nursing Care Map Rubric
- Meditech Documentation
- Clinical Debriefing
- Clinical Discussion Group Grading Rubric
- Evaluation of Clinical Performance Tool
- Lasater’s Clinical Judgment Rubric & Scoring Sheet
- Virtual Simulation Scenarios

ABSENCE (Refer to Attendance Policy)

Date	Number of Hours	Comments	Make-up (/Date/Time)

Faculty’s Name	Initials
Kelly Ammanniti	KA
Devon Cutnaw	DC
Monica Dunbar	MD
Lora Malfara	LM
Nick Simonovich	NS
Dawn Wikel	DW
Elizabeth Woodyard	EW

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

Satisfactory (S): Safe, accurate each time, efficient, coordinated; confident, focuses on the patient; some expenditure of excess energy; within a reasonable time period; appropriate affective behavior; occasional supporting cues; minimal faculty feedback related to written clinical work.

UNSATISFACTORY CLINICAL PERFORMANCE

Needs Improvement (NI): Safe; accurate each time; skillful in parts of behavior; focuses more on the skill and self rather than the patient; inefficient, uncoordinated, anxious, worried, flustered at times; expends excess energy within a delayed time period, frequent verbal and occasional physical directive cues in addition to supportive cues; faculty feedback required in several areas of clinical written work.

Unsatisfactory (U): Failure to achieve the course competency, safe but needs faculty reminders constantly, not always accurate, unskilled, inefficient, considerable expenditure of excess energy, anxious, disruptive or omitting behaviors, focus on skills and/or self, continuous verbal and frequent physical cues, unsafe, performs at risk to patient/clients/others, unable to function, incomplete, erroneous, faulty, illegible clinical written work, no feedback sought from faculty or response to feedback not evident in submitted written work. If the student does not self-rate a competency the competency is graded "U." A "U" in a competency must be addressed in writing by the student in the Evaluation of Clinical Performance tool. The student response must include how the competency has been or will be met at a satisfactory level. If the student does not address the "U," the faculty member (s) will continue to rate the competency unsatisfactory.

OTHER

Not Available (NA): The clinical experience which would meet the competency was not available.

***Grey shaded boxes do not need a student evaluation rating or faculty/teaching assistant initials.**

Date	Care Map Top Nursing Priority	Evaluation & Instructor Initials	Remediation & Instructor Initials	Remediation & Instructor Initials
2/9/22	Impaired physical mobility r/t femur fracture and surgery	Satisfactory/EW	NA	NA

Note: Students are required to submit two satisfactory care maps over the course of the semester. If the care map is not evaluated as satisfactory upon initial submission, the student may revise the care map based on instructor feedback/remediation and resubmit until satisfactory. At least one care map must be submitted prior to midterm.

Objective

1. Illustrate correlations to demonstrate the pathophysiological alterations in adult patients with medical-surgical problems. (2,3,4,5)*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	MakeUp	Final
Competencies:			S	NA	S	S	S										
a. Analyze the involved patho-physiology of the patient's disease process. (Interpreting)			S	NA	S	S	S										
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			S	NA	S	S	S										
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			S	NA	S	S	S										
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			S	NA	S	S	S										
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	NA	S	S	S										
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			S	NA	S	S	S										
g. Assess developmental stages of assigned patients. (Interpreting)			S	NA	S	S	S										
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		S	NA	S	S	S										

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

	Indicate your clinical site as well as your patient's age and primary medical diagnosis in this box weekly.	Meditech, FSBS, D/C IV, IV Pump Sessions		3T, 82 PLEURAL EFFUSION	NA	4N, 73 R. FEMUR FX	5T, 90 R. FEMUR FX	3T, 67 GI BLEED 4N, 67 CHRONIC NON-								
	Instructors Initials	EW		KA	KA	EW	MD									

Comments: WK1 1H: During week 1, the Meditech, FSBS, D/C IV, and IV pump sessions were all considered clinical hours. You came prepared for each of them and demonstrated competency accordingly. For this reason, you have received an S for this competency. EW

Week 3 – 1d – You were able to have an active discussion on the medications the patient was prescribed and how they related to your patient's disease process. KA

Week 3 – 1h – You researched your patient and was able to discuss your patient and their history easily during clinical debriefing. KA

