EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2022

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Livia Suresh

Semester: **Spring**

Final Grade: **Satisfactory/Unsatisfactory**

Date of Completion:

Faculty eSignature:

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

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

DIRECTIONS FOR USE:

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

METHODS OF EVALUATION:

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

ABSENCE (Refer to Attendance Policy)

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

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

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

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

UNSATISFACTORY CLINICAL PERFORMANCE

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

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

OTHER

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

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

Date	Care Map Top Nursing Priority	Evaluation & Instructor Initials	Remediation & Instructor Initials	Remediation & Instructor Initials
2/9/22	Impaired physical mobility r/t femur fracture and surgery	Satisfactory/EW	NA	NA
2/23/22	Impaired skin integrity r/t necrotic, nonhealing wounds	Satisfactory/EW	NA	NA

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

Objective

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

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

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

	Indicate your clinical site as well as your patient's age and primary medical diagnosis in this box weekly.	Meditech, FSBS, D/C IV, IV Pump Sessions		3T, 82 PLEURAL EFFUSION	NA	4N, 73 R. FEMUR FX	5T, 90 R. FEMUR FX	3T, 67 GI BLEED 4N, 67 CX NON-HEALING WOUND	NA	Midterm	INFECTION CONTROL, DH	NA	5T, 60 SEIZURE					
	Instructors Initials	**EW**		**KA**	**KA**	**EW**	**MD**	**EW**	**DW**	**DW**	**DW**	**EW**						

Comments:

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

Week 3 – 1d – You were able to have an active discussion on the medications the patient was prescribed and how they related to your patient's disease process. KA
Week 3 – 1h – You researched your patient and was able to discuss your patient and their history easily during clinical debriefing. KA

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

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

WK7 1A-H: Livia, for each patient you cared for you were able to analyze the pathophysiology and correlate the medications, treatments, nutritional, and symptoms related to the disease process. You showed evidence of being prepared for clinical by being willing to float to another unit and care for patients while maintaining a good attitude. EW

Week 9 (Obj. 1)- I realize the Infection Control and Digestive Health clinical experiences are a little different than the typical inpatient clinical experience; however, all clinical experiences provide you with the opportunity to make correlations between various patient information. For example, if you witnessed a colonoscopy, you would be able to think through correlations between pathophysiology, patient symptoms, diagnostics and possibly nutritional needs. Additionally, you were required to review the Infection Control PowerPoint and Isolation Flyer prior to the Infection Control experience. These are all examples of preparing for clinical. 7h should never be marked as NA unless you have absolutely no clinical scheduled in a given week. DW

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

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

Comments:

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

Week 3 – 2a – You did a nice job performing your head-to-toe and focused assessments and appropriately documenting them in the EMR. KA
Week 3 – 2b – You recognized your patient was a high fall risk and implemented appropriate interventions related to your patient's fall risk. You worked with the telesitter to help prevent a patient fall. KA
Week 3 – 2d – You reported abnormal assessment findings promptly to you nurse and reported any interventions performed related to these findings. (i.e. patient's hypotension).
Week 3 – 2f – You documented in the EMR with beginning mastery. You made minimal errors and corrected any documentation concerns promptly. KA

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

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Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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

WK7 2D,E: Your first patient turned critical shortly after your arrival on clinical and you were able to prepare the patient for transfer to the ICU. On your second day, you were able to assess the patient's wounds but also his learning capacity to identify the best educational methods to help the patient participate in the progression of his care. EW

Week 9 (2f)- Again, please take a little more time as you evaluate yourself on a weekly basis. Just because you did not complete the typical inpatient clinical experience, it does not mean that you did not complete some of these competencies. For example, 2f was utilized during the Infection Control experience when you were reviewing documentation and reasons for isolation with the scavenger hunt. DW

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

Comments:

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

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your routine nursing care. On the second day you were very organized and managed these skills along with your routine nursing care without difficulty. Great job! You also had the opportunity to monitor and maintain restraints on a patient. You assessed the restraints and released the restraints and checked circulation every 2 hours. Good job! KA
Week 3 – 3g – You did a great job monitoring and maintaining your patient's Foley catheter. You performed Foley care and documented correctly in the EMR. KA

