

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

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

Student: Absity White

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	Infection Risk	S/NS	NA	NA

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

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies:			NA	S	S	S	S	S	S	S							
a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting)			NA	S	S	S	S	S	S	S							
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			NA	S	S	S	S	S	S	S							
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			NA	S	S	S	S	S	S	S							
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			NA	S	S	S	S	S	S	S							
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			NA	S	S	S	S	S	S	S							
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			NA	S	S	S	S	S	S	S							
g. Assess developmental stages of assigned patients. (Interpreting)			NA	S	S	S	S	S	S	S							
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		NA	S	S	S	S	S	S	S							
		Meditech, FSBS, D/C IV, IV Pump Sessions	NA	4N : 66 Y.O. Female Dx: Nonsurgical L Tibial Fracture	5T : 64 Y.O. Female Dx: Recurring UTIs, Altered Mental Status	3T (K2) : 74 Y.O./83 Y.O. Males Dx: Bilateral Shoulder Infections/ Acute TIA, R. arm weakness	3T : 102 Y.O. Male / TL Dx: SOB & Low Grade Fracture	4N : 72 Y.O. Male Dx: Loose/Tarry Stools		4N : 59 Y.O./54 Y.O. Males Dx: Hiatal Hernia w/Ulcerative Esophagitis / Intervertebral Disc							
	Instructors Initials	LM	LM	DW	DC	MD	NS	KA	EW	EW							

Comments:

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. LM

Week 4 1 (c,d,e) You did well correlating your patient's diagnosis, history and medications to their current plan of care. DC

Week 5 Objective 1E: You did an excellent job with medical treatments for your patient this week which included a wound dressing to the coccyx. MD

Week 6 1(a-h) – Absity, nice job this week correlating the care provided to your patient's medical diagnoses. On day one, your patient was waiting on PICC line placement to be discharged. His diagnoses of bacteremia required long-term antibiotics, where you were able to correlate with the need for a PICC. You were able to discuss the manifestations of possible sepsis, and discussed the important assessment interventions that would be performed. You were able to identify the importance of good infection control and the need to educate your patient on s/s of infection on discharge. On day two, you discussed the various diagnostics performed to rule out stroke for a patient with a TIA. Remember to work hard at researching your patient by digging through the chart to make correlations and enhance your clinical judgement. NS

Week 7 – 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 7 – 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 7 – 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

Week 8 1A-H: Absity, you were able to understand the patient's disease process that led to surgery. With that you were able to correlate his home medications due to his health history as well as the current meds to prevent infection and blood clots. You noticed the treatments that were being used and the plan for his 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	S	S	S							
a. Perform inspection, palpation, percussion, and auscultation in the physical assessment of assigned patient. (Noticing)			NA	S	S	S	S	S	S	S							
b. Conduct a fall assessment and implement appropriate precautions. (Noticing)			NA	S	S	S	S	S	S	S							
c. Conduct a skin risk assessment and implement appropriate precautions and care. (Noticing)			NA	S	S	S	S	S	S	S							
d. Communicate physical assessment. (Responding)			NA	S	S	S	S	S	S	S							
e. Analyze appropriate assessment skills for the patient's disease process. (Interpreting)			NA	S	S	S	S	S	S	S							
f. Demonstrate skill in accessing electronic information and documenting patient care. (Responding)	NA S		NA	S	S	S	S	S	S	S							
	LM	LM	DW	DC	MD	NS	KA	EW	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/LM

Week 4 (2f): Documentation was accurate and timely. You successfully accessed the EMR to learn about your patient. DC

Week 5 Objective 2A: Great job proficiently completing your head-to-toe assessment and reporting abnormal findings. MD

Week 6 2(b) – This week you were able to identify a patient at a very high risk for falls and noticed that precautions were not in place in the room. Through a careful safety assessment, you interpreted this as an increased risk for complications. You responded by initiating all of the necessary fall precautions and ensuring your patient understood the need to prioritize safety. (c,f) – Your documentation looked good this week. You appropriately communicated your abnormal assessment findings and your nursing notes were clear and concise, allowing for proper communication with the healthcare team. NS

