

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

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

**Student:**

**Final Grade:** Satisfactory/Unsatisfactory

**Semester:** Spring

**Date of Completion:**

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

**Faculty eSignature:**

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

**DIRECTIONS FOR USE:**

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

**METHODS OF EVALUATION:**

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

**ABSENCE (Refer to Attendance Policy)**

Date	Number of Hours	Comments	Make-up (/Date/Time)
3/25/2022	1 hour	Late Infection Control CDG	3/26/2022, 1 hour

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.

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**\*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
2/11/22	Deficient Fluid Volume	S/EW	NA	NA
3/18/22	Acute Pain	S/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.

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**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
<b>Competencies:</b>			S	NA	S	S	NA	NA	S	S	S	S	S				
a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting)			S	NA	S	S	NA	NA	S	S	S	S	S				
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			S	NA	S	S	NA	NA	S	S	S	S	S				
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			S	NA	S	S	NA	NA	S	S	NA	S	S				
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			S	NA	S	S	NA	NA	S	S	NA	S	S				
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	NA	S	S	NA	NA	S	S	S	S	S				
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			S	NA	S	S	NA	NA	S	S	NA	S	S				
g. Assess developmental stages of assigned patients. (Interpreting)			S	NA	S	S	NA	NA	S	S	NA	S	S				
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		S	NA	S	S	NA	NA	S	S	NA	S	S				
	Indicate your clinical site as well as your patient's age and primary medical diagnosis in this box weekly.	Meditech, FSBS, D/C IV, IV Pump Sessions	3T, 73 F, Shortness of Breath	NA	4N, 70, SEPSIS	91, Rehab, broken femur, surgically	NA	NA	Midterm	4N, 48, diverticulitis	Digestive Health and Infection Control,	81, Rehab, hemorrhagic stroke.	83, PANCREATITIS and C.DIFF, 3T				
Instructors Initials	LM	LM	KA	DW	EW	LM	DW	DW	DW	EW	DW	MD					

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

**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 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 1A-H: Becca you were able to correlate the patient’s s/s, history, labs, and vital signs to recognize sepsis and its treatments. EW

Week 6 objective 1 (a, b, c, e)- Becca, you analyzed the pathophysiology and correlated your patient’s signs and symptoms and diagnostic tests to her disease process. You used this information to provide appropriate nursing care for your patient on the rehab unit. Your patient had a fractured Lt. femur; ORIF Lt. femur. You reviewed medical treatments which helped guide you in your decision-making process. Great job! LM

WK9 1A-H: Rebecca nice job working through the pathophysiology for your patient. By analyzing the disease process, you were able to correlate treatment protocols including bowel rest, the need for antibiotics, as well as other treatments. Great job!

Week 10 (1h)- 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

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

### Comments:

Week 1 (2f)- By attending the Meditech clinical update & providing your full, undivided attention during the demonstration of documenting insulin, IV solutions, saline flushes and IV site assessments you are satisfactory for this competency. NS

Week 3 – 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. 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 pain).

Week 3 – 2f – You documented in the EMR with beginning mastery. You made minimal errors and corrected any documentation concerns promptly. You discussed nursing notes being area you wanted to improve in and sought out feedback on the notes you wrote. KA

WK5 2D,F: After assessing your patient and discussing her assessment you noted and interpreted her lack of urine output and were able to correlate that risk with sepsis. This is the development of clinical judgment that is necessary in your nursing journey. Good job. EW

\*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 6 objective 2 (a-f)- Becca, you performed a thorough head-to-toe assessment on your patient. You accurately conducted a fall risk assessment and assessed your patient's skin appropriately. You responded by instituting proper measures to reduce your patient's risk for falls and reduce skin breakdown. You accurately accessed and documented in the EMR. Keep up the good work! LM

WK9 2D,E: You were able to correctly conduct your physical assessment and worked with the patient's nurse to manage the patient's pain. You also ambulated with the patient. EW