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

WK7 3 C,D,J: Livia, on your second day you had a patient that kept you very busy but you were able to prioritize and organize your care. You also discussed wound care with the nurse practitioner and wrote down her orders for wound care and then worked with the charge nurse to ensure they were ordered correctly. 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)			S	NA	S	S	S	NA	S	NA	NA	S					
l. Calculate medication doses accurately. (Responding)			S	NA	S	S	S	NA	S	NA	NA	S					
m. Administer IV therapy, piggybacks and/or adding solution to a continuous infusion line. (Responding)			NA	NA	S	NA	NA	NA	S	NA	NA	NA					
n. Regulate IV flow rate. (Responding)	S		NA	NA	S	NA	NA	NA	S	NA	NA	NA					
o. Flush saline lock. (Responding)			NA	NA	S	NA	NA	NA	S	NA	NA	NA					
p. D/C an IV. (Responding)	S		NA	NA	NA	NA	NA	NA	S	NA	NA	NA					
q. Monitor an IV. (Noticing)	S		S	NA	S	NA	NA	NA	S	NA	NA	NA					
r. Perform FSBS with appropriate interventions. (Responding)	S		S	NA	NA	NA	S	NA	S	NA	NA	NA					
	EW		**KA**	**KA**	**EW**	**MD**	**EW**	**DW**	**DW**	**DW**	**EW**						

Comments:

WK1 3N,P,Q: By attending the DC IV-IV Pump and providing your full, undivided attention and active participation of both the Alaris pump, documentation of IV site maintenance, and discontinuing a peripheral IV, you are satisfactory for this competency. EW

WK1 3R: The student was able to demonstrate understanding of the rationale of FSBS and the use of the glucometer as well as demonstrate skills and knowledge required of proper sample ID and collection and handling of blood. LM

Week 3 – 3k – You had the opportunity to administer PO and SQ medications this week observing all the rights of medication administration. Please be mindful of what related data you need to look up before administering the medications to make the medication administration process goes smooth. KA

Week 3 – 3l – We utilized the patient's tube feeding orders to calculate the duration of the feeding accurately. Nice job! KA

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

Week 3 – 3r – You performed a FSBS on your patient with beginning dexterity. Continue to practice to master this skill. KA

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Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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

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

Objective

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

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

Comments:

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

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

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Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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

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

WK7 4A,B,C, E: You worked with the staff to transfer a patient to ICU. You also communicated with staff patient needs prior to a colonoscopy and then on the second day were able to communicate dressing change orders to both the primary care nurse as well as the charge nurse. Your CDG was very well written and thoughtful. You discussed the difficulties of trying to educate a patient that had intermittent confusion and utilized EBP to find a solution. Very good job! EW

Week 9 (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 from the Nurses Pocket Guide was relevant and added to the discussion. Keep up the good work. DW

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

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

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

WEEK 7—A teaching need for my patient this week on 4N would be education on the severity of his disease and why he needed certain procedures done to check the status of his peripheral blood flow. My patient had a knowledge-deficit when it came to self-care necessary to promote healing. My patient is (or was) an everyday smoker and a

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Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

type 2 diabetic. He is obese with hypertension and had peripheral neuropathy to his feet and decreased blood flow which ultimately lead to the necrosis of his feet and the fact that his wound was not healing. I provided education on the proper nutrition needed to promote healing since his albumin was low, and the need for smoking cessation. There were barriers that may have conflicted with his ability to be educated, but I tried to provide the necessary education to the best of my ability. This was good effort. Often after working with patients who are chronically ill and intermittently confused, nurses can forget the importance of educating the patient. Finding something he is able to work on may be enough to motivate him to try to get better. Good effort! EW

WEEK 11- A teaching need for my patient was the technique to tuck her chin while swallowing when experiencing dysphagia. I noticed on my patient's table at therapeutic dining there was a reminder for her to take small bites of food and follow it with a sip of water to help the food bolus go down. During speech therapy, the therapist also reminded her to take small bites followed by a sip of water while they were testing out a more solid food to advance her diet. However, I never heard anyone teach her about tucking her chin while swallowing. When my patient was experiencing dysphagia while taking her pills, I suggested her tucking her chin to aid in some of the larger pills to be swallowed.