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 7 – 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 7 – 2b – You recognized your patient was a high fall risk and implemented appropriate interventions related to your patient’s fall risk. KA

Week 7 – 2d – You reported abnormal assessment findings promptly to your nurse and reported any interventions performed related to these findings. You helped manage new orders and coordinate changes in patient care as they occurred with your team. KA

Week 7 – 2f – You documented in the EMR with beginning mastery. You made minimal errors and corrected any documentation concerns promptly. You did a nice job reviewing your classmates’ documentation and informing them of any changes or suggestions to improve their charting. KA

WK8 2 D,E: You were able to provide a focused assessment and review the chart to view the needed dressing change. 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:	S		NA	S	S	S	S	S	S	S							
a. Perform standard precautions. (Responding)	S		NA	S	S	S	S	S	S	S							
b. Demonstrate nursing measures skillfully and safely. (Responding)	S		NA	S	S	S	S	S	S	S							
c. Demonstrate promptness and ability to organize nursing care effectively. (Responding)			NA	S	S	S	S	S	S	S							
d. Appropriately prioritizes nursing care. (Responding)			NA	S	S	S	S	S	S	S							
e. Recognize the need for assistance. (Reflecting)			NA	S	S	S	S	S	S	S							
f. Apply the principles of asepsis where indicated. (Responding)	S		NA	S	S	S	S	S	S	S							
g. Demonstrate appropriate skill with Foley catheter insertion, maintenance, & removal (Responding)	S		NA	NA	S	NA	S	S	S	S							
h. Implement DVT prophylaxis (early ambulation, SCDs, and ted hose) based on assessment and physicians' orders (Responding)			NA	S	S	S	S	S	S	S							
i. Identify the role of evidence in determining best nursing practice. (Interpreting)	S		NA	S	S	S	S	S	S	S							
j. Identify recommendations for change through team collaboration. (Reflecting)			NA	S	S	S	S	S	S	S							
	LM	LM	DW	DC	MD	NS	KA	EW	EW								

Comments:

Week 5 Objective 3I: Great job identifying an evidence-based article that correlated with your patient's diagnosis and needs. MD

Week 6 3(b,c,d) – You did well with time management this week. You ensured all assessment were performed and documented in a timely manner which allows appropriate decision making to occur by other members of the health care team. This allowed you to prioritize your patient's medications, specifically his pain medication.

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

You performed your nursing care skillfully and safely, specifically when D/Cing an IV using appropriate technique. You also assisted the patient with hygiene, including shaving, while recognizing his bleeding risks. You responded by utilizing the appropriate razor to prevent complications. Overall job well done with your care this week!
NS

Week 7 – 3b – You provided your assigned patient with safe, holistic nursing care. KA

Week 7 – 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. KA

WK8 3 F,I: Performed dressing change aseptically. Clarified medication use of blood thinner with a patient that had a history of tarry stools. 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:																	
k. Administer PO, SQ, IM, or ID medications observing the rights of medication administration. (Responding)			NA	S	S	S	S	S	S	S							
l. Calculate medication doses accurately. (Responding)			NA	S	S	S	S	S	S	S							
m. Administer IV therapy, piggybacks and/or adding solution to a continuous infusion line. (Responding)			NA	NA	NA	NA	S	S	S	S							
n. Regulate IV flow rate. (Responding)	S		NA	NA	NA	NA	S	S	S	S							
o. Flush saline lock. (Responding)			NA	S	NA	S	S	S	S	S							
p. D/C an IV. (Responding)	S		NA	NA	NA	S	NA	NA	S	NA							
q. Monitor an IV. (Noticing)	S		NA	S	NA	S	S	S	S	S							
r. Perform FSBS with appropriate interventions. (Responding)	S		NA	S	NA	NA	NA	NA	S	S							
	LM	LM	DW	DC	MD	NS	KA	EW	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 (3 d,k,l): You appropriately managed your time to care for your patient. Medication administration was done via the 6 Rights and you thoroughly researched the medications.