WK5 1 A-G: Livia, you did a great job analyzing and correlating the patient's past history with her current experience and how each of these worked together, especially in relation to medication and ambulation. EW

Week 6 Objective 1E-Great job with the medical treatments for your patient. This included multiple dressing changes that you performed proficiently. MD

Objective

2. Perform physical assessments as a method for determining deviations from normal. (3,4,5)*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies:			S	NA	S	S	S										
a. Perform inspection, palpation, percussion, and auscultation in the physical assessment of assigned patient. (Noticing)			S	NA	S	S	S										
b. Conduct a fall assessment and implement appropriate precautions. (Noticing)			S	NA	S	S	S										
c. Conduct a skin risk assessment and implement appropriate precautions and care. (Noticing)			S	NA	S	S	S										
d. Communicate physical assessment. (Responding)			S	NA	S	S	S										
e. Analyze appropriate assessment skills for the patient's disease process. (Interpreting)			S	NA	S	S	S										
f. Demonstrate skill in accessing electronic information and documenting patient care. (Responding)	S		S	NA	S	S	S										
	EW		KA	KA	EW	MD											

Comments:

WK1 2F: By attending the Meditech clinical update and providing your full, undivided attention during the demonstration of documenting insulin, IV solutions, saline flushes, and IV site assessments you are satisfactory for this competency. NS

Week 3 – 2a – You did a nice job performing your head-to-toe and focused assessments and appropriately documenting them in the EMR. KA

Week 3 – 2b – You recognized your patient was a high fall risk and implemented appropriate interventions related to your patient's fall risk. You worked with the telesitter to help prevent a patient fall. KA

Week 3 – 2d – You reported abnormal assessment findings promptly to you nurse and reported any interventions performed related to these findings. (i.e. patient's hypotension).

Week 3 – 2f – You documented in the EMR with beginning mastery. You made minimal errors and corrected any documentation concerns promptly. KA

WK5 2A,C,E: Livia you did such an amazing job caring for your patient. Your assessment was well done and included the auscultation of the heart for a full minute before administering digoxin. Despite they physical limitations in terms of the patient's position, you pushed through and figured out the best way to do it. Good work! EW

Week 6 Objective 2A-Great job with your head-to-toe assessment. You were able to perform it proficiently and report abnormal assessment findings. MD

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

3. Execute safety precautions in the implementation of quality, patient-centered care and evidence-based nursing interventions. (2,3,4,5,8)*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies:	S		S	NA	S	S	S										
a. Perform standard precautions. (Responding)	S		S	NA	S	S	S										
b. Demonstrate nursing measures skillfully and safely. (Responding)			S	NA	S	S	S										
c. Demonstrate promptness and ability to organize nursing care effectively. (Responding)			S	NA	S	S	S										
d. Appropriately prioritizes nursing care. (Responding)			S	NA	S	S	S										
e. Recognize the need for assistance. (Reflecting)			S	NA	S	S	S										
f. Apply the principles of asepsis where indicated. (Responding)	S		S	NA	S	S	S										
g. Demonstrate appropriate skill with Foley catheter insertion, maintenance, & removal (Responding)	NA		NA S	NA	S	S	N/A										
h. Implement DVT prophylaxis (early ambulation, SCDs, and TED hose) based on assessment and physicians' orders (Responding)			S	NA	S	S	S										
i. Identify the role of evidence in determining best nursing practice. (Interpreting)	S		S	NA	S	S	S										
j. Identify recommendations for change through team collaboration. (Reflecting)			S	NA	S	S	S										
	EW		KA	KA	EW	MD											

Comments:

Week 3 – 3b – You provided your assigned patient with safe, holistic nursing care. You performed your patient's dressing change as ordered. You appropriately documented the wound assessment in the EMR. Terrific job! You did an excellent job caring for a patient with an NG tube. You performed residual checks, water flushes, and tube feeding administration with beginning dexterity. On the first day you were having a little difficulty organizing your time to manage these new skills along with

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

your routine nursing care. On the second day you were very organized and managed these skills along with your routine nursing care without difficulty. Great job! You also had the opportunity to monitor and maintain restraints on a patient. You assessed the restraints and released the restraints and checked circulation every 2 hours. Good job! KA

Week 3 – 3g – You did a great job monitoring and maintaining your patient’s Foley catheter. You performed Foley care and documented correctly in the EMR. KA