Objective																	
6. Implement patient-centered plans of care utilizing the nursing process, clinical judgment, and consideration for cultural, ethnic, and social diversity. (2,3,4,5)*																	
Weeks of the Course	1	2	3	4	5	6	7	8	**Midterm**	9	10	11	12	13	**Make Up**	**Make Up**	**Final**
a. Develop and implement a priority care map utilizing the nursing process and clinical judgment. (Noticing, Interpreting, Responding, Reflecting)			NA	NA	S	~~S~~ NA	S	NA	**S**	NA	NA	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	NA	S	S	S	NA	**S**	S	NA	S					
			KA	**KA**	**EW**	**MD**	**EW**	**DW**	**DW**	**DW**	**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—A factor associated with social detriments of health that has the potential to influence patient care is being an elderly, frail patient. I've noticed that elderly patients, such as my patient this week, are sometimes treated like they don't understand what is going on. I know my patient was confused at times, but when I asked him about his wife, kids, and grandkids he told me how long he has been married, how they had met, and about his 6 grandsons and 2 granddaughters. At times people would talk in the room as if he weren't there, using profanity. I interpreted this as that they may just brush it off as the patient is sleeping or not hearing what they are saying, but I'm sure he was able to hear some of it. Reflecting, I want to always remain conscientious of what I say around a patient, even if it may appear that they are sleeping. Even if they are sedated or in a comatose state, it is important to still be respectful. KA

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

WEEK 6—A social determinant of health my patient is experiencing currently is his loss of independence. While receiving a hand-off report on Wednesday 2/16, the nurse mentioned that he was living at home alone at the age of 90 and fell. The patient's big area of concern was that his OLDER brother (92 years old) and his wife were going to have to take care of him when he returned home. This could be a situation that potentially influences patient care because PT/OT are really trying to work with him to regain his strength and be able to walk on his own, but psychosocially, this whole experience has really made my patient have a great deal of depression. I heard my patient say several times "I'm just too old" and would tear up. It was very disheartening to see and hear, because I really want him to be able to return to his baseline. He was alert

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

and oriented, but it almost seems like he's starting to experience a failure to thrive due to his age and his condition. If the patient is unwilling to perform necessary actions to regain strength and independence, it may be difficult to provide the proper care he needs in order to get better. So sad. It is heartbreaking watching people lose their independence. You did a great job caring for him! MD
Week 6 Objective 6A-You did not submit a care map this week. MD

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

WEEK 9—A social determinant of health I noticed in general may be patients who are unable to receive yearly or necessary exams to facilitate in disease prevention. While in DH, I noticed that several patients were there for their routine colonoscopy to screen for colon cancer. Many people in this world do not have the means to afford healthcare, to obtain transportation to and from the hospital, and/or to be able to take time off from work to visit the doctors. Many people may not even know that the screening for colon cancers has been lowered to the age of 45 since there has been a trend of younger adults developing colon cancer. Great reflection on SDOH, Livia! DW

Week 11—a SDOH I noticed that could be an issue for my patient after discharge is the ability to retrieve her medications. My patient was living alone with her dog and was in charge of taking her mother to her doctors' appointments before she was found unresponsive by her sister and admitted to the hospital. With my patient's seizure precautions, unsteady gait, and tardive dyskinesia, it could potentially be a while before she is able to drive again. Some of the medications she takes are essential to prevent her from having a reoccurring seizure, but it could be an issue if she is unable to obtain them.

