

**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
2/22/22	Impaired Physical Mobility	S/KA	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	Mid term	9	10	11	12	13	Make Up	Make Up	Final
Competencies:			S	S	NA	S	S										
a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting)			S	S	NA	S	S										
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			S	S	NA	S	S										
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			S	S	NA	S	S										
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			S	S	NA	S	S										
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	S	NA	S	S										
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			S	S	NA	S	S										
g. Assess developmental stages of assigned patients. (Interpreting)			S	S	NA	S	S										
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		S	S	NA	S	S										
	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	PLEASE INCLUDE DATA FROM YOUR PATIENT. MD RM: 5017 5T/REHAB- 47 Spontaneous Hemorrhage	RM: 4405 (4N) Age: 71 Diarrhea, CHF	NO CLINICAL	RM: 3034 (3T) Age: 79 Diagnosis: Acute Exacerbation CHF	RM: 3013 Age: 59 Diagnosis: Vomiting and Nausea										
Instructors Initials	EW		MD	EW	DW	KA											

Comments:

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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 Objective 1-This week you did a great job discussing your patient's pathophysiology, symptoms, diagnostic results, medical treatments, and medication therapies. Great job! MD

WK4 1A-D: John, you did a great job analyzing the patient's pathophysiology in order to piece together her med management, treatments, etc... Some of this was content you have not yet had (cardiac) but worked with your instructor to understand how it all fit together. EW

Week 6 – 1a & 1b – You did a great job discussing the different patients' disease processes and symptoms while being the team leader. You were able to use this information to prioritize the group of assigned patients. KA

Week 6 – 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. You also did a great job reviewing the patient's medications with the students you worked with as a team leader. KA

Week 6 – 1h – You researched your patient and was able to discuss your patient and their history easily during clinical debriefing. You were also able to have an active conversation about the other patients in your team. KA

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	S	NA	S	S										
a. Perform inspection, palpation, percussion, and auscultation in the physical assessment of assigned patient. (Noticing)			S	S	NA	S	S										
b. Conduct a fall assessment and implement appropriate precautions. (Noticing)			S	S	NA	S	S										
c. Conduct a skin risk assessment and implement appropriate precautions and care. (Noticing)			S	S	NA	S	S										
d. Communicate physical assessment. (Responding)			S	S	NA	S	S										
e. Analyze appropriate assessment skills for the patient's disease process. (Interpreting)			S	S	NA	S	S										
f. Demonstrate skill in accessing electronic information and documenting patient care. (Responding)	S		S	S	NA	S	S										
	EW		MD	EW	DW	KA											

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 Objective 2-Excellent job with being proficient in your head-to-toe assessment and communicating all abnormal assessment data including the patient's elevated blood pressure to the charge nurse and primary nurse. Excellent management of your patient! MD

WK4 2B,E: Nice job immediately recognizing the lack of fall precautions implemented for the patient and taking initiative to implement those! Also you were able to utilize appropriate assessment skills for the patient. EW

Week 6 – 2a – You did a nice job performing your head-to-toe and focused assessments and appropriately documenting them in the EMR. You were able to select and perform the correct focused assessment on the patients on your team. KA

Week 6 – 2b – You recognized your patient was a high fall risk and implemented appropriate interventions related to your patient's fall risk. KA

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 6 – 2d – You reported abnormal assessment findings promptly to your nurse and reported any interventions performed related to these findings. KA
Week 6 – 2f – You documented in the EMR with beginning mastery. You made minimal errors and corrected any documentation concerns promptly. KA

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	S	NA	S	S										
a. Perform standard precautions. (Responding)	S		S	S	NA	S	S										
b. Demonstrate nursing measures skillfully and safely. (Responding)			S	S	NA	S	S										
c. Demonstrate promptness and ability to organize nursing care effectively. (Responding)			S	S	NA	S	S										
d. Appropriately prioritizes nursing care. (Responding)			S	S	NA	S	S										
e. Recognize the need for assistance. (Reflecting)			S	S	NA	S	S										
f. Apply the principles of asepsis where indicated. (Responding)	S		S	S	NA	S	S										
g. Demonstrate appropriate skill with Foley catheter insertion, maintenance, & removal (Responding)	NA		NA	NA	NA	NA	S										
h. Implement DVT prophylaxis (early ambulation, SCDs, and TED hose) based on assessment and physicians' orders (Responding)			S	S	NA	S	NA										
i. Identify the role of evidence in determining best nursing practice. (Interpreting)	S		S	S	NA	S	S										
j. Identify recommendations for change through team collaboration. (Reflecting)			S	S	NA	S	S										
	EW		MD	EW	DW	KA											