Week 6 Objective 3J-This week as team leader you did a great job collaborating with your team to prioritize treatments and procedures. Great job being flexible! MD

Objective

3. Execute safety precautions in the implementation of quality, patient-centered care and evidence-based nursing interventions. (2,3,4,5,8)*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies:			S	NA	S	S	S										
k. Administer PO, SQ, IM, or ID medications observing the rights of medication administration. (Responding)			S	NA	S	S	S										
l. Calculate medication doses accurately. (Responding)			S	NA	S	S	S										
m. Administer IV therapy, piggybacks and/or adding solution to a continuous infusion line. (Responding)			NA	NA	S	NA	NA										
n. Regulate IV flow rate. (Responding)	S		NA	NA	S	NA	NA										
o. Flush saline lock. (Responding)			NA	NA	S	NA	NA										
p. D/C an IV. (Responding)	S		NA	NA	NA	NA	NA										
q. Monitor an IV. (Noticing)	S		S	NA	S	NA	NA										
r. Perform FSBS with appropriate interventions. (Responding)	S		S	NA	NA	NA	S										
	EW		KA	KA	EW	MD											

Comments:

WK1 3N,P,Q: By attending the DC IV-IV Pump and providing your full, undivided attention and active participation of both the Alaris pump, documentation of IV site maintenance, and discontinuing a peripheral IV, you are satisfactory for this competency. EW
 WK1 3R: The student was able to demonstrate understanding of the rationale of FSBS and the use of the glucometer as well as demonstrate skills and knowledge required of proper sample ID and collection and handling of blood. LM

Week 3 – 3k – You had the opportunity to administer PO and SQ medications this week observing all the rights of medication administration. Please be mindful of what related data you need to look up before administering the medications to make the medication administration process goes smooth. KA
 Week 3 – 3l – We utilized the patient’s tube feeding orders to calculate the duration of the feeding accurately. Nice job! KA
 Week 3 – 3q – You monitored the patient’s IV site and documented the assessment in the EMR. KA
 Week 3 – 3r – You performed a FSBS on your patient with beginning dexterity. Continue to practice to master this skill. KA

*End-of-Program Student Learning Outcomes
 Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

WK5 3 3K,L,M: Nice work with your medication administration. You worked to understand each medication and how it worked to help your patient despite much of the meds were used for content you had not even had yet. This type of inquisitiveness and desire to learn was noticed and will build the foundation for strong nursing skills and care. Good work Livia! EW

Week 6 Objective 3K and L- Great job with medication administration this week. You knew all of your medications and were able to administer them using the six rights.
MD

Objective

4. Use therapeutic communication techniques to establish a baseline for nursing decisions. (1,5,7)*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies:			S	NA	S	S	S										
a. Integrate professionally appropriate and therapeutic communication skills in interactions with patients, families, and significant others. (Responding)			S	NA	S	S	S										
b. Communicate professionally and collaboratively with members of the healthcare team using hand-off communication techniques. (SBAR) (Responding)			S	NA	S	S	S										
c. Report promptly and accurately any change in the status of the patient. (Responding)			S	NA	S	S	S										
d. Maintain confidentiality of patient health and medical information. (Responding)			S	NA	S	S	S										
e. Consistently and appropriately post comments in clinical discussion groups. (Reflecting)			S	NA	S	S	S										
f. Obtain report, from previous care giver, at the beginning of the clinical day. (Noticing)			S	NA	S	S	S										
g. Provide a clear, organized hand-off report to your patient's next provider of care. (Responding)			S	NA	S	S	S										
			KA	KA	EW	MD											

Comments:

Week 3 – 4b – You performed SBAR report with your patient’s nurse when leaving at the end of the day. KA

Week 3 – 4e – Livia, you did a wonderful job sharing your EBP article on orthostatic hypotension with your classmates in your CDG this week. Remember when you are in-text citing a direct quote to include a page number in your citation. Keep up the nice work! KA

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

WK5 4A,B: You communicated professionally with your peers, staff, and instructors as well as your patient. You were supportive of her needs and did your best in communicating her despite her demands on how things should be done. EW