Firelands Regional Medical Center School of Nursing
Care Map Grading Rubric

Course Objective 6: Implement patient-centered plans of care utilizing the nursing process, clinical judgment, and consideration for cultural, ethnic, and social diversity. (2,3,4,5)*						**Student Name: Livia Suresh** **Date:2/9/22**
Top Nursing Priority: Impaired physical mobility						
		3 Points >75% Complete	2 Points 50-75% Complete	1 Point <50% Complete	0 Points 0% Complete	Comments
Noticing	Identify all abnormal assessment findings	3				
	Identify all abnormal lab finds/diagnostic tests	3				I like that you included the decreased potassium because that was important to her cardiac history. You also included the x-rays which are important to her nursing priority. EW
	Identify all risk factors	3				Her BMI, AFib, and age as well as history of falls are significant to her overall plan of care. EW
	Highlight all related/relevant data in the noticing boxes	3				
Interpreting	List all nursing priorities	3				
	Highlight the top nursing priority		2			You highlighted all the priorities, you needed to only include one. EW
	Identify all potential complications	3				
	Highlight potential complications relevant to top nursing priority	3				While you listed a lot of complications and highlighted each of them, these are all related to her priority problem. EW
	Identify signs and symptoms to monitor for each complication					
Responding	List all nursing interventions relevant to top nursing priority	3				
	Interventions are prioritized	3				
	All interventions include a frequency	3				
	All interventions are individualized and realistic	3				One intervention that could be included would be encouragement and education on the importance of mobility and early ambulation. EW
	An appropriate rationale is included for each intervention	3				
Reflecting	List the reassessment findings for the top nursing priority	3				
	Reflection includes one of the following statements: • Continue plan of care • Modify plan of care • Terminate plan of care	3				

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

48-33 points = Satisfactory 32-17 points = Needs Improvement ≤ 16 points = Unsatisfactory	Total Points Earned: 47 Comments: Very good job with this Care Map! Faculty Initials: EW

Firelands Regional Medical Center School of Nursing
Care Map Grading Rubric

Course Objective 6: Implement patient-centered plans of care utilizing the nursing process, clinical judgment, and consideration for cultural, ethnic, and social diversity. (2,3,4,5)*						**Student Name: Livia Suresh** **Date: 2/23/22**
Top Nursing Priority: Impaired skin integrity						
		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 related assessment data have been listed. EW
	Identify all abnormal lab finds/diagnostic tests	3				Pertinent lab and diagnostic criteria were included. EW
	Identify all risk factors	3				Risk factors were listed and correlated with labs as well as assessment data. EW
	Highlight all related/relevant data in the noticing boxes	3				
Interpreting	List all nursing priorities	3				An extensive list of priorities have been included, the only other one that could potentially be included would be knowledge deficit. EW
	Highlight the top nursing priority	3				
	Identify all potential complications	3				Nice work here. This is comprehensive meaning you thought considered systemically what a nonhealing wound can do to a patient's overall health including atelectasis from inactivity. Great!! EW
	Highlight potential complications relevant to top nursing priority	3				
	Identify signs and symptoms to monitor for each complication	3				
Responding	List all nursing interventions relevant to top nursing priority		2			Very inclusive list, the other suggestions would be administering of an antibiotic, consultation of a wound care nurse, and education. EW
	Interventions are prioritized	3				
	All interventions include a frequency	3				
	All interventions are individualized and realistic	3				Patient's needs specific to interventions. EW
	An appropriate rationale is included for each intervention					
R	List the reassessment findings for the top nursing priority	3				

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

eflecting	Reflection includes one of the following statements: • Continue plan of care • Modify plan of care • Terminate plan of care	3				
48-33 points = Satisfactory 32-17 points = Needs Improvement ≤ 16 points = Unsatisfactory		Total Points Earned: 47 Comments: Livia, this is a well thought out care map. What I think shows the best progress of clinical judgment is the identification of potential complications. Using this knowledge, its easy to see what needs done to provide the patient with optimal care. Great job! Faculty Initials: EWS				