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

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 3 Objective 3I-This week you were able to find an appropriate evidenced-based article relevant to your patient and you were able to describe the article in depth in your CDG. MD

Week 6 – 3a – You did a great job performing standard precautions with your team’s patients and then performed Droplet precautions on your patient. You were able to don protective equipment with ease. Nice job. KA

Week 6 – 3b – You provided your assigned patient with safe, holistic nursing care. You performed your patient’s dressing change as ordered with your RN. You appropriately documented the wound assessment in the EMR. Terrific job! KA

Week 6 – 3j – You did a nice job working you’re your team and collaborating with them to provide care to your group of patient. You did a nice job prioritizing and reprioritizing as our day went on. You provided a good sense of leadership and comradery with your team. KA

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										
k. Administer PO, SQ, IM, or ID medications observing the rights of medication administration. (Responding)			S	S	NA	S	S										
l. Calculate medication doses accurately. (Responding)			S	S	NA	S	S										
m. Administer IV therapy, piggybacks and/or adding solution to a continuous infusion line. (Responding)			NA	S	NA	S	S										
n. Regulate IV flow rate. (Responding)	S		NA	S	NA	NA	S										
o. Flush saline lock. (Responding)			NA	S	NA	S	S										
p. D/C an IV. (Responding)	S		NA	S	NA	S	S										
q. Monitor an IV. (Noticing)	S		NA	S	NA	S	S										
r. Perform FSBS with appropriate interventions. (Responding)	S		S	S	NA	S	NA										
	EW		MD	EW	DW	KA											

Comments:

Week 3 Objectives K and L-You had a great medication pass this week. You were able to discuss your medications with accuracy and you were able to administer your medications using the rights to medication pass. Please remember-it is important to minimize distractions during medication pass. It is ok to ask your patient questions pertinent to medications and describe medications being administered, however, excessive discussion is not needed. It is a distractor to the process. Overall you did a great job-just a suggestion to enhance your medication pass experience. MD

Week 6 – 3k – You had the opportunity to administer PO medications this week observing all the rights of medication administration. You did a great job reviewing medications with the students on your team and ensuring the steps of the administration process were followed. KA

Week 6 – 3l – We utilized a patient’s IV fluids to calculate the duration of the infusion accurately. Nice job! KA

Week 6 – 3m – You assisted a team member with the IV antibiotic administration for their patient and reconstituted the medication. KA

Week 6 – 3o – You did a nice job flushing the patient’s IV site before you started the IV antibiotic administration. You ensured aseptic technique and scrubbed the hub appropriately. Keep up the nice work! KA

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 6 – 3q – You monitored the patient’s IV site and documented the assessment in the EMR. KA

Week 6 – 3r – You performed a FSBS on your patient with practiced dexterity and competence. KA

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	S	NA	S	S										
a. Integrate professionally appropriate and therapeutic communication skills in interactions with patients, families, and significant others. (Responding)			S	S	NA	S	S										
b. Communicate professionally and collaboratively with members of the healthcare team using hand-off communication techniques. (SBAR) (Responding)			S	S	NA	S	S										
c. Report promptly and accurately any change in the status of the patient. (Responding)			S	S	NA	S	S										
d. Maintain confidentiality of patient health and medical information. (Responding)			S	S	NA	S	S										
e. Consistently and appropriately post comments in clinical discussion groups. (Reflecting)			S	S	NA	S	S										
f. Obtain report, from previous care giver, at the beginning of the clinical day. (Noticing)			S	S	NA	S	S										
g. Provide a clear, organized hand-off report to your patient’s next provider of care. (Responding)			S	S	NA	S	S										
			MD	EW	DW	KA											