Week 5 Objective 3K and L: Great job with medication pass this week. You were knowledgeable about the medications and used the six rights to medication administration. MD

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 6 3(k,l,o) – You did a very nice job this week with medication administration. You were able to ensure patient safety by performing the three checks and six rights of medication administration. You were well-prepared, allowing for some independence in med administration. You gained experience in administering various PO medications. Additionally, you gained experience administering a subcutaneous injection and withdrawing medication from a vial using appropriate technique while also calculating your dose appropriately. Lastly, you gained experience in performing a saline flush and monitoring an IV site for complications. Appropriate aseptic technique was performed, a blood return was assessed, and flush was completed without complications. You used appropriate technique for DCing an IV, ensuring intactness and monitoring for bleeding. Overall nicely done! NS

Week 7 – 3k – You had the opportunity to administer PO, SQ, and IV 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 7 – 3m & 3n – You were able to monitor the patient’s IV antibiotic infusion and follow the steps to properly prime tubing and administer the patient’s IV medication. KA

Week 7 – 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

Week 7 – 3q – You monitored the patient’s IV site and documented the assessment in the EMR. KA

WK8 3M,N,O: Nice work hanging, priming, and administering the patient’s IV antibiotic. You demonstrated confidence to the patient in this skill. EW

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

Comments:

Week 4 (4e): Great job on your CDG. You effectively correlated your patient to your article. DC

Week 5 Objective 4E: Very good CDG. Make sure to find the year of publication to your articles. When there are more than 3 authors the in-text citation should look like this: (Dunbar et. al, 2022). Great job! MD

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 6 4(e) – Overall you did nice work with your CDG this week. All requirements were met for a satisfactory evaluation. You were thorough in your responses and provided good insights using resources. Be sure to use reputable websites as references. Websites that end in .com are not always reliable. Try to focus more on .org, .gov, or .edu websites in the future. See my comments on your posts for further details. As for APA formatting, a few suggestions for future success:

- For your reference in your response post, be sure to *Italicize* the journal title. Additionally, when using a resource that is unlikely to be edited, such as a published article like you selected, you do not need to use “retrieved on”. This is only used when using a resource that is frequently updated, such as the CDC. Otherwise, your formatting looked great! NS

Week 7 – 4a – You did a nice job interacting with all team members, nurses, patients, and families while team leading this week. KA

Week 7 – 4b – You performed SBAR report with your patient’s nurse when leaving at the end of the day. KA

Week 7 – 4e – Absity, you did a nice job responding to the CDG questions for this week on your team leading experience. You were thoughtful with your responses. In your in-text citation for your response to your classmate remember to include a page number for direct quotes. If you do not have a page number put (para #) and place the paragraph number for the quote. Nice job. Keep up the great work! KA

WK8 4A,B: You communicated professionally with staff, fellow students and instructors. You also had a question about medication and were able to communicate that to the charge nurse. Good job! 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	S	S	S							
a. Describe a teaching need of your patient.** (Reflecting)			NA	S	S	S	S	S	S	S							
b. Utilize appropriate terminology and resources when providing patient education. (Responding)			NA	S	S	S	S	S	S	S							
	LM	LM	DW	DC	MD	NS	KA	EW	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 3.A – I did not have clinical this week. DW

Week 4.A – Teachings I provided to my patient were about maintaining elevation of her left leg. My patient had a +2 pitting edema reported from the off-going shift nurse, upon my head-to-toe assessment I educated my patient on keeping her leg elevated in hopes of decreasing her edema by allowing the excess fluid to circulate back up towards the heart, which by the end of my clinical her edema had slightly gone down to a +1. Great job, Absity! That education can greatly help your patient and they can continue to use that knowledge upon discharge. DC

Week 5.A – A teaching I provided to my patient this week included smoking cessation and pressure ulcer prevention via scheduled turning. I first spoke with my patient about smoking cessation and how it would enhance her quality of life and improve her health. Although her sacral ulcer is already advanced to a stage 4, I also educated my patient on the importance of her turn schedule in hopes of keeping the pressure off her sacrum and preventing the pressure ulcer from advancing even further. My patient was paraplegic but very self-sufficient in bed to turn herself every so often, just requiring help from someone to prop a pillow on her sides. Great! MD

