

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

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

Student:

Final Grade: Satisfactory/Unsatisfactory

Semester: Spring

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
2/16/22	Impaired Mobility	S/EW		

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	Make Up	Final
Competencies:			NA S	S	S	S	S										
a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting)			NA S	S	S	S	S										
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			NA S	S	S	S	S										
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			S	S	S	S	S										
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			NA	S	S	S	S										
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			NA S	S	S	S	S										
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			NA	S	S	S	S										
g. Assess developmental stages of assigned patients. (Interpreting)			NA	S	S	S	S										
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		NA S	S	S	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	Infection Control and Digestive Health	3T 46 Pleural Effusion	5T 77 Recovery from spinal	4N 61 S/P Total Knee	3T 86 AKI, epistaxis 81 Fracture										
Instructors Initials	KA	KA	DW	KA	MD	EW											

Comments:

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 1 (1h)- During week 1, the Meditech, FSBS, D/C IV, and IV pump sessions were all considered clinical hours. You came prepared to each of them and demonstrated competency accordingly. For this reason, you have earned an S for this competency. KA

Week 3 (1a,b,e)- Marisol, these competencies were evaluated as S associated to the correlations you were able to make in the infection control CDG. This validated your understanding of the pathophysiology, clinical manifestations and potential interventions to incorporate with a patient diagnosed with COVID-19. Well done! (1h)- please note that for the future, if you have clinical scheduled, this competency should never be evaluated as NA. Your preparation for the infection control clinical experience was reviewing the infection control powerpoint and isolation precautions flyer. DW

Week 4 – 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 5 Objective 1 B and C: This week you were able to discuss the patient’s symptoms of disease process and diagnostic testing for your patient. MD

WK6 1 A-H: Marisol, you did a phenomenal job putting together the pieces of the patient’s medications, treatments, dressings, etc... after understanding the physiology behind her disease and surgery. Because of this you were able to develop and implement goals of her care. EW

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

Comments:

Week 1 (2f)- By attending the Meditech clinical update & 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 (2f)- This competency was completed with the review of documentation associated with isolation precautions, therefore S. DW

Week 4 – 2a – You did a nice job performing your head-to-toe and focused assessments and appropriately documenting them in the EMR. KA

Week 4 – 2d – You reported abnormal assessment findings promptly to you nurse and reported any interventions performed related to these findings. KA

Week 4 – 2f – You documented in the EMR with beginning mastery. KA

Week 5 Objective 2A: You did an excellent job with performing your head-to-toe assessment proficiently and you were able to identify abnormal assessment data. MD

WK6 2A,D: You performed a thorough head to toe assessment and were able to analyze appropriate assessment skills for the disease process which included identification of potential risk factors. You interpreted the patient's risk for falls, infection, and DVT. EW

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

Comments:

Week 4 – 3b – You provided your assigned patient with safe, holistic nursing care. You did well monitoring your patient’s chest tube site this week. You were able to observe the patient’s procedure and the additional care that is required for a patient before and after the procedure. KA

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

Week 5 Objective 3E: This week your patient had a low blood pressure and low pulse ox. You were able to identify the changes in mentation to direct you to taking a blood pressure and pulse ox assessment and you communicated with me, the primary nurse, and charge nurse with the critical levels. Great job with identifying the need for help!
MD

WK6 3C,D,E: You did a good job organizing your patient's care and assisting her as needed. You recognized her limitations and responded by asking for help when needed to move her. You also noticed her elevated b/p and heart rate when she ambulates and interpreted that as her response to pain. EW

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

Comments:

Week 1 (3n,p,q)- By attending the D/C IV-IV Pump clinical and providing your full, undivided attention and active participation during the demonstration of both the Alaris pump, documentation of IV site maintenance and discontinuing a peripheral IV you are satisfactory for this competency. EW

(3r)- The student was able to demonstrate understanding of the rationale of FSBS and the use of the glucometer. The student was able to perform a Quality Control check of the glucometer as well as demonstrate skills and knowledge required of proper sample ID, collection and handling of blood. LM

Week 4 – 3k – You had the opportunity to administer PO medications this week observing all the rights of medication administration. KA

Week 4 – 3q – You monitored the patient’s IJ site and documented the assessment in the EMR. KA

Week 5 Objective 3K and L: Great job with medication pass this week! You knew your medications and you followed the six rights to medication pass. MD

WK6 3K,M,N: You did such a great job administering and understanding all of her oral medications. You were able to correctly identify each one as well as learn some new things. While you verbalized being nervous with the IV administration, you did a very good job remaining calm and working through the process. Keep up the good work! EW

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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

Comments:

Week 3 (4e)- According to the CDG Grading Rubric, you have earned an S for your participation in the Infection Control discussion this week. Your post was thoughtful and supported by evidence. The information you found in the International Journal of Environmental Research and Public Health was relevant and added to the discussion. Here are a couple suggestions to continue improving your APA formatting with future CDGs: 1. Whether you use the narrative citation within the sentence, just as you did with the Infection Control CDG, or the parenthetical citation at the end of a sentence always be sure to include the year of publication in the citation. Additionally, the

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

citation should include the author(s) name when available and not the journal name (i.e. As stated by Martos-Cabrera et al. (2019), “patient safety is a priority...”). 2. Whenever possible, try to paraphrase information borrowed from another source instead of directly quoting statements. 3. You included all of the appropriate information in your reference, but there are a few refinements to consider. Pay close attention to the order that each detail is included, as well as the punctuation, italicized parts and use of capital versus lowercase lettering. Here is the appropriate reference: Marcos-Cabera, M.B., Mota-Romero, E., Marcos-Garcia, R., Fomez-Urquiza, J.L., Suleiman-Marcos, N., Albendin-Garcia, L., & Canadas-De La Fuente, G.A. (2019). Hand hygiene teaching strategies among nursing staff: A systematic review. *International Journal of Environmental Research and Public Health*, 16(17), 3039. doi:103390/ijerph16173039 There are two great resources to reference when formatting your APA citation and reference every week until you feel more comfortable; the APA Formatting Examples located in the Edvance360 Clinical Resources and the Purdue Owl website. Keep up the good work! DW

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

Week 4 – 4e – Marisol, you did a very nice job choosing an appropriate EBP article and presenting it in your CDG. Chest tubes are a very interesting subject. Remember to include the year of publication along with the page number in your in-text citations for your direct quotes. Keep up the nice work! KA

Week 5 Objective 4C: Great job identifying that your patient needed assistance with low blood pressure and decreased pulse ox. You obtained assistance when necessary and communicated appropriately. Great job! MD

Week 5 Objective 4E: Very good CDG this week. Remember, the order for references is author, (year). Title of article. Journal. Volume(issue). DOI. Also remember to include page numbers with your quotes. Only quoted material needs a page number. MD

WK6 4A,B,C: Marisol, your patient had underlying hypertension that you investigated. You assessed the patient, reviewed vital sign trends, and were communicate to the primary nurse as well as the charge nurse. EW

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

**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 4:

I provided verbal education to the patient regarding his Chlorhexidine mouthwash and bath. Both were used to eliminate bacteria in his respiratory tract and his body. The chlorhexidine bath was given prior to his Thoracentesis procedure to prevent further infection or bacterial growth. The mouthwash was to ensure more bacterial growth was not added onto the pneumonia infection he already had. Throughout the day he discussed back to me that he understood the reason for both. **Wonderful job. You did a great job educating your patient on the mouth wash and its purpose during our medication pass in the morning. KA**

WEEK 5:

My patient this week needed education regarding the importance of his therapy. Overall, the patient was compliant regarding his therapy considering the amount the pain he was in due to his back surgery. However, at times I think he needed a little more education on pushing himself to help gain his strength back. To provide this education you could verbally remind him to try his best and the more he does each day he will continue to get stronger. If we saw a change in his efforts during therapy, we would know that he understood the education. **Great! MD**

WEEK 6:

The patient I had this week had many reasons for education. She is status post a total knee arthroplasty, so she needs education about the importance of mobility, use of SCDs, use of incentive spirometer, and frequent repositioning. She also has an extensive medical history which she takes a lot of medication for. She needs to be educated about polypharmacy and the importance of keeping record of all her medications. She should know why she takes each one, how often, and who prescribed them to her. Also about any adverse effects she could contact her doctor about. **Good job with this education! EW**

WEEK 7:

My patient on Thursday had some new medical diagnoses that he was struggling to understand with everything going on. He has a recent diagnosis of CHF and a history of kidney failure. While being in the hospital he was very dehydrated so they held his diuretics so he would not lose more fluid. This caused his potassium levels to rise because he was not filtering out toxins correctly. This made him feel very tired and lethargic. He was having trouble understanding why he was feeling this way and what was causing all these issues, so we sat with him and his granddaughter and tried to help him understand better.

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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 NA	S	NA										
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	S	S	S	S										
	KA	KA	DW	KA	MD	EW											

****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:

WEEK 3:

When observing the patients in Digestive Health the nurses made sure to educate the patients about their plan for after their procedures. They were not allowed to drive, be home alone or use machinery. This meant they needed to get a ride from a family member or friend and not be left alone for the rest of the day. This education was very important to ensure the safety of the patients. **Great observation related to safety! With that said, social determinants of health are factors that are different for every patient situation and have the potential to impact the health of the patient even when they have good intentions. Factors to consider include: Housing instability, Food insecurity, Transportation problems, Utility help needs, Interpersonal safety, Financial strain, Employment, Family and community support, Education, Physical activity, Substance use, Mental health, Disabilities. It's beyond providing education, but rather being aware of the special needs the patient has to benefit their health. Relating back to the patients in digestive health, did any of them express issues with obtaining a ride home? DW**

All of the patients did seem to have a ride home. However, one of the patient's fiancé passed out once she came back from her procedure and a MET was called and took him to the emergency department. This meant the patient had to call her mother and this made her a little shaken up.