Week 6 Objective 4E- Very good CDG this week. When using an author at the beginning of a sentence such as: “According to Pomajzl” place the year right after the author. This would be considered your citation so you do not need to cite at the end of the sentence. It would look like this: “According to Promajzl (2021).” You also do not need Retrieved from in your references per the new APA guidelines. In your response post: “When you don’t know your low” is the title of the article and the author is diaTribe. Make sure all articles choses are within 5 years (no further back then 2017). Let me know if you have any questions. MD

Objective																	
5. Implement patient education based on teaching needs of patients and/or significant others. (1,6)*																	
Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies:			S	NA	S	S	S										
a. Describe a teaching need of your patient.** (Reflecting)			S	NA	S	S	S										
b. Utilize appropriate terminology and resources when providing patient education. (Responding)			S	NA	S	S	S										
			KA	KA	EW	MD											

**5a- You must address this competency in the comments below for all clinicals on 3T, 4N, or Rehab- describe the patient education you provided; be specific- include the topic, method of delivery, reason for teaching need, materials to support learning (if applicable), and method used to validate learning.

Example: Education related to orthostatic hypotension (changing positions slowly by sitting at the side of the bed or chair for a few minutes before moving to another position, utilizing the walker when ambulating) was provided to my patient through discussion and demonstration. This was necessary to maintain patient safety as he/she was experiencing a drop-in blood pressure and dizziness when getting out of bed. A patient education sheet was printed from Lexicomp and given to the patient. The teach back method was used to validate learning.

Comments:

WEEK 3—Patient education I provided for my patient this week would be the need for his Dobhoff NG tube, and why it was important to not pull or tug on it. I tried to be as clear as possible with my patient because he was deemed a little confused. At times my patient did not think anything was even in his nose. He unfortunately did have to be put in soft wrist restraints since he kept tugging at his Dobhoff, which in one case did end up dislodging it. The second day he was a lot more drowsy and did not try to tug on his nose much at all. This was definitely appropriate information to provide to your patient. His decrease orientation made it difficult to ensure the education was retained. In situations like this the patient’s family can be the person/people you educate especially if they will care for your patient when they are discharged from the hospital. KA

WEEK 5—Patient education I provided for my patient this week was the importance of using her incentive spirometer. She had just undergone major surgery of her femur, and is on 1L of oxygen NC. Since she was not ambulating with physical therapy, the importance of the incentive spirometer was even higher in preventing atelectasis and pneumonia. She was able to perform the proper use and technique of the incentive spirometer. She understood the education provided and understood the importance. At times she did not want to perform the action, but she did understand why it was an important task to perform. Beautiful because she had not been on oxygen at home therefore it was important for her to do her incentive spirometry to improve her lung function and get her off the oxygen. EW

*End-of-Program Student Learning Outcomes
Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

WEEK 6—Education I provided to my patient this week was the importance of keeping his nutritional intake up in order to heal and stay strong. My patient was experiencing a decreased appetite, and I had even heard a PT make the comment “he didn’t eat again.” When his albumin was drawn on 2/06 it was low at 2.1, which could be an area of concern. His surgical incision appeared to be healing very nicely, but at his age of 90, with his already-impaired skin integrity, and his high physical demands that PT/OT placed on his body, it was very important for him to consume some calories, so I was able to get him to drink his Boost supplement. The next day when Jill took over my patient while I was TL, I was really happy to see he ate half of his omelet. **Great! MD**

WEEK 7—A teaching need for my patient this week on 4N would be education on the severity of his disease and why he needed certain procedures done to check the status of his peripheral blood flow. My patient had a knowledge-deficit when it came to self-care necessary to promote healing. My patient is (or was) an everyday smoker and a type 2 diabetic. He is obese with hypertension and had peripheral neuropathy to his feet and decreased blood flow which ultimately lead to the necrosis of his feet and the fact that his wound was not healing. I provided education on the proper nutrition needed to promote healing since his albumin was low, and the need for smoking cessation. There were barriers that may have conflicted with his ability to be educated, but I tried to provide the necessary education to the best of my ability.