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
a. Reflect on an area of strength. ** (Reflecting)	S		S	NA	S	S	S	NA	**S**	S	NA	S					
b. Reflect on an area for improvement and set a goal to meet this need.** (Reflecting)	S		S	NA	S	S	S	NA	**S**	S	NA	S					
c. Demonstrate evidence of growth, initiative, and self-confidence. (Responding)	S		S	NA	S	S	S	NA	**S**	S	NA	S					
d. Follow the standards outlined in the FRMCSN Student Code of Conduct Policy. (Responding)	S		S	NA	S	S	S	NA	**S**	S	NA	S					
e. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions. (Responding)	S		S	NA	S	S	S	NA	**S**	S	NA	S					
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (Responding)	S		S	NA	S	S	S	NA	**S**	S	NA	S					
g. Demonstrate the ability to give and receive constructive feedback. (Responding)	S		S	NA	S	S	S	NA	**S**	S	NA	S					
h. Actively engage in self-reflection. (Reflecting)	S		S	NA	S	S	S	NA	**S**	S	NA	S					
	EW		**KA**	**KA**	**EW**	**MD**	**EW**	**DW**	**DW**	**DW**	**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—An area of strength for me this week would be the ability to prepare myself for these labs via the information provided for us, and take a positive approach to learning in lab. I was very open to learning new things, even if it may be things I'm around at work, they aren't things I actually physically do while at work. So it's great to actually learn how to operate certain devices. I love this. Having an open mind and willingness to learn even when you are familiar with some things because of work is the best learning attitude to have. Good for you!EW

*End-of-Program Student Learning Outcomes

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

Week 3— An area of strength for me this week would be the improvement of my confidence from last semester to this semester. I felt a lot more comfortable entering a patients room and performing an assessment while also communicating with them in an appropriate manner. I did not have the nervous feeling I did last semester and it felt good to be able to be more independent with my care. I also felt more confident listening to hand off reports, and then giving one off to the nurse when I left for the day. You did a wonderful job caring for your patient and projecting a persona of confidence and knowledge in the care you provided to your patient. KA
An area of weakness for me this week was working on time management. From my first day of clinical to my second day, I was able to improve. My first day of clinical was a little scattered and not very organized. With it being my first day back at clinicals, my charting took me a little bit longer and it also took me longer to figure out what I needed to be doing. My second day I came back a lot more prepared, and while I was still always the last person finishing what they had to do, I felt like I accomplished a lot and was able to get everything done that I needed to. However, I need to work on a better approach to accomplishing everything I need to in a timely manner, and I will do this by prioritizing things by importance for my next clinicals. I agree that your time management was better on day two. It takes time and practice. Your goal to prioritize care next time will definitely help with your time management. KA

Week 5—An area of strength for me this week would be the improvement from week 3 on my time management and documentation skills. I was very prompt on doing my assessment, charting, and reviewing/ retrieving my meds. I felt like I was more on schedule and was able to keep up with necessary care. I felt my documentation skills in general have also improved. Last semester I did not feel confident in nurses notes, and figuring out an appropriate way to word things. I feel a lot better on writing nurses notes and feel less "silly" when submitting them.
An area of weakness for me this week would be my ability to be assertive. I definitely pushed for the use of the incentive spirometer, but at times she did not want to use it. There were also various times where I would offer patient care and she refused. I know I cannot make anyone do anything, but really pushing the importance of things would benefit her in the long run and improve her healing process. Livia you did a great job taking care of your patient and working with her to improve her condition. Your assertiveness will grow with experience. EW

Week 6—An area of strength for me would be my ability to perform patient care. I have minimal experience when it comes to the basics of patient care, and I was very proud of myself this week that I was able to give a bag bath, rotate my patient, clean my patient, change briefs, change clothes, change bedding, assisting in moving a patient, etc. It seems very easy to most, but it was something I was genuinely worried about when coming to clinicals that I would mess something up or not do something properly. I had great help and guidance from my classmates and instructor, but the fact that I'm getting more comfortable and things are getting easier for me to do is a strength to be proud of. You did a fantastic job this week! I never would have known you worried about this! Be confident in your developing skills! Great job! MD
An area of weakness for me this week would be my ability to communicate what I'm thinking. I often find myself tripping over my words because my thoughts are going faster than my ability to even coherently form a sentence. While I think my attitude of communication towards my patients and classmates is good and professional speaking 1:1, I do get nervous and self-conscious when I have to communicate in front of other people, which I had to do as a team leader. So something I really would like to work on is my communication skills, and I will do so by trying to really figure out what I'm trying to say before I actually say it. I need to slow things down and stop being so nervous, and it will come with time. You are right this will come with time. More practice will help as well. I think you did a great job with communication over all. But there is always room for improvement. Keep pushing forward in gaining confidence and the communication will come with it. MD