WEEK 4:

My patient I had this week had a history of heroin abuse and cigarette smoking; both of these have had a major impact on his health. He is in the process of stopping his heroin use (Methadone treatments) and smoking (Nicotine patches). He also had poor dental hygiene which according to the patient was the cause of his infection and complications. The patient also has untreated Hepatitis C which is causing concerns in his health status. I know he had support from his mother and spouse so hopefully they could guide him to improve his health, prevent more infections moving forward and get treated for his Hepatitis C. **You have listed some great SDOH such as smoking and illicit drug usage. How do those two factors influence his current health? What complications other than Hepatitis C is the patient at risk for related to these factors? You are on the right path just try to go a little further in your thinking. KA**

His history of smoking could cause many issues such as cancer, COPD, heart disease, a stroke and it overall weakens the immune system. Long term use of heroin can cause collapsed veins, contraction of HIV or hepatitis, constipation, increased lung problems, poor nutrition, and damaged blood vessels.

WEEK 5:

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

This week my patient had a difficult time with his physical activity and mobility. He was in a lot of pain and weak due to his recent back surgery. This could affect his care because it took at least two people to be able to move him anywhere including to his wheelchair, bed, and bedside commode. This made the process of moving him difficult on him with his pain and on the caretakers to ensure his safety. He is a high fall risk due his extreme weakness, pain, and inability to be mobile on his own. My patient did have his girlfriend as a support system. She seemed to raise his mood when he called her or when she came to visit. **Wonderful! MD**

Week 5 Objective 6A: You did not create a care map this week so this objective is NA. MD

WEEK 6:

When talking to the patient I learned a lot about her home life. She lives with her sister and brother and law in a house that has many steps when going inside. This causes an issue since she just got knee surgery this may be too difficult for her right away. They were talking to her about her staying in a nursing home while she recovers. She is on disability which may cause her financial stress especially when paying for all her medications (20+ meds). She has a history of bipolar and schizophrenia which may cause problems when she is taking care of herself and keeping track of her medications. She does have support from her four children which will be very helpful during her recovery. **Nice work taking the time to understand how her home environment will affect her recovery. These are things that must be considered and must be addressed before her discharge. EW**

WEEK 7:

My patient this week was older in age and lived at home with his wife. He does have a lot of support from his children and grandchildren. He is unable to drive anymore and is retired, which could cause issues getting to his appointments and paying for his medications. He did lack education regarding his health conditions but we tried our best to start this process during our time with him. I think he will need further education regarding his health status change since during this hospital stay and what he needs to change moving forward.

See Care Map Grading Rubrics below.

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: Marisol Fick Date: 2/18/22		
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				All assessment findings have been listed. EW
	Identify all abnormal lab finds/diagnostic tests	3				
	Identify all risk factors	3				Each of the risk factors have been identified. EW
	Highlight all related/relevant data in the noticing boxes	3				
Interpreting	List all nursing priorities	3				You correctly identified all nursing priorities. EW
	Highlight the top nursing priority	3				
	Identify all potential complications	3				
	Highlight potential complications relevant to top nursing priority	3				
	Identify signs and symptoms to monitor for each complication	3				You listed all potential complications and signs and symptoms to accompany each. EW
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				You listed nine interventions that were timely and correctly prioritized. 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: 48 Comments: Very good job Marisol. This care map is very thorough and well thought out. Faculty Initials: EW				

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							
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)*

*End-of-Program Student Learning Outcomes

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	S	S	S										
b. Reflect on an area for improvement and set a goal to meet this need. ** (Reflecting)	S		S	S	S	S	S										
c. Demonstrate evidence of growth, initiative, and self-confidence. (Responding)	S		S	S	S	S	S										
d. Follow the standards outlined in the FRMCSN Student Code of Conduct Policy. (Responding)	S		S	S	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	S	S	S	S										
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (Responding)	S		S	S	S	S	S										
g. Demonstrate the ability to give and receive constructive feedback. (Responding)	S		S	S	S	S	S										
h. Actively engage in self-reflection. (Reflecting)	S		S	S	S	S	S										
	KA	KA	DW	KA	MD	EW											

****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:

Strength: A strength I had this week was coming prepared to class. I made sure to complete any lessons, readings or videos before each lab or lecture. This helped me understand the content a little bit before learning it during class. **Being prepared is a wonderful strength. Remember to only reflect on the clinical/lab aspect and not to include class in your areas of strength and improvement on your tool. KA**

Weakness: A weakness I had this week was learning the new material this week of IV math and ABGs. I need to continue to do practice problems for both new topics. I will complete the IV math practice problem sheets that were handed out to us prior to the IV lab on Tuesday and the ABGs sheet throughout the week before the first quiz.