Objective																	
6. Implement patient-centered plans of care utilizing the nursing process, clinical judgment, and consideration for cultural, ethnic, and social diversity. (2,3,4,5)*																	
Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
a. Develop and implement a priority care map utilizing the nursing process and clinical judgment. (Noticing, Interpreting, Responding, Reflecting)			NA	NA	S	S NA	S										
b. Identify factors associated with Social Determinants of Health (SDOH) &/or cultural elements that have the potential to influence patient care.** (Noticing, Interpreting, Responding, Reflecting)			S	NA	S	S	S										
			KA	KA	EW	MD											

****6b- You must address this competency in the comments on a weekly basis. For all clinicals - provide an example of SDOH &/or cultural elements that influenced your patient’s care; be specific.**

WEEK 3—A factor associated with social detriments of health that has the potential to influence patient care is being an elderly, frail patient. I’ve noticed that elderly patients, such as my patient this week, are sometimes treated like they don’t understand what is going on. I know my patient was confused at times, but when I asked him about his wife, kids, and grandkids he told me how long he has been married, how they had met, and about his 6 grandsons and 2 granddaughters. At times people would talk in the room as if he weren’t there, using profanity. I interpreted this as that they may just brush it off as the patient is sleeping or not hearing what they are saying, but

*End-of-Program Student Learning Outcomes
Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

I'm sure he was able to hear some of it. Reflecting, I want to always remain conscientious of what I say around a patient, even if it may appear that they are sleeping. Even if they are sedated or in a comatose state, it is important to still be respectful.

WEEK 5—A factor associated with social detriments of health that has the potential to influence patient care was the inconsistent support she receives at home. Her husband flies back and forth between here and Mexico to care for his terminally ill mother. After experiencing a fractured femur, my patient is going to need help at home, and her husband may not be able to fully provide the care she needs. This factor may influence her care in an acute care setting as well, since she has this fear and anxiety of how her ADL's may be when she is discharged. She did not want to work with physical therapy and expressed anger towards her husband often. Her level of anxiety may affect the proper care and rehabilitation she needs in order to retain to her baseline. EW

Comments:

See Care Map Grading Rubrics below.

WEEK 6—A social determinant of health my patient is experiencing currently is his loss of independence. While receiving a hand-off report on Wednesday 2/16, the nurse mentioned that he was living at home alone at the age of 90 and fell. The patient's big area of concern was that his OLDER brother (92 years old) and his wife were going to have to take care of him when he returned home. This could be a situation that potentially influences patient care because PT/OT are really trying to work with him to regain his strength and be able to walk on his own, but psychosocially, this whole experience has really made my patient have a great deal of depression. I heard my patient say several times "I'm just too old" and would tear up. It was very disheartening to see and hear, because I really want him to be able to return to his baseline. He was alert and oriented, but it almost seems like he's starting to experience a failure to thrive due to his age and his condition. If the patient is unwilling to perform necessary actions to regain strength and independence, it may be difficult to provide the proper care he needs in order to get better. So sad. It is heartbreaking watching people lose their independence. You did a great job caring for him! MD

Week 6 Objective 6A-You did not submit a care map this week. MD

WEEK 7—a social determinant of health for my patient on 4N would be his cognitive state and history of chronic illness. My patient was only 67 years old but living in an extended care facility. He had a chronic history of illness including diabetes mellitus type 2 with neuropathy, hypertension, rheumatoid arthritis, and chronic non-healing wounds. His non-healing foot wounds and diseases have left him unable to be mobile and heal properly. These elements can influence patient care because his cognitive and physical state has left him unable to care for himself and do the proper self-care he needs in order to heal. His chronic illnesses have not been managed properly for a while now it seems, because his wounds will not heal.

Firelands Regional Medical Center School of Nursing
Care Map Grading Rubric

Course Objective 6: Implement patient-centered plans of care utilizing the nursing process, clinical judgment, and consideration for cultural, ethnic, and social diversity. (2,3,4,5)*				Student Name: Livia Suresh Date: 2/9/22		
Top Nursing Priority:						
		3 Points >75% Complete	2 Points 50-75% Complete	1 Point <50% Complete	0 Points 0% Complete	Comments
Noticing	Identify all abnormal assessment findings	3				
	Identify all abnormal lab finds/diagnostic tests	3				I like that you included the decreased potassium because that was important to her cardiac history. You also included the x-rays which are important to her nursing priority. EW
	Identify all risk factors	3				Her BMI, AFib, and age as well as history of falls are significant to her overall plan of care. EW
	Highlight all related/relevant data in the noticing boxes	3				
Interpreting	List all nursing priorities	3				
	Highlight the top nursing priority		2			You highlighted all the priorities, you needed to only include one. EW
	Identify all potential complications	3				
	Highlight potential complications relevant to top nursing priority	3				While you listed a lot of complications and highlighted each of them, these are all related to her priority problem. EW
	Identify signs and symptoms to monitor for each complication					
Responding	List all nursing interventions relevant to top nursing priority	3				
	Interventions are prioritized	3				
	All interventions include a frequency	3				
	All interventions are individualized and realistic	3				One intervention that could be included would be encouragement and education on the importance of mobility and early ambulation. EW
	An appropriate rationale is included for each intervention	3				
Reflecting	List the reassessment findings for the top nursing priority	3				
	Reflection includes one of the following statements: <ul style="list-style-type: none"> • Continue plan of care • Modify plan of care • Terminate plan of care 	3				