Week 6.A – With both of my patients this week, I provided a variety of different teachings. My first patient I provided education on different techniques for pain management; I discussed different distraction techniques with him that included talking about other things that got his mind off of his pain, watching a movie or tv series he really enjoys, etc. He ended up turning on some WWE or wrestling show on his iPad and he seemed to stay pretty calm and stated his pain was manageable. My second patient the next day, I provided education on the use of his cane and walker while assisting him ambulate throughout his room and bathroom & I focused on talking about possible tripping hazards when the cane and walker are used incorrectly. Very good! Your first patient is going to be experiencing pain related to the infection in his shoulders. While medications can help, educating on non-pharmacological management techniques allows the patient to feel more involved in his plan of care. Distraction is a great technique to use! On day two, safety was your primary concern. He did not appear to be comfortable with the use of assistive devices, so education with return demonstration is a great way to promote safety and understanding. Good reflection! NS

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 7.A – Some teaching I provided to a patient this week was Katelyn’s patient. I provided education on mobility safety. When Katelyn and I were transporting the patient to her chair we educated her on how to properly get off the bed and move to the chair (moving to the edge of the bed planting her feet flat on the floor, pushing off the bed with one hand assisting her to standing position, using her walker, and pivoting to sit back down onto the recliner). **Nice job providing education when you were team leading. Sometimes it is the most opportune time to provide education when you are doing interventions such as ambulating or other direct care needs. KA**

Week 8.A – For my patient this week I provided teachings on how we should get him up and walking to use the restroom instead of using the urinal. Since my patient has been in the hospital for 3 weeks now, he’s at major risks for a lot of things like pressure ulcers, muscle atrophy, infection, etc. Getting the patient up to walk to the restroom atleast promotes circulation and decreases the likelihood of muscle atrophy while also still promoting some independence. **Good job recognizing the risk increase for these complications the longer the patient is in the hospital. How did you teach this patient and how did he respond? EW**

Week 9.A – Both of my patients this week required education. My first patient got education on his IVs. The very next time I went into the patient’s room he was asking why he was being poked so much. I explained to the patient that the medications he was getting through the IV were a little too harsh for this veins and therefore the complications for needing multiple different IV sites. My second patient received education on his oxygen needs. When I got report from the off-going nurse she stated that the patient was able to come off of the nasal cannula. When I went in to the room to get my first set of vitals and assessment, I found that his SpO2 level was down teetering around a 92%. It made me nervous that his oxygen was decreasing again so I spoke with the patient and had educated him on the need to press his call light as soon as he felt short of breath or having a hard time breathing or anything along those lines because it was likely that he needed to be put back on oxygen via nasal cannula. For both of my patients I used the teach back method.

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	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)			NA	S	S	S	S	S	S	S							
	LM	LM	DW	DC	MD	NS	KA	EW	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:

See Care Map Grading Rubrics below.

Week 3.B – I did not have clinical this week. **DW**

Week 4.B – Patient lives at home alone, has 1 child, retired, obese, little to no physical activity; it is unknown if the patient has any higher education beyond high school.

Good. DC

Week 5.B – Patient is disabled with a fixed income from disability. Lives at home by herself with a pet cat. Has children (sons) and smokes. **Awesome! MD**

Week 5 Objective 6A: You did not complete a care map this week. MD

Week 6.B – Combining both patients, social determinants include living at home alone or with spouse, both retired, obese, little to no physical activity, ex-military, highest level of education was just high school.**Good! In the future, try to elaborate on how these findings would impact his care. How would his level of education impact your approach to educating on his disease process? Do you think this might impact his ability to properly care for his PICC line at home? Try to think beyond what the SODH is, and focus on how it will impact his care. NS**

Week 7.B – My patient this week (not in TL role) was age: 102 years old, ex-military, hard of hearing, retired, lives at home with caregiver, light activity, highest level of education was high school, 3 children, and a widower. **As Nick pointed out previously try to expand on these thoughts. You are bringing up some excellent factors, but how do they affect your patient's health and are they affecting the patient positively or negatively? KA**

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 8.B – SDOH for my patient this week was elderly, obese, retired, little to no physical activity. Nonmodifiable factors would be his age. Modifiable factors that negatively impact the patient are being obese and no desire for any physical activity. EW

Week 9.B – Patient 1: elderly, little to no physical activity, unemployed, on clear liquids diet, easy access to healthcare, and is a current smoker. Patient 2: elderly, normally pretty physical besides when in pain, head of household, healthy eating habits, easy access to health care, and is a non-smoker.