Week 10 (2f)- 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
<b>Competencies:</b>	S		S	NA	S	S	NA	NA	S	S	S	S	S				
a. Perform standard precautions. (Responding)	S		S	NA	S	S	NA	NA	S	S	NA	S	S				
b. Demonstrate nursing measures skillfully and safely. (Responding)			S	NA	S	S	NA	NA	S	S	S	S	S				
c. Demonstrate promptness and ability to organize nursing care effectively. (Responding)			S	NA	S	S	NA	NA	S	S	S	S	S				
d. Appropriately prioritizes nursing care. (Responding)			S	NA	S	S	NA	NA	S	S	NA	S	S				
e. Recognize the need for assistance. (Reflecting)			S	NA	S	S	NA	NA	S	S	S	S	S				
f. Apply the principles of asepsis where indicated. (Responding)	S		S	NA	S	S	NA	NA	S	S	NA	S	S				
g. Demonstrate appropriate skill with Foley catheter insertion, maintenance, & removal (Responding)	S		S	NA	NA	NA	NA	NA	S	S	NA	NA	S				
h. Implement DVT prophylaxis (early ambulation, SCDs, and TED hose) based on assessment and physicians' orders (Responding)			S	NA	NA	S	NA	NA	S	S	NA	S	S				
i. Identify the role of evidence in determining best nursing practice. (Interpreting)	S		S	NA	S	S	NA	NA	S	S	NA	S	S				
j. Identify recommendations for change through team collaboration. (Reflecting)			S	NA	S	S	NA	NA	S	S	NA	S	S				
	LM	LM	KA	DW	EW	LM	DW	DW	DW	EW	DW	MD					

**Comments:**

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

\*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

WK5 3C,D,G: Good job as a team leader organizing and prioritizing care to your team. Also, you communicated the lack of urine output to the nurse, educated the patient and placed a “hat” in the toilet to ensure proper measuring of urine output. You noticed decreased urine output, interpreted it as a risk of the sepsis infection and responded by letting the nurse know, educating the patient and placing a hat in the toilet for accurate I’s and O’s. Nice work!-EW

Week 6 objective 3 (b, c, d)- Becca, you demonstrated safe, skillful nursing measures throughout each clinical day on the rehab unit. You were cognizant of your patient’s needs regarding promotion of skin integrity, fall risk, transferring limitations, and hygiene needs. You organized and prioritized your time well, including structuring your medication pass around OT and PT times. You did a terrific job! LM

WK9 3H,J: Rebecca, you administered Lovenox to your patient and were able to provide education as to why he was receiving the medication for DVT prophylaxis. You also identified the need to ambulate and walk with him and worked with the staff to advance his diet by seeking out where to find specific foods the patient desired. 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
<b>Competencies:</b>			S	NA	S	S	NA	NA	S	S	NA	S	S				
k. Administer PO, SQ, IM, or ID medications observing the rights of medication administration. (Responding)			S	NA	S	S	NA	NA	S	S	NA	S	S				
l. Calculate medication doses accurately. (Responding)			S	NA	S	S	NA	NA	S	S	NA	S	S				
m. Administer IV therapy, piggybacks and/or adding solution to a continuous infusion line. (Responding)			NA	NA	S	NA	NA	NA	S	S	NA	NA	S				
n. Regulate IV flow rate. (Responding)	S		NA	NA	S	NA	NA	NA	S	S	NA	NA	S				
o. Flush saline lock. (Responding)			NA	NA	S	S	NA	NA	S	NA	NA	NA	S				
p. D/C an IV. (Responding)	NI		NA	NA	NA	NA	NA	NA	NI	NA	NA	NA	S				
q. Monitor an IV. (Noticing)	S		S	NA	S	S	NA	NA	S	S	NA	NA	S				
r. Perform FSBS with appropriate interventions. (Responding)	S		S	NA	NA	S	NA	NA	S	NA	NA	S	S				
	LM	LM	KA	DW	EW	LM	DW	DW	DW	EW	DW	MD					

### 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

You have given yourself an NI for the D/C IV competency; continue to practice this skill and seek out opportunities as you will feel much more comfortable the more you practice. LM

(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 3 – 3k – You had the opportunity to administer PO 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.