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Comments:

Week 3 Objective 4E-Excellent CDG this week! You met all of the criteria for a satisfactory CDG. You included a reference and an in-text citation. Remember-when quoting an article it is important and required to place a page number in the in-text citation. Otherwise, you did a great job. Let me know if you have any questions. MD
WK4 4ABE: John you are a natural communicator and did a tremendous job talking to your patient, staff, peers, and faculty members. Suggestions for improvement in your CDG

1. Your journal title should be capitalized and you are missing the volume, issue, and page number.
2. When placing citations, there is no need to include initials, use the last names only. EW

Week 6 – 4a – You did a nice job interacting with all team members, nurses, patients, and families while team leading this week. KA

Week 6 – 4b – You performed SBAR report with your patient’s nurse when leaving at the end of the day. KA

Week 6 – 4e – John, you did an excellent job on responding to all the CDG questions on your team leading experience this week. Your response4s were thorough and well-detailed sharing your unique perspective on your experience. When you internally cite a direct quote make sure to include the page number in your in-text citation. If there is not page number you should include the paragraph number. Also remember to include the year for all in-text citations. You included the year in your original response, but however left it off in the in-text citation to your classmate. Keep up the nice work! KA

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	S	NA	S	S										
a. Describe a teaching need of your patient.** (Reflecting)			S	S	NA	S	S										
b. Utilize appropriate terminology and resources when providing patient education. (Responding)			S	S	NA	S	S										
			MD	EW	DW	KA											

**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 Lexicom and given to the patient. The teach back method was used to validate learning.

Comments:

Week 3: Pt. was educated about relieving pressure for his hematomas. This was achieved through communicating and demonstrating how the importance of elevating the extremities and placing ice packs on the affected areas, for no more than 30 minutes, would help with the pain and swelling at the sites. The patient understood this teaching by correctly elevating his limbs to a comfortable elevated position and removing the ice packs after 30 minutes. This was done to not only bring down the swelling at the hematomas sites but to also aid in the pain management of the pt., both of which were having an effect on the pt.'s rehabilitation process. The pt. retained the information that was given to him by verifying when question, what to do after his last physical therapy appointment (elevation and ice) and by stating how long he should ice his affected sites (no more than 30 mins). **Excellent education! You were awesome with providing and making a connection with your patient this week! MD**

Week 4: During the care of my pt., I was able to educate her on the potential side effects of taking too much polyethylene glycol (Miralax) and why we were not giving the medication to her that day. I achieved this pt. education after she asked me when she was going to take her Miralax. I told her that I spoke to her RN and she said that because of her already having multiple bowel movements that morning there was no need for her to continue to take the laxative at that time. I went into further detail explaining how if she was to take the Miralax it could cause her to become dehydrated essentially from having too many bowel movements and not being able to replace the fluids and electrolytes lost in the process of excreting waste. After receiving this education, the pt. felt further comfortable due to understanding as to why she was not taking the Miralax. **This was good education. Often we omit or change medications without explanation and its important for patient's to understand and being included in the plan of care. EW**

Week 6: I was able to educate my pt. on the importance of maintaining a high protein diet and limiting the amount of carbohydrates based on her condition and recommendations from her dietician. During this education, I also made it clear that even though she felt as though she was not thirsty, she needed to continue to drink water to keep from becoming dehydrated and to aid in her bowel movements. As well as the importance of eating foods high in protein to help her body in its healing process to heal a wound she had on the back of her left calf and the need of these proteins due to her being at a healing deficit from her diabetes. I also explained why the dietician put her on a limited carbohydrate diet due to her excess in weight and how it affects the body in its ability to perform its normal movements, which was a complication she was dealing with. She confirmed her understanding of these recommendations with drinking more water, discussing meal options high in protein (chili and

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

omelets) and by verbally agreeing to understanding why she has her carbohydrate restricted diet. Great job providing important diet education to your patient. Nutrition plays an important role in your patient's management of her disease process. Excellent job! KA