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: Absity White Date: 2/16/22	
Top Nursing Priority: Infection Risk						
		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				A thorough list of assessment findings was provided. All abnormal findings were identified and addressed based on the care provided. Nice job with this detailed list! NS
	Identify all abnormal lab finds/diagnostic tests			1		While some abnormal labs/diagnostics were appropriately provided, there were numerous diagnostics related to his infection that were omitted. Take time to research neutrophils (9.4H) and c-reactive protein (15.0H). Each of these lab values correlate with the infection and resulting inflammation that he was experiencing. Additionally, he had a shoulder CT that was performed that suggested abscess formation. These are all important diagnostics that were in his chart that related to his infection. He also had blood cultures that demonstrated <i>staph aureus</i> as well as his shoulder fluid culture which showed the same. Be sure to spend time researching abnormal findings that you are unfamiliar with. NS
	Identify all risk factors	3				A thorough list of risk factors was identified, including all relevant past medical history. NS
	Highlight all related/relevant data in the noticing boxes		2			Most relevant data were highlighted pertinent to the priority problem. One point was deducted for omitting the blood cultures, wound culture, and CT scan as being relevant to his infectious process. NS
Interpreting	List all nursing priorities	3				Four nursing priorities were identified, each pertinent to the care provided. NS
	Highlight the top nursing priority	3				Based on his admitting diagnosis, care required during his stay, and discharge with PICC placement, infection risk was the priority nursing problem. NS
	Identify all potential complications		2			A list of three different complications was provided. Consider complications that can occur for all listed priority problems. Think about what complications can result from acute pain. NS
	Highlight potential complications relevant to top nursing priority	3				Great job identifying sepsis as a potential complication to monitor for. With infections, this is one of the most important complications we look to prevent.
	Identify signs and symptoms to monitor for each complication	3				Good detail in describing the signs and symptoms related to each complication. The earlier we can recognize manifestations of sepsis, the better the outcome for the patient. NS
Responding	List all nursing interventions relevant to top nursing priority	3				Listed interventions are pertinent to the top priority problem.
	Interventions are prioritized	3				Interventions are prioritized appropriately with all assessment interventions taking highest priority.
	All interventions include a frequency		2			Remember to include an appropriate frequency for all listed interventions. None of the education interventions listed included a frequency. Also, be specific with physician orders for antibiotic administration frequency. NS

	All interventions are individualized and realistic	3				Each intervention listed is individualized to the patient, including medication dosages. The listed interventions are realistic for his plan of care.
	An appropriate rationale is included for each intervention	3				Rationale was provided for each intervention. Try to be more specific with the rationale. Simply stating improvement is vague. Think hard about why each intervention is performed and what you as the nurse would be thinking with each action.
Reflecting	List the reassessment findings for the top nursing priority	3				Nice job evaluating all of your assessment findings. You were thorough in your evaluation allowing you to appropriately determine to continue the plan of care.
	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: Absity, you used good clinical judgement to assess and research your patient in order to identify a priority nursing problem. You were able to discuss your patient during clinical, and are showing improvements in your ability to connect the dots and understand your patient as a whole. You have received 45 points for this care map for a satisfactory evaluation. Be sure to review the comments provided in addition to reviewing the care map guidelines for continued success as you progress in the program. Keep up the hard work! Faculty Initials: NS				

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)*

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		NA	S	S	S	S	S	S	S							
b. Reflect on an area for improvement and set a goal to meet this need.** (Reflecting)	S		NA	S	S NI	S	S	S	S	S							
c. Demonstrate evidence of growth, initiative, and self-confidence. (Responding)	S		NA	S	S	S	S	S	S	S							
d. Follow the standards outlined in the FRMCSN Student Code of Conduct Policy. (Responding)	S		NA	S	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		NA	S	S	S	S	S	S	S							
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (Responding)	S NI		NA	S	S	S	S	S	S	S							