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

\*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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

WK5 3 3L: As a team leader you worked with another student nurse in ensuring the patient’s insulin dose based on carbs consumed was calculated correctly. EW

Week 6 objective 3 (k, l, o, q, r)- Becca, you administered several PO medications and administered a Heparin injection subcutaneously to your patient this week. You were knowledgeable about each medication’s use, mechanism of action, dosage, route, common side effects, pharmacologic classification, and nursing considerations. You observed the rights of medication administration and completed the 3 medication checks appropriately. You followed proper protocol for administering a subcutaneous injection. You also monitored an IV site and performed a saline flush through your patient’s saline lock. Great job! LM

Midterm (3p)- Depending on the clinical you’ve had thus far, it may have been challenging to complete this skill with your patients during the first half of the semester. To give you additional practice, you will be required to practice and satisfactorily demonstrate your ability to discontinue an IV during the Lab Day- Skills Review on Tuesday, 3/29/22. Additionally, please actively seek out opportunities to perform IV therapy skills. Sometimes this may require you working with your clinical instructor and the other nurses on the floor to identify opportunities. DW

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

**Comments:**

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

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

Week 3 – 4e – Becca, you did a nice job choosing an appropriate nursing EBP article and sharing it with your classmates in your CDG. The article on pressure injuries related to your patient very well. Please remember only the first letter of the first word of the title of the article and the first word after a colon in the title are capitalized. Also remember when in-text citing a direct quote include the page number in your citation. KA

WK5 ACE: Becca you did a good job communicating with peers, staff, and instructors. Your enthusiasm for nursing and patient care is contagious. Recommendation for CDG is to be sure place a page number when using a direct quote with a citation. EW

Week 6 objective 4 (a, b, e)- Becca, you communicated effectively with your patient and other members of the health care team throughout the clinical day. You explained each task before performing them. You provided excellent patient care this week! You collaborated with OT and PT regarding your patient's care and follow up therapy needs. You accurately completed your initial CDG post and peer post this week. You provided a detailed medication story for your initial CDG post. For your in-text citation, state this as (Mayo Foundation, 2022). Also, you do not need to write "retrieved from" using the APA 7<sup>th</sup> edition formatting, only the URL. The original date of your "blood thinner pills" reference is noted at the bottom of the website, so please view this. Great job, overall! LM

WK9 4A,B,E: Becca, you did a good job communicating both with your patient and the nursing staff. You asked appropriate questions and even approached the charge nurse about a question concerning the patient's care. You are a natural communicator and advocator for patients. EW

4E. WEEK 10.) I did not realize I had to do a discussion for IC because DH you did not have to do a discussion, but I looked and made sure if I had to do it or not and I did, but I already past the deadline and due date. I will make sure I check every discussion and to make sure if I have to do the post instead of assuming, I feel like I did this last year with the same clinical. Rebecca, thank you for recognizing your mistake and addressing it immediately. Unfortunately, you will be marked as U for this competency for the late post and will receive 1 hour of missed clinical. The good news is that the 1 hour is already made up and you addressed the U with your comment above. There is nothing further you need to do to resolve the situation. As for the CDG itself, your post was thoughtful and supported by evidence. The information you found from the CDC was relevant and added to the discussion. Lastly, scholarly writing encourages the use of paraphrasing and avoiding direct quoting whenever possible. With that said, if including a direct quote, be sure to include the page # that the quote can be found. If the document is electronic and does not include page #'s, include the paragraph # instead. This is the correct in-text citation for the resource you used in your Infection Control discussion: According to the CDC, "Most germs that cause..." (Centers for Disease Control and Prevention, 2020, para 1). DW I do recognize this and I will work to make sure that I hitting every deadline when it comes to my clinical and discussions. I will work of this and checking every deadline to make sure I do not miss the deadline. I did not know that were not supposed to used direct quotes and rather use paraphrasing of the quote. Thank you, that will be good to know for the future.