Week 7: A teaching need that my patient needed education on was over the importance of maintaining a nutritional diet. As well as, discussing what sorts of products would make up a nutritional diet. I achieved this education by having open conversations with my patient on multiple occasions explaining the importance of consuming foods and drinks packed with proteins and other vitamins. This was a challenge for my patient because she had been experiencing nausea and vomiting for over three months before her current admission. During that time, she was unable to keep most solid foods down without vomiting and only consumed drinks such as water and 7-up. Therefore, I continued to educate her on the importance of keeping a food journal so she could record what types of foods, flavors, and drinks she could tolerate. This offered various ways to increase her ability in maintaining a nutritional diet even while experiencing long lasting episodes of nausea and vomiting. I feel as though this education I provided was a success because my patient had not consumed anything besides water before I had met her. Over the two days of interactions with her I had her try vanilla flavored boost, orange flavored Jell-O, and had her indicate that she was willing to try the chocolate flavored boost as well. All of which she had done so without any episodes of vomiting.

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	NA	S	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 NI	S	NA	S	S										
			MD	EW	DW	KA											

****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.**

Comments:

See Care Map Grading Rubrics below.

Week 3: A SDOH that influenced my patient's care was when he mentioned that he had gone through a police academy and was security officer for multiple years. I used this information and implemented it to the best of my ability when working with OT to aid him in regaining function in his left hand (recent carpal tunnel surgery). The pt. was having trouble when attempting to conduct an exercise where he was instructed to flex and extend his fingers. Upon witnessing this I instructed the pt. to try and curl his fingers as if he was holding a handgun in his hand. After instructing him to do this motion he started making further progress and was able to curl/flex his fingers further than previous attempts. **This is great that you were able to help the patient understand the therapy and what they were asking him to perform, however this is not explaining what social determinates of health the patient was experiencing. Social determinants of health would include things such as economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context. If you have any questions on this, please contact me. MD**

Week 4: A SDOH that affected my patient's care was the fact her living at home alone with multiple ailments. Due to this SDOH I talked to her about establishing a care plan for at home in case she experienced another dizzy spell and/or fall. The care plan we discussed included implementing such things as a life alert system, frequent visits from her son, covering the oxygen tubing in the house, weighing herself daily, and having her phone on her at all times. As we discussed these options, I would detail how she would benefit from doing each of them and thus let her live safely on her own. **Nice, you were able to identify the SDOH and then talk to the patient about potential options to optimize her future health. EW**

Week 6: A SDOH that guided a portion of my patient's care and determined what her outpatient care was going to be was the type of insurance she had. Based on this SDOH, I discussed different options for occupational and physical therapy locations for my patient and her spouse, outside of the hospital that would be approved by their insurance. I was able to achieve this education through effective communication with their case manager and relaying the information I received from her to the patient and

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

the patient's spouse. Through this communication, I was able to inform the patient that her insurance would be able to assist with her expenses to attend her preferred facility (The Willows at Bellevue), if she finished her quarantine at Firelands Hospital. However, if she was to be discharged prior to her last day of quarantine, if she was able to meet her primary care physician's goals, then her insurance would not be able to provide aid towards her rehab process at The Willows at Bellevue. She confirmed her understanding of this education with repeating back the information I had given her and by verbally stating that she understood the choices that she had available to her. Insurance plays such an intricate role in a patient's ability to manage their health, yet it can often be over looked how much of an impact it can have. It is often seen having insurance versus not having insurance being impactful, but as you pointed out the type of insurance can limit your options and ability to manage your health as well. Terrific job! KA

Week 7: A SDOH associated with my patient would be that of transportation. Even though my patient lives at home with her 20-year-old daughter, neither of them has a vehicle and both are unable to drive. Therefore, it makes certain tasks such as going to doctor visits or getting groceries difficult at times. During the time spent with my patient we discussed what she does to obtain transportation from one place to another. She responded by letting me know the only way she can get to where she needs to go is if her or her daughter's friends take her to the location. I had asked if there were any other family members who would be a more reliable source of transportation to the patient, and she said that there was nobody else. In reflection on this topic, I feel as though further information may need to be obtained from the patient to see what public sources of transportation may be accessible and available to her based off of her condition and home address.