48-33 points = Satisfactory 32-17 points = Needs Improvement ≤ 16 points = Unsatisfactory	Total Points Earned: 47 Comments: Very good job with this Care Map! Faculty Initials: EW
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Firelands Regional Medical Center School of Nursing
Care Map Grading Rubric

Course Objective 6: Implement patient-centered plans of care utilizing the nursing process, clinical judgment, and consideration for cultural, ethnic, and social diversity. (2,3,4,5)*	Student Name: Date:
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Top Nursing Priority:		3 Points >75% Complete	2 Points 50-75% Complete	1 Point <50% Complete	0 Points 0% Complete	Comments
Noticing	Identify all abnormal assessment findings					
	Identify all abnormal lab finds/diagnostic tests					
	Identify all risk factors					
	Highlight all related/relevant data in the noticing boxes					
Interpreting	List all nursing priorities					
	Highlight the top nursing priority					
	Identify all potential complications					
	Highlight potential complications relevant to top nursing priority					
	Identify signs and symptoms to monitor for each complication					
Responding	List all nursing interventions relevant to top nursing priority					
	Interventions are prioritized					
	All interventions include a frequency					
	All interventions are individualized and realistic					
	An appropriate rationale is included for each intervention					
Reflecting	List the reassessment findings for the top nursing priority					
	Reflection includes one of the following statements: <ul style="list-style-type: none"> • Continue plan of care • Modify plan of care • Terminate plan of care 					

48-33 points = Satisfactory
 32-17 points = Needs Improvement
 ≤ 16 points = Unsatisfactory

Total Points Earned:
 Comments:
 Faculty Initials:

Objective

7. Illustrate professional conduct including self-examination, responsibility for learning, and goal setting. (7)*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
a. Reflect on an area of strength. ** (Reflecting)	S		S	NA	S	S	S										
b. Reflect on an area for improvement and set a goal to meet this need.** (Reflecting)	S		S	NA	S	S	S										
c. Demonstrate evidence of growth, initiative, and self-confidence. (Responding)	S		S	NA	S	S	S										
d. Follow the standards outlined in the FRMCSN Student Code of Conduct Policy. (Responding)	S		S	NA	S	S	S										
e. Incorporate the core values of caring, diversity, excellence, integrity, and “ACE”- attitude, commitment, and enthusiasm during all clinical interactions. (Responding)	S		S	NA	S	S	S										
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (Responding)	S		S	NA	S	S	S										
g. Demonstrate the ability to give and receive constructive feedback. (Responding)	S		S	NA	S	S	S										
h. Actively engage in self-reflection. (Reflecting)	S		S	NA	S	S	S										
	EW		KA	KA	EW	MD											

****7a and 7b: You must address these competencies in the comments section on a weekly basis. Please write a different comment each week. Remember that a goal includes what you will do to improve, how often you will do it, and when you will do it by (example- “I had trouble remembering to do the three checks of the six medication rights prior to administering medications. I will review the six rights and medication administration content in the textbook twice before the next clinical. Additionally, I will request to meet with my clinical faculty member to practice preparing and administering at least three medications before the next clinical.”**

Comments:

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 1—An area of strength for me this week would be the ability to prepare myself for these labs via the information provided for us, and take a positive approach to learning in lab. I was very open to learning new things, even if it may be things I'm around at work, they aren't things I actually physically do while at work. So it's great to actually learn how to operate certain devices. **I love this. Having an open mind and willingness to learn even when you are familiar with some things because of work is the best learning attitude to have. Good for you!**EW