Week 11 Objective 4E-Great job with your CDG this week! It followed the CDG rubric and was on time. MD

## Objective

5. Implement patient education based on teaching needs of patients and/or significant others. (1,6)\*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
<b>Competencies:</b>			S	NA	S	S	NA	NA	S	S	S	S	S				
a. Describe a teaching need of your patient.** (Reflecting)			S	NA	S	S	NA	NA	S	S	S	S	S				
b. Utilize appropriate terminology and resources when providing patient education. (Responding)			S	NA	S	S	NA	NA	S	NA	S	S	S				
	LM	LM	KA	DW	EW	LM	DW	DW	DW	EW	DW	MD					

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

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

### Comments:

WEEK 3, 5A; The teaching needs that my patient needed this week was that she needed to be on a 1500 ml diet because she had fluid overload. I just explained to her why she was on restrictions and made sure to tell her that if she wants anything to drink to ask and we will make sure she doesn't go over her restriction limits. **Nice job explaining this change to the patient. I know fluid restrictions can be very difficult to follow and understand for patients. KA**

WEEK 5, 5A; This week my patient came in with dehydration and risk for sepsis. I educated her on hydration and explained to her she needed to drink more fluids even though she was on fluids. These fluids will help her with her fever and infection. **Becca, remember, the last part of this education as stated above in the highlighted section is that you must evaluate/validate her learning. This might be a statement saying for example, "patient verbalized understanding." Or, "patient was able to verbalize three symptoms of sepsis."** EW

WEEK 6, 5A; A teaching need I did talk to my patient this week was that she was on Lasix and heparin and the side effects of blood thinner/anticoagulants. I told her that it is very important for her to let us know that if she is bleeding that she tells us or if she falls she needs to tell us to make sure she doesn't get a brain bleed or bleeds out. **Becca, this is an excellent teaching need for your patient. Remember that Lasix is a loop diuretic, not an anticoagulant. Also, be careful how you word information to your patient; telling her about a brain bleed or bleeding out may be too blunt and scary. How did you validate learning; how did you know that your patient understood what was being taught? LM**

WEEK 9 A.A Teaching need for my patient this week has to be pain management and other was to manage his pain. I took him for a walk to get the pain off his mind and we just walked and talked. I really think that walking and talking got the pain off his mind and distracted him. The ambulating really helped him. **This was a great non-pharmacological pain relief method. Thank you for taking the time to provide this intervention and attention the patient needed. EW**

WEEK 10, A) A teaching need would have been for most of my patients who were having colonoscopies that obviously did not follow their bowel prep. It is very important that the patients take their bowel prep so that the doctors can see the bowel and diagnose the patient if something is found. **DW**

\*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

WEEK 11 A.) A teaching need for my patient this week was him using his call light when he wanted to get up. I walked by his room to go to the kitchenet and I saw him trying to get up, thankfully I ran in and educated him that it is very important to let us know if he wants to get up and has to use his call light. **Great! MD**

WEEK 12 A.) A teaching need this week for my patient was that he had c.diff and that every time he went to the bathroom I needed him to wash his hands with soap and water.

<b>Objective</b>																	
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	NA	NA	S	S	NA	NA	S				
b. <b>Identify factors associated with Social Determinants of Health (SDOH) &amp;/or cultural elements that have the potential to influence patient care.**</b> (Noticing, Interpreting, Responding, Reflecting)			U	NA	S	S	NA	NA	S	S	NA	S	S				
	LM	LM	KA	DW	EW	LM	DW	DW	DW	EW	DW	MD					

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

**Comments:**

See Care Map Grading Rubrics below.

Week 3, 6B; Something that could have influenced my care was that my patient was morbidly obese and since we all have bias some might think that it is crazy how big someone can get, but you can't judge someone on size. My patient had hypothyroidism and she had rheumatoid arthritis, making it so painful to move. You cannot judge a book by their cover and instead learn why they are the way they are and find ways to help the patient. **I agree your patient's morbid obesity is part of her SDOH, but try to think about it in the aspect of how this affects the overall care of her disease processes. What impact does morbid obesity have on her rheumatoid arthritis and hypothyroidism? Unfortunately, any competency left blank is marked with a "U" according to policy. Please remember to make a comment on how you will prevent receiving a "U" in this competency in the future.** **KA** WEEK 4, 6B. I DID NOT REALIZE THAT I LEFT THIS BOX EMPTY. I WILL MAKE SURE TO TRIPLE CHECK FOR FUTURE REFERENCE. I DID COMPLETE THE OBJECTIVE, MUST HAVE PASSED BY AND FORGOT TO PUT AN 'S' IN THE BOX. **DW**