Week 6 – 6a – You satisfactorily completed your care map. Please see comments on the rubric below. KA

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: John Zura Date: 2/22/22				
Top Nursing Priority: Impaired Physical Mobility						
		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				<ul style="list-style-type: none"> You did a nice job identifying your patient's abnormal assessment findings and list those pertinent to the nursing priority of impaired physical mobility.
	Identify all abnormal lab finds/diagnostic tests	3				<ul style="list-style-type: none"> Great job identifying the abnormal lab findings and how they related to the patient's impaired physical mobility.
	Identify all risk factors	3				<ul style="list-style-type: none"> All pertinent risk factors for your patient were listed.
	Highlight all related/relevant data in the noticing boxes	3				<ul style="list-style-type: none"> John, you did a good job highlighting the pertinent assessment findings, lab findings, and risk factors associated with impaired mobility. Her history of a CVA and poor nutrition are also risk factors for your patient's impaired mobility that could be highlighted.
Interpreting	List all nursing priorities	3				<ul style="list-style-type: none"> Great job listing your patient's nursing priorities. It should be listed as "Impaired skin integrity" versus just "Skin Integrity". What about "Risk for Injury r/t to fall risk" as a nursing priority?
	Highlight the top nursing priority	3				<ul style="list-style-type: none"> Impaired physical mobility is a very appropriate nursing priority for your patient who is awaiting rehab placement.
	Identify all potential complications	3				<ul style="list-style-type: none"> Nice job identifying potential

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

					complications. My only addition would be hypoglycemia and hyperglycemia as potential complications.
	Highlight potential complications relevant to top nursing priority			0	<ul style="list-style-type: none"> None of the potential complications were highlighted as being associated with your nursing priority. All 3 complications listed can affect or be affected by the patient's impaired mobility.
	Identify signs and symptoms to monitor for each complication	3			<ul style="list-style-type: none"> You were able to identify appropriate assessments/sign and symptoms you would monitor for with each of your listed complications.
Responding	List all nursing interventions relevant to top nursing priority		2		<ul style="list-style-type: none"> You did a good job listing important interventions for your nursing priority. Refer to your assessment and medication list to ensure you have included all interventions pertinent to your nursing priority. You listed edema and SOB on exertion as being assessment findings pertinent to the nursing priority so you should include assessments in your nursing interventions for both. Was she on any medications for her edema and arthritis (i.e. pain medications)? Those would be appropriate to include.
	Interventions are prioritized	3			<ul style="list-style-type: none"> All included interventions are prioritized appropriately.
	All interventions include a frequency	3			

	All interventions are individualized and realistic	3				<ul style="list-style-type: none"> The interventions listed were individualized, however you could make this section more individualized by including the above suggested medications.
	An appropriate rationale is included for each intervention	3				
Reflecting	List the reassessment findings for the top nursing priority		2			<ul style="list-style-type: none"> You did a nice job reassessing your patient and evaluating your nursing priority. Remember to include all highlighted areas in your assessment findings in your evaluation section even if they have not changed.
	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: 43/48 Comments: You satisfactorily completed your first care map. Please see comments above for suggestions and areas for improvement. Great job! Faculty Initials: KA				

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:
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					
Interpr	List all nursing priorities					
	Highlight the top nursing priority					

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

e t i n g	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	S	NA	S	S										
b. Reflect on an area for improvement and set a goal to meet this need.** (Reflecting)	S		S	S	NA	S	S										
c. Demonstrate evidence of growth, initiative, and self-confidence. (Responding)	S		S	S	NA	S	S										
d. Follow the standards outlined in the FRMCSN Student Code of Conduct Policy. (Responding)	S		S	S	NA	S	S										

*End-of-Program Student Learning Outcomes

e. Incorporate the core values of caring, diversity, excellence, integrity, and “ACE”- attitude, commitment, and enthusiasm during all clinical interactions. (Responding)	S		S	S	NA	S	S										
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (Responding)	S		S	S	NA	S	S										
g. Demonstrate the ability to give and receive constructive feedback. (Responding)	S		S	S	NA	S	S										
h. Actively engage in self-reflection. (Reflecting)	S		S	S	NA	S	S										
	EW		MD	EW	DW	KA											