Practice makes perfect. This sounds like a great way to improve these areas. KA

WEEK 3:

Strength: This week a strength I had was coming on time and prepared to clinical. I made sure to review any prior readings and have the papers I needed. I showed up on time ready to obtain information. **Great start to the clinical expectations this semester! DW**

Weakness: A weakness I had this week was navigating myself around the hospital. To improve this I can take a lap around the hospital during any breaks I have or after clinical and look at maps of the hospital. I can look at the maps prior to my next clinical then continue navigating during my clinicals next week on Wednesday and Thursday. **Excellent idea Marisol! Navigating will become easier as you progress through the curriculum; however, it is important to be proactive in familiarizing yourself with the environment. One suggestion for future goals (7b). Instead of saying "I can", say "I will". Creating the plan is an excellent first step, but actually following through with the plan is what will help you continue to learn and grow as a future nurse and will minimize any gaps in knowledge/experience. Keep up the great work! DW**

WEEK 4:

Strength: A strength I had this week was my documentation. I did my documentation with ease and in good time. I made sure to do thorough, accurate charting and make nursing notes throughout the clinical day. **You did a great job with documentation and I did not have any corrections for you. You have all your documentation done before you went to the patient's procedure. Well done! KA**

Weakness: Something I struggled with this week was my confidence talking with the patient. My patient was very sleepy, and I was afraid to wake him or keep tapping him when he was falling asleep. To make sure I improve this I will practice role playing with my friends or family at least twice before my next clinical. I can also have an idea in my head what I will say or do with the patient if this situation would happen again. I need to explain to the patient I will ask just a few questions and assess what I need to then they can rest again. Before heading into the room I will be ready for any situation to arise. **Confidence will come with time and practice. I think role playing is an excellent thing to do to help meet this goal. I do want to let you know that you did well talking and interacting with your patient during medication pass. Your lack of confidence was not evident in your demeanor which is important to help keep your patient at ease. Nice job on that! KA**

WEEK 5:

Strength: During this week at clinical a strength I had was being able to assess my patient to see what he needed and then acting on it. At times I would notice that he was uncomfortable, I would ask him if he wanted to reposition or if he needed another blanket or pillow. When I obtained abnormal vital signs, I acted on it right away and found my instructor and other students to help assess the situation. **You did fantastic in identifying abnormal assessment data! MD**

Weakness: Something I could improve on after reflecting on this week is time management, but also not getting flustered if my schedule gets altered due to any issues with the patient. At times if a problem arose, I would be worried because I had not finished my assessment or my documentation, but I must be able to be flexible moving forward. To improve this, I could set out a schedule the night before every clinical that I will try to stick to the next day but prepare myself if it does get changed. I will start this next week at clinical and continue for the rest of the semester if I feel it was helpful in my time managing. **This is a great goal! Flexibility will come with practice! MD**

WEEK 6:

Strength: I was proud of my communication with my patient this week. I felt I was able to have good small talk that allowed me to learn a lot about her and form a trusting bond with her. I learned a lot about her medical history and home life by asking simple questions and she opened up to me often.

Weakness: A weakness I had this week was administering IV medications. It is still very new to me, and I often get flustered while working with an IV. To improve this, I can review my notes from the IV lab and review any videos of administration including flushes, hanging new meds, and discontinuing an IV. I will review these at least once by next week's clinical. **Marisol, you did such a great job communicating with the patient, your team, and staff. You were professional and caring and inquisitive. You worked hard to understand your patient and her medications as well as treatment. Keep up the good work! EW**

WEEK 7:

Strength: This week a strength I had was my medication passes. Each week I get more and more comfortable giving oral meds, injections and IV medications. I feel I went into the room with confidence and gave each medication safely and correct.

Weakness: Something I need to improve on is connecting medications to the exact reason why the patient is taking it. Since we have only learned a handful of drugs it is hard to know why patients are taking certain medications at times. I must keep working on connecting everything in the patient care. To improve this, I am going to write down common meds I see during my next clinical and important information about each. Each week I will write down more and more common medications and continue to review them throughout the semester. I will review them at least once a week. I think this will help me connect things in my patients more quickly moving forward.

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

Student name: Marisol Fick								
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	
Faculty/Teaching Assistant Initials	KA	KA	KA	KA	KA	KA	KA	
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 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: Marisol Fick							
	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	KA	EW						
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