-An area of weakness for myself this week would be class participation. I tend to not really want to speak up in fear of being wrong, so I'll answer things in my head. Speaking one-on-one is okay, but I absolute dread speaking in front of a group (including when we introduce ourselves to the class). I'll work on this by pushing myself to speak up more in class/lab, and understand other people probably feel the same way. **This is a great goal as growing more comfortable speaking up will help in taking care of patients and advocating for them as well. I hope you will feel we are creating a safe environment in which to make mistakes and be wrong as even as instructors we are not always right. Please feel at liberty to think things through out load in your learning and your confidence in yourself and your knowledge will grow. We are here to support you!** EW

Week 3— An area of strength for me this week would be the improvement of my confidence from last semester to this semester. I felt a lot more comfortable entering a patients room and performing an assessment while also communicating with them in an appropriate manner. I did not have the nervous feeling I did last semester and it felt good to be able to be more independent with my care. I also felt more confident listening to hand off reports, and then giving one off to the nurse when I left for the day. **You did a wonderful job caring for your patient and projecting a persona of confidence and knowledge in the care you provided to your patient.** KA

An area of weakness for me this week was working on time management. From my first day of clinical to my second day, I was able to improve. My first day of clinical was a little scattered and not very organized. With it being my first day back at clinicals, my charting took me a little bit longer and it also took me longer to figure out what I needed to be doing. My second day I came back a lot more prepared, and while I was still always the last person finishing what they had to do, I felt like I accomplished a lot and was able to get everything done that I needed to. However, I need to work on a better approach to accomplishing everything I need to in a timely manner, and I will do this by prioritizing things by importance for my next clinicals. **I agree that your time management was better on day two. It takes time and practice. Your goal to prioritize care next time will definitely help with your time management.** KA

Week 5—An area of strength for me this week would be the improvement from week 3 on my time management and documentation skills. I was very prompt on doing my assessment, charting, and reviewing/retrieving my meds. I felt like I was more on schedule and was able to keep up with necessary care. I felt my documentation skills in general have also improved. Last semester I did not feel confident in nurses notes, and figuring out an appropriate way to word things. I feel a lot better on writing nurses notes and feel less "silly" when submitting them.

An area of weakness for me this week would be my ability to be assertive. I definitely pushed for the use of the incentive spirometer, but at times she did not want to use it. There were also various times where I would offer patient care and she refused. I know I cannot make anyone do anything, but really pushing the importance of things would benefit her in the long run and improve her healing process. **Livia you did a great job taking care of your patient and working with her to improve her condition. Your assertiveness will grow with experience.** EW

Week 6—An area of strength for me would be my ability to perform patient care. I have minimal experience when it comes to the basics of patient care, and I was very proud of myself this week that I was able to give a bag bath, rotate my patient, clean my patient, change briefs, change clothes, change bedding, assisting in moving a patient, etc. It seems very easy to most, but it was something I was genuinely worried about when coming to clinicals that I would mess something up or not do something properly. I had great help and guidance from my classmates and instructor, but the fact that I'm getting more comfortable and things are getting easier for me to do is a strength to be proud of. **You did a fantastic job this week! I never would have known you worried about this! Be confident in your developing skills! Great job!** MD

An area of weakness for me this week would be my ability to communicate what I'm thinking. I often find myself tripping over my words because my thoughts are going faster than my ability to even coherently form a sentence. While I think my attitude of communication towards my patients and classmates is good and professional speaking 1:1, I do get nervous and self-conscious when I have to communicate in front of other people, which I had to do as a team leader. So something I really would like to work on is my communication skills, and I will do so by trying to really figure out what I'm trying to say before I actually say it. I need to slow things down and stop being so nervous, and it will come with time. **You are right this will come with time. More practice will help as well. I think you did a great job with communication over all. But there is always room for improvement. Keep pushing forward in gaining confidence and the communication will come with it.** MD

WEEK 7—An area of strength for me this week was being able to go with the flow. On my first day of clinicals this week a group of us, myself included, were moved from 4N to 3T. That morning my patient on 3T was also transferred to ICU so I took on a new patient. I did not find this to interfere with my learning experience at all, and if anything it helped teach me to become adaptive and handle different situations that the real life may present me once I become an RN,

An area of weakness for me this week would be the ability to work around other interdepartmental needs. While performing my assessment on 4N, I had several interruptions which made me fall a bit behind on our requirements we need to complete. But the ultrasound techs and physicians that came into my patients room were an important necessity to get a prognosis on my patient, so while I was go-with-the-flow the first day at clinicals, I could have maybe been less stressed my second day when it came to balancing different needs for my patient.