WEEK 7—An area of strength for me this week was being able to go with the flow. On my first day of clinicals this week a group of us, myself included, were moved from 4N to 3T. That morning my patient on 3T was also transferred to ICU so I took on a new patient. I did not find this to interfere with my learning experience at all, and if anything it helped teach me to become adaptive and handle different situations that the real life may present me once I become an RN, So true, being flexible is needed in nursing because situations and patient statuses change all the time. You had a great attitude and I am glad you were able to learn! EW
An area of weakness for me this week would be the ability to work around other interdepartmental needs. While performing my assessment on 4N, I had several interruptions which made me fall a bit behind on our requirements we need to complete. But the ultrasound techs and physicians that came into my patients room were an important necessity to get a prognosis on my patient, so while I was go-with-the-flow the first day at clinicals, I could have maybe been less stressed my second day when it came to balancing different needs for my patient. It can be frustrating to work around other departments. Once you have a full assignment you will have other activities to keep you busy and will most likely be able to focus only on the absolute priorities for that patient and make sure those get done. EW

Midterm- Livia, it is evident that you are making great strides in the MSN course. Your tool demonstrates your ability to provide patient-centered care, prioritize and make appropriate clinical judgments. Your skills and communication have been consistently satisfactory. You have completed your requirement for submitting 2 satisfactory care maps for the semester. At midterm, you are satisfactory for all clinical competencies within this tool. With that being said, I would encourage you to review your clinical tool and identify any skills that you have not had much opportunity to perform yet this semester and actively seek out experiences within the remaining clinical, lab and sim for this semester. Lastly, use this time over spring break to regroup so you can finish strong for the remainder of the semester. I am confident in you! Please let us know if you have any questions or need further clarification. Keep up the hard work and effort. DW

Week 9—An area of strength for myself this week would be that I was able to independently (with Maddi and not a preceptor) go around the hospital and notice anything that did not follow necessary protocol for a certain infection. I was able to recognize from the signage, the precautions being taken by staff, and by the charting, there seems to be a lot of error and confusion that takes place in Firelands when it comes to necessary disease precautions. I was able to confidently navigate patients charting and the diagnostic test to see when they were tested for either COVID, MRSA, or C-DIFF, and if they even needed to still be in precaution. Glad to hear it! Keep up the good work! DW
An area of weakness that I could improve on would be thinking of relevant questions for my preceptors when asked if I had any questions. In DH the nurses were very thorough in explaining things and often asked if I had any questions. I could have come more prepared with better questions to ask about the roles preoperative and postoperative nurses are responsible for. DW

WEEK 11—An area of strength for myself would be patient advocation to perform self-care acts in order to keep my patient feeling good about herself. I would suggest things such as brushing her hair and brushing her teeth because I know it always makes me feel better about myself when I take care of myself. I felt very confident as well in my therapeutic speaking with my patient. At times she seemed very anxious and depressed but I reminded her far she has come and that she was doing great in therapy.
An area I could work on would be allowing my patient enough time to respond to an open ended question. I found myself giving options and answers when asking my patient questions, which is not very attentive when speaking with a patient experiencing dysphasia. She sometimes found it difficult to come up with words to respond with so I could have also kept to yes or no questions.

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

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

*Course Objectives

Comments:
Week 1:
IV Math: You satisfactorily participated in the IV Math learning session on 1/11/22 as well as the assigned IV math practice questions and the IV Math application lab on 1/13/22. KA/DW
Assessment: You were able to satisfactorily demonstrate the Basic Head to Toe Assessment during lab. KA/DW
Insulin: You were able to correctly prepare an insulin pen and administer subcutaneous insulin. Insulin requirements were accurately identified and were calculated through the corrective scale and carbohydrate coverage orders. MD
Lab Day: You satisfactorily completed the mandatory lab review of nursing foundational skills. This was achieved through simulating care for a patient in a scenario requiring competency in assessment, communication, medication administration (including PO and IM injection), nasogastric tube insertion and maintenance, patient mobility and hygiene, use of PPE for contact isolation, wound care, and foley insertion. NS, LM