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

g. Demonstrate the ability to give and receive constructive feedback. (Responding)	S		NA	S	S	S	S	S	S	S							
h. Actively engage in self-reflection. (Reflecting)	S		NA	S	S	S	S	S	S	S							
	LM	LM	DW	DC	MD	NS	KA	EW	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 A – areas of strength for this week includes properly running through the NF skills in lab, including a full head to toe assessment, vitals, maintenance of a foley catheter, wound dressing change, etc. **Good job in the skills lab this week! LM**
 Week 1 B – areas for improvement include getting back into routine of constantly reviewing skills to keep my memory fresh and not having to stop and think about the next step in certain skills. **This is a good start. How will you accomplish this goal? Reviewing the NF/MSN skills checklists? (7f)- An NI was given for professionalism-responsibility due to the late submission of your clinical tool. A reminder was verbally stated to all of the students on Friday, 1/14/22, to remember to complete the clinical evaluation tool and submit the tool by the deadline on Saturday, 1/15/22 at 2200. As nurses we are held to high standards; this includes meeting deadlines and being responsible. Moving forward, a U will be given for each late clinical tool submission. LM**

Week 3.A/B – I did not have clinical this week. **DW**

Week 4.A – areas of strength from this week’s clinical experience include properly performing a FSBS without even having to think about it. It almost felt natural to do it and didn’t once have to question myself on how to do the intervention. I also remembered to identify the difference between the sliding scale and carb coverage when having to administer insulin. **You did a great job! You are becoming more independent with skills each week. DC**

Week 4.B – area for improvement includes remembering to push down the retractable needle when administering the insulin. It really didn’t phase me when going to administer it, it went right over my head! Had it been a larger dose of insulin that could’ve potentially been a big waste but being it was just 3 units, it was still a waste but I was glad it wasn’t much more. **It was a good teaching moment and definitely one that you will not forget in the future. We were able to administer the correct amount of insulin. DC**

Week 5.A – For this week’s clinical, I felt that my strength was the willingness to learn the few, minor, extra skills that were a little more advanced than what we were checked off to do in lab. I learned how to irrigate a indwelling catheter (and was willing to do so on my own under supervision, though my patient didn’t require any more irrigations in my time there) and I learned how to check how providers want dressings applied, and did so twice (once with supervision and once on my own). **You did an awesome job learning new skills this week! MD**

Week 5.B – An area for improvement is to remember to look at the whole picture. That includes looking at the patient’s lab values and other diagnostic tests to piece together what all can be causing the patient’s blood pressure to drop like it was. **This is a great goal but how are you going to achieve this goal? There should be something in your narrative that describes how you will achieve this goal either with practice during clinical or on your own. MD**

Week 6.A – For this week’s clinical I felt a strength of mine was my confidence in medication administration. Being able to pass meds independently really made me realize that I need to make sure to complete my 3 checks, check expiration dates, verify dosages, which I did but it was a great way to check myself in making sure I do everything I need to do without having someone there to correct my mistakes. **Very good! You took this challenge and learned from it. Having your classmate there as a**

resource certainly was beneficial, however, enhancing your confidence through independence is a great way to gauge where you are at. By being prepared to discuss each medication through research of each med, you demonstrated competence. Great job! NS

Week 6.B – I realized from this week that I need to be more confident in my knowledge. I hate being put on the spot when being asked questions and I feel like my brain freezes. Though I know my stuff I just need to be more confident in my answers. I will achieve this by working with someone while studying for quizzes and tests, asking me questions up front like I would be asked in a clinical setting. **Good reflection! Always remember, when being asked questions we aren't challenging your intelligence, we just want you to think. You were able to provide the right answer, you just need that confidence in yourself. Continue to work hard on researching your patient and follow through with your plan for improvement, and your confidence will soar. Keep up the hard work! NS**