Firelands Regional Medical Center School of Nursing
Medical Surgical Nursing 2022
Skills Lab Competency Tool

Student name:								
Skills Lab Competency Evaluation	Lab Skills							
	Week 1	Week 1	Week 1	Week 1	Week 2	Week 2	Week 2	Week 11
	IV Math (3,7)*	Assessment (2,3,4,5,7)*	Insulin (2,3,5,7)*	Lab Day (1,2,3,4,5,6,7)*	IV Skills (2,3,5,7)*	Trach (1,2,3,4,5,6,7)*	EBP (3,7)*	Lab Day (1,2,3,4,5,6,7)*
	Date: 1/13/22	Date: 1/11/22	Date: 1/11/22	Date: 1/13/22	Date: 1/18/22	Date: 1/20/22	Date: 1/19/22	Date: 3/28 or 3/29/22
	Evaluation:	S	S	S	S	S	S	
Faculty/Teaching Assistant Initials	EW	EW	EW	EW	EW	EW	EW	
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	

*Course Objectives

Comments:

Week 1:

IV Math: You satisfactorily participated in the IV Math learning session on 1/11/22 as well as the assigned IV math practice questions and the IV Math application lab on 1/13/22. KA/DW

Assessment: You were able to satisfactorily demonstrate the Basic Head to Toe Assessment during lab. KA/DW

Insulin: You were able to correctly prepare an insulin pen and administer subcutaneous insulin. Insulin requirements were accurately identified and were calculated through the corrective scale and carbohydrate coverage orders. MD

Lab Day: You satisfactorily completed the mandatory lab review of nursing foundational skills. This was achieved through simulating care for a patient in a scenario requiring competency in assessment, communication, medication administration (including PO and IM injection), nasogastric tube insertion and maintenance, patient mobility and hygiene, use of PPE for contact isolation, wound care, and foley insertion. NS, LM

Week 2

(IV Skills)- You have satisfactorily completed the IV lab including a saline flush, hanging a primary and secondary IV solution, adjusting a flow rate to run by gravity, discontinuing IV solution, and monitoring the IV site for infiltration, phlebitis, and signs of complication. NS

(Trach Care & Suctioning) - During this lab, you satisfactorily demonstrated competence with tracheostomy care and tracheostomy suctioning. DC/DW

(EBP Lab)- You actively participated in the online searching process for evidence-based practice literature, as well as reviewing an example article to determine appropriate selection and information needed when summarizing a research article. EW/LK/LM

Firelands Regional Medical Center School of Nursing
 Medical Surgical Nursing 2022
 Simulation Evaluations

<u>Simulation Evaluation</u>	Student Name:							
	Performance Codes: S: Satisfactory U: Unsatisfactory	vSim- Vincent Brody (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	vSim- Juan Carlos (Pharmacology) (*1, 2, 3, 4, 5, 6)	vSim- Marilyn Hughes (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	Simulation #1 (Musculoskeletal & Resp) (*1, 2, 3, 4, 5, 6, 7)	Simulation #2 (GI & Endocrine) (*1, 2, 3, 4, 5, 6, 7)	vSim- Stan Checketts (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	vSim- Harry Hadley (Pharmacology) (*1, 2, 3, 4, 5, 6)
	Date: 1/31/22	Date: 2/14/22	Date: 2/25/22	Date: 2/28 or 3/1/22	Date: 4/12 or 4/13/22	Date: 4/19/22	Date: 4/28/22	Date: 5/2/22
Evaluation	S	S						
Faculty/Teaching Assistant Initials	KA	MD						
Remediation: Date/Evaluation/Initials	NA	NA						

* Course Objectives

EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2022

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

I was given the opportunity to review my final clinical ratings in each course competency. I was given the opportunity to ask questions about my clinical performance. I have the following comments to make about my clinical performance/final clinical evaluation:

Student eSignature and Date:

12/22/2021