****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:

Week 1:

- a.) A strength that I feel as though I have displayed during this week is my ability to actively engage in the class. I also displayed the ability to effectively communicate with members of the staff and my fellow classmates. This is a good strength to have because being able to communicate and work with various patients, families, and caregivers will give me the greatest opportunity to provide my patients with the best care possible. **You have great communication skills and I look forward to seeing these develop and touch patients and their care! EW**
- b.) An area of weakness that I feel is in needs of improvement is that of my ability to effectively manage my time. During our skills lab review my partner and I had gone over the allotted time given to us to conduct our skills lab. In order to improve upon this weakness, I will develop action plans to conduct when honing in my skills in the skills lab. I will also utilize a written schedule and review it prior to a class or clinical day, thus giving me a clearer understanding of what is to be conducted during that time frame. **Time management plays a huge role in nursing care. Learning to manage time now with the business of the semester will prepare you for your future as a nurse. Great goal! EW**

Week 2:

- a.) I believe a strength I was able to utilize during this week was my ability to learn quickly how to perform a task with hands-on practice. I displayed this ability by performing tracheostomy suctioning and care, and successfully passing my lab check-off for this skill. I plan to continue to practice this ability of learning how to perform hands-on tasks by not only repeating the skills multiple times, but to also use the video references I have available to develop an even further understanding of the skills I am learning.
- b.) I believe a weakness I displayed this week that needs improvement is my self-negativity. During my check-off I mentioned that I was having difficulty and struggling to put my sterile gloves on while performing tracheostomy care. Rather than saying this statement, I could have easily said nothing at all or if the patient asked why it was taking so long, I could have informed them I was being thorough with my equipment and the care I was providing. To better improve on this weakness, I will rewatch the video on how to put on sterile gloves and look for other ways to make donning sterile gloves easier. I will also investigate what I can do to maintain a more positive mindset while facing difficulties such as meditating and being more optimistic.

*End-of-Program Student Learning Outcomes

Week 3:

- a.) An area of strength I feel as though I displayed well this week would be that of my ability to have a positive impact on my patient. During my interaction with him I was able to make him laugh and feel comfortable with jokes and various conversations, ranging from talking about my chicken alfredo recipe to letting him know what we were going to do to help relieve some of his pain issues. I also was able to instill a good amount of confidence in him by not only doing the exercises with him but to also detail how much he had improved from the previous day working with him. **You did an amazing job this week developing a connection with your patient. You are awesome at having conversations with your patient and developing bonds with them. You are going to be a great advocate for your patients! MD**
- b.) An area of weakness I believe that is in needs of improvement is in that of being able to properly chart my patient's information. During my clinical experience I had incorrectly charted under his genitourinary system that he was within normal limits and had no new issues. However, due to my patient having a penile implant he was supposed to be charted as having a non-normal genitourinary system. With that charting change I would need to specify the reason why he was not within the normal standards and update his MEDITECH information to reflect the information. After being made aware of this information and the need to update my charting from my instructor (RN Monica), I changed the information to correctly reflect the patient's correct genitourinary system status. In the future to be better prepared and to help mitigate the possibility of another issue like this from occurring I will be more throughout with my charting and do an in-depth review over my patient's MEDITECH findings. I will also utilize time in the school's lab to look up the MEDITECH system layout and become more familiarized with it. **This is a great goal that will come with time and practice. Remember this was your first clinical in this course. More time will help this. I also want to encourage you to also focus on time management. Remember-it is important to develop bonds with your patient (which you are very successful in doing) but it is also important to remember you will eventually have more than one patient to care for and make bonds with. Start practicing time management now so when the time comes for your preceptorship you are ready for the challenge of caring for more than one patient. MD**

Week 4:

- a.) A strength that I displayed well this week was having the ability to explain medication administration and effects to my patient. I achieved this on multiple occasions where my pt. asked me what medication I was giving to her and why I was giving it. For example, I explained to her why I was giving Carafate before her meals to help with prevent any nausea symptoms while eating. I also explained to her why I wasn't giving certain medications such as her Miralax. I told her the reason why we were withholding that medication was the fact that she already had multiple bowel movements in the morning, and if she was to take the medication it could lead to even more frequent bowel movements. Which could result in her becoming dehydrated, of course which we did not want to occur.
- b.) A weakness that I felt as though I showed this week was not feeling confident in my ability to set up and properly administer an IV antibiotic. I needed a few prompts when setting up the tubing from my instructor (RN Liz) to properly set up the tubing and administer the medication to my pt. That and I needed to be reassured that you administer 5mL-10mL of normal saline after finishing an antibiotic. To fix these deficiencies and instill more confidence in myself I will review the videos on setting up an IV on edvance360 and go over the key points on the ATI lesson covering IV administration. **John you did a great job with this. It takes a lot of practice to feel confident and be proficient with the IV pumps. However, the important detail is that you understood the medication and why it was being given as well as how to monitor the IV. I also want to make mention that you are a natural leader and communicator. I enjoyed your interaction with the staff and patient. Continue to be an ambassador of professionalism in nursing! EW**

Week 6:

- a.) A strength I feel that I was able to display during my clinical experience this week was my ability to work well with others as part of a team. I feel this to be true because I was able to assist multiple members of my team with their patient's care, while being their team leader during the second day of clinicals. I was also able to conduct all my responsibilities and tasks of reviewing my classmates' abilities to properly withdraw and administer medications, properly charting their care given to the patients, and sending them on their breaks. This feeling was reinforced during our debrief at the end of the day when all the members of my team expressed their feelings saying they felt as though I did a good job conducting myself as a team leader for them. **You did a great job being a valuable team member as well as being an effective team leader! You kept your team on task and working as a cohesive unit. KA**
- b.) An area in need of improvement would be that of my ability to effectively communicate the effects of each of the patient's medications to the patient. While I was administering all my patient's oral medications, she had asked me the effects of one of the medications that I was giving. At the time of the question, I was unsure of exactly what the medication was being given to the patient for. I had to review the notes I had taken while looking up the medications to be able to tell the patient with confidence that the medication I was giving to her was to keep her high blood pressure regulated. To correct this deficiency, I will verbally state the medications for my patient and the purpose of the medications multiple times before entering the patient's room to administer them. I will also utilize and fill out the MSN medication template to get a better understanding of the medications that I will commonly experience at clinical. **These are great ways to improve your medication knowledge and ability to education your patient on their prescribed medications. I will say this skill comes with time and practice. The more you pass medications the more you will become familiar with come medications and their purpose. KA**

Week 7:

- a.) A strength I feel I displayed during my clinical experience this week would be that of getting my patient out of her comfort zone. I feel as though I did this in a positive manner by meeting my patients needs and reassuring her that what we were doing was in her best interests. I achieved this goal by getting my patient to try different flavored drinks and consuming something other than a pure liquid. She was extremely hesitant and at first was against the idea of consuming something other than water. However, after the education I provided to her on the benefits of drinking liquids containing proteins, vitamins, and minerals. She was more accepting to try the products I offered her knowing that they would help in her body's recovery process.
- b.) An area that I need to improve upon is in my ability to provide better hygiene care to my patient. I believe this is an area that is in needs of improvement because of the risks it could have towards the patients under my care in future clinical experiences. To improve upon my ability in this form of care I am going to review ATI's Personal hygiene lesson and review the hygiene chapter in our nursing foundations textbook, *Essentials for Nursing Practice*. I hope that in reviewing these two forms of information I will feel more confident in my abilities to perform fast and affective hygiene care to my future patients.

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

Student name: John Zura								
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: 1/12 or 1/13/22	Date: 1/11/22	Date: 1/11/22	Date: 1/12 or 1/13/22	Date: 1/18/22	Date: 1/19 or 1/20/22	Date: 1/19 or 1/20/22	Date: 3/28 or 3/29/22
Evaluation:	S	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: John Zura							
	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)	vSim- Yoa Li (Pharmacology) (*1, 2, 3, 4, 5, 6)
Performance Codes: S: Satisfactory U: Unsatisfactory	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	MD	KA						
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