Week 2
(IV Skills)- You have satisfactorily completed the IV lab including a saline flush, hanging a primary and secondary IV solution, adjusting a flow rate to run by gravity, discontinuing IV solution, and monitoring the IV site for infiltration, phlebitis, and signs of complication. NS
(Trach Care & Suctioning) - During this lab, you satisfactorily demonstrated competence with tracheostomy care and tracheostomy suctioning. DC/DW

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

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

Simulation Evaluation Performance Codes: **S**: Satisfactory **U**: Unsatisfactory	**Student Name:** Livia Suresh							
	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)
	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	KA	MD	EW	DW				
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. DW

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: #3 Suresh-Green-Hall-Fide OBSERVATION DATE/TIME: 2/28/22 SCENARIO: #1

CLINICAL JUDGMENT					OBSERVATION NOTES
COMPONENTS NOTICING: (1, 2, 5)*					
• Focused Observation:	E	A	D	B	**1st gr:** Noticed deviation of pronouns and confirmed preference with patient. Information seeking prioritized for pain first; pain assessed per pain scale, descriptions and asked if anything made it better or worse. Noticed cyanotic toes. Noticed read back not done. **2nd gr:** During assessment noted deviation from expected findings and redirected assessment. Information seeking regarding the patient's pain in comparison to the operative leg.
• Recognizing Deviations from Expected Patterns:	E	A	D	B	
• Information Seeking:	E	A	D	B	
INTERPRETING: (2, 4)*					**1st gr:** Interpreted the patient's pain as severe and went right to the medication nurse to discuss the need for administration of pain med. Interpreted pt's complaint of tingling in feet, increased cap refill, and decreased distal pulses as potential complication of the fracture, primarily compartment syndrome. Interpreted the need for read back. **2nd gr**: Interpreted the need to change assessment and focus on the other leg. Interpreted the need to call the HCP for patient's abnormal right leg assessment.
• Prioritizing Data:	E	A	D	B	
• Making Sense of Data:	E	A	D	B	
RESPONDING: (1, 2, 3, 5)*					**1st gr:** Calm and confident with assessment. Clearly communicated with patient regarding pronouns. Flexible with interventions as determined pain assessment was priority then went back and did the head to toe assessment. Skillful in administration of medications with z-track and aspiration; potential side effects were communicated. Confirmation of consent not done prior to giving Morphine. Responded to patient's circulation issues by calling the HCP. SBAR provided to HCP. Recommendation given. Communicated changes to the surgery time with patient, the rationale, and what type of care they would be providing. HCP re-contacted to perform the feedback. Communicated with pt.'s wife changes in surgery schedule. **2nd gr:** Responded to patient's complaint of right leg pain by redirecting assessment and focusing on patient's complaint. Educated pt. on the needs of SCDs. Responded to assessment by calling the HCP, receiving orders, and reading them back. Responded to pain by administering ordered morphine, O2 for shortness of breath and chest pain per orders
• Calm, Confident Manner:	E	A	D	B	
• Clear Communication:	E	A	D	B	
• Well-Planned Intervention/ Flexibility:	E	A	D	B	
• Being Skillful:	E	A	D	B	
REFLECTING: (6)*					Group was thoughtful of clinical judgment and correct performance of tasks t/o the scenario. Asked questions t/o the scenario to understand patient's condition including pulses. Recognized immediately that a read back had not been done with HCP and called back to perform this task.
• Evaluation/Self-Analysis:	E	A	D	B	
• Commitment to Improvement:	E	A	D	B	

SUMMARY COMMENTS: E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater's Clinical Judgment Rubric **Developing to accomplished is required for satisfactory completion of this simulation.**	As a group you worked together to care for the patient and were flexible with assessments noticing the need to complete a focused assessment first as you interpreted the development of compartment syndrome and responded by contacting the healthcare provider. In the second scenario, you noticed a deviation from the normal post-surgical assessment and were able to interpret this as a potential clot by which you responded to contacting the healthcare provide. Reflection demonstrated the desire to seek out information and recognize what data was missing/ needed. Great job! EW

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