Week 7.A – In this week's clinical, a strength of mine was remembering how to prime primary IV tubing for medication administration. When I first learned that I had to do that I freaked out thinking I wasn't gonna remember how to prime it since its not something we do everyday. But to my surprise, I remembered well and did it without any complications. **Nice job! You did a great job priming tubing and administering your patient's antibiotics this week! KA**

Week 7.B – A flaw of mine this week was working as a team leader. I felt that I was not able to delegate my classmates as I'm at the same level as them. I know it is something we eventually have to do in this career but being it was my first time it just felt foreign to me. I will work on this with my next time around as team leader taking with me that I know how I handled it this time and using it as a guide for the next time. **I agree it can be uncomfortable to critique and delegate to your peers, however as you pointed out it is good to practice it now to be able to accomplish these skill as you progress in in your nursing skills. KA**

Week 8.A – A strength of mine this week was the willingness to learn how to do another type of dressing change. When I talked to the patient's primary nurse to see if she had heard from or seen the wound care nurses she had not and was willing to help me do the patient's dressing change. This was the first time I actually had to pack a wound on a patient so I was really glad I had the chance to change the patient's dressing.

Week 8.B – Something I can improve on from this week is to make sure I watch the drawers when I'm pulling medications from the pyxis. When pulling medications for my patient I wasn't really focusing on whether or not I had to pull medications from the same drawer so I automatically close the drawers without thinking, which caused an error in medication counts and could've caused further errors. Also, it was an important reminder to not have any distractions while pulling meds which could also lead to further medication errors. **You're right this is true. The more you are familiar with these types of Pyxis, the easier it will become. Also want to mention your work in the thought process and working to understand all aspects of patient care. Keep working on your confidence and thinking how everything works. Eventually it will all come naturally. EW**

Week 9.A – A strength of mine this week would be that I now feel way more confident in my initial assessments. In prior weeks I felt that I would always be missing something or would have to recheck myself before leaving the room or having to go back into the room after I've left because I forgot something. Along with feeling more confident about my assessments, I also feel like I've found my own organizational way of doing my assessment.

Week 9.B – A weakness of mine that can use improvement is still putting the dots together for my patients. I realized from this week that it does take really reading into the patients charts fully to paint the whole picture about what the patient has going on and why. I now understand that even reading through the patient's chart can make the dots connect easier as well.

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

Student name: Absity White								
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
	S	S	S	S	S	S	S	
Evaluation:	S	S	S	S	S	S	S	
Faculty/Teaching Assistant Initials	LM	LM	LM	LM	LM	LM	LM	
Remediation: Date/Evaluation/Initials	N/A	N/A	N/A	N/A	N/A	N/A	N/A	

*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. Great job, Absity! LM

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

* Course Objectives

- Simulation #1- Please review the comments placed on the Simulation Scoring Sheet below. In addition, please review the individual faculty comments placed within the simulation #1 pre-brief and reflection journal dropboxes.

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: GR 4

OBSERVATION DATE/TIME: 2/28/2022

SCENARIO #: MSN Scenario #1

Tamica Ivey & Rebecca Norman – Group 1

Mignon Koth & Absity White – Group 2

CLINICAL JUDGMENT			OBSERVATION NOTES
<p>COMPONENTS NOTICING: (2)*</p> <ul style="list-style-type: none"> • Focused Observation: E <div style="display: flex; justify-content: space-around; width: 100px;"> A D B </div> • Recognizing Deviations from Expected Patterns: E A <div style="display: flex; justify-content: space-around; width: 100px;"> D B </div> • Information Seeking: E A <div style="display: flex; justify-content: space-around; width: 100px;"> D B </div> 			<p>Group 1-</p> <ul style="list-style-type: none"> -Identified patient and self; asked patient how she wanted to be addressed-which pronoun to use. -Focused observation- delayed focused assessment for leg pain; performed head to toe assessment. -Recognizing deviations – VS HR 99. -Information seeking - asked if nurse could touch patient. -Asked about pain level, description of pain, radiation, asked about medication for pain. <p>Group 2-</p> <ul style="list-style-type: none"> -Identified self; did not identify patient. -Obtained VS; began head to toe assessment. -Information seeking- asked about pain. -Assessed Lt. leg first and continued assessing Lt leg performing proper assessment; however, did not assess Rt. Leg promptly. -Eventually recognized redness Rt. leg (delay in assessing Rt. Leg).
<p>INTERPRETING: (1)*</p> <ul style="list-style-type: none"> • Prioritizing Data: E A <div style="display: flex; justify-content: space-around; width: 100px;"> D B </div> • Making Sense of Data: E <div style="display: flex; justify-content: space-around; width: 100px;"> A D B </div> 			<p>Group 1-</p> <ul style="list-style-type: none"> -Prioritizing - Delayed prioritization, after continuous prompting, assessed Lt. foot; nurse assessed non-surgical Rt. Foot before Lt. foot. <p>Group 2-</p> <ul style="list-style-type: none"> -Once prompted by patient's cough and dyspnea, prioritized assessment and recognition of possible PE. -Interpreted diagnostic findings and lab results correctly.
<p>RESPONDING: (3,4,5,6)*</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A <div style="display: flex; justify-content: space-around; width: 100px;"> D B </div> • Clear Communication: E <div style="display: flex; justify-content: space-around; width: 100px;"> A D B </div> • Well-Planned Intervention/ Flexibility: E A <div style="display: flex; justify-content: space-around; width: 100px;"> D B </div> • Being Skillful: E <div style="display: flex; justify-content: space-around; width: 100px;"> A D B </div> 			<p>Group 1-</p> <ul style="list-style-type: none"> -Maintained calm, confident manner throughout scenario. -Provided clear communication- Both nurses explained what was being done to the patient. -Stated, "Oh my" out loud when assessing color & pulselessness in Lt. foot. -Delayed intervention to remove pillow under the Lt. foot, eventually removed. -SBAR- did not write down orders while HCP gave orders. -Did a great job explaining to the patient the reason for moving up the surgery. -After patient prompting, the patient's wife was called. -Skillful-Repositioned the patient with HOB raised and pillow removed from under Lt. leg. -SBAR report given to OR. -Primary IV was running wide open during priming, no inversion of ports to reduce air. -Did not prime secondary chamber but primed tubing; eventually filled chamber of secondary tubing.; had tubing dangling after sterile cap removed. -Morphine IM was promptly given; did not draw back to check for blood.

	<p>Group 2-</p> <ul style="list-style-type: none"> -Communicated to patient that VS were going to be taken. -Wanted to apply SCD, but recognized warmth, redness, and tenderness so did not apply SCDs. -Assessment nurse wrote down the orders while HCP gave orders and read back orders! Great job! -Great SBAR-Assessment nurse communicated to patient about HCP conversation and new orders. <p>Patient was educated on incentive spirometer, somewhat familiar with the process but stumbled.</p> <ul style="list-style-type: none"> -Nurse rechecked lungs once patient dyspneic. -Started oxygen right away, pt. c/o chest pain.
<p>REFLECTING: (7)*</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Recognized potential conflict with night shift (off-going) nurse. Discussed ways to diffuse potential conflict as a group.</p> <p>Participated well in debriefing. Each member of the team reflected well on the experience and asked appropriate questions. Members of the team noticed areas for improvement and discussed ways to make improvements in the future.</p>
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p>	<p>Noticing: Attempted to monitor a variety of subjective and objective data; focused on the most obvious data, missing some important information until prompted by the patient. Identified obvious patterns and deviations and used this to continually assess. Made an active effort to seek additional information.</p> <p>Interpreting: Prioritized data and focused on the most important data, but also at times attended to less relevant or useful data. In common situations was able to compare data patterns with those known to develop intervention plans; had some difficulty with more complex data or situations.</p> <p>Responding: Reassured the patient throughout the scenario. Showed communication ability; communication with patients, patient’s partner, and team members successful; displayed caring; stated “oh my” out loud in front of the patient. Developed interventions on the basis of most obvious data; monitored progress regularly. Hesitant with some nursing skills.</p> <p>Reflecting: Key decision points were identified and alternatives were considered. Demonstrated a desire to improve performance; reflected on experiences; identified strengths and weaknesses.</p> <p>Satisfactory completion of MSN simulation scenario #1.</p>

**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