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

WEEK 5 6B; The SDOH for my patient was her age this week. As patients age we have bias against older people whether we chose or not. We judge the elderly and think they can be helpless and judge them for that. Aging is natural and we should not judge older individuals because of natural aging processes. I went in thinking since my patient was 70 years old that she was going to need lots of help, but that was not the case. My patient despite her disease process she was so independent and didn't want much help. I did stay with her if she needed up and to the bathroom only because I knew her blood pressure was running lower from her disease process and didn't want her to become dizzy. **EW**

WEEK 6, 6B; The SDOH for my patient this week was that my patient was hearing impaired and it was hard to communicate with her. I learned that she was deaf I. her left ear, but as long as I was loud and clear in her right hear she could hear me pretty well I believe that it is so important to be clear and for the patient to understand the person who is supposed to be treating them. I also think that maybe it would have been easier if the patient could have seen my lips maybe, maybe provide nurses and providers with the clear masks for hearing impaired patients. **Wearing a clear mask is a great idea for hearing impaired patients! LM**

Week 9 6B.) The SDOH for my patient this week was that he was a known substance abuser and told me about it openly, he said he was clean and found god after an accident that happened because he was on coke. This made me respect him because he said he was clean and that he found God, but I still wondered why the patient wanted more and more pain medications. I did not deny him his medications and try to give him Tylenol when he could not receive his medication. **EW**

WEEK 11 6B.) This week my SDOH for my patient was his age. I know that I have a biased when it comes to patients that are older and I have worked a ton on that and I know many people that do. My patient was 81 and he is pretty independent and was very independent before his accident and it breaks my heart watching him try to do things and wanted to do things, but his body just won't let him. This is what brings on the bias when it comes to older people. We judge them because they become "incapable" but in reality, his body and brain won't let him. He was able and could do a lot before his accident and now is working hard to get back on track and get back to being able to function on his own and I respect and support that so much. I understand that he is capable and deserves that understanding from everyone. **Great job identifying a SDOH for your patient. MD**

WEEK 12 6B;) This week my patient SDOH was that he was hard of hearing. It is hard for him to communicate with others without his hearing aids and he did not wear them. It is very important that we communicate and that our patients understand what we are doing and why we are doing it. It is their right to understand and know what is going on with their health and what is happening to them and why. I think it is very important to educate this patient to wear his hearing aids and also have mask that are clear because I noticed he read lips too.

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: <b>Rebecca Norman</b> Date: <b>2/13/22</b>				
Top Nursing Priority: <b>Deficient fluid volume</b>						
		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				Nice work here, my only suggestion would be to include decreased urine output. EW
	Identify all abnormal lab finds/diagnostic tests	3				Very important that you included the lactic acid. EW
	Identify all risk factors	3				
	Highlight all related/relevant data in the noticing boxes	3				
Interpreting	List all nursing priorities	3				
	Highlight the top nursing priority	3				You were able to sort through the patient's data and interpret that she was in fluid volume deficit. EW
	Identify all potential complications	3				
	Highlight potential complications relevant to top nursing priority	3				
	Identify signs and symptoms to monitor for each complication	3				Nice job listing what was pertinent to your patient's condition for each of these. EW
Responding	List all nursing interventions relevant to top nursing priority		2			For any patient experiencing fluid volume deficit, assessment of the I's and O's is imperative as well as assessment of skin turgor, mucous membranes. EW
	Interventions are prioritized	3				
	All interventions include a frequency	3				
	All interventions are individualized and realistic		2			Interventions seem to be designed for the patient as a whole instead of for fluid volume deficit. Be sure to keep them listed for whatever priority you choose. For example, a bun and creatinine is most important to monitor for someone with one kidney experiencing dehydration. EW
	An appropriate rationale is included for each intervention					For the assessment piece, monitoring b/p is also essential for a patient in fluid volume deficit. EW
Reflecti	List the reassessment findings for the top nursing priority		2			Because you chose fluid volume deficit for your priority, you want to be sure to include for reassessment, urine output, BUN and CREAT values, and skin and mucous membrane assessment. EW

ng	Reflection includes one of the following statements: <ul style="list-style-type: none"> <li>Continue plan of care</li> <li>Modify plan of care</li> <li>Terminate plan of care</li> </ul>	3				
48-33 points = Satisfactory 32-17 points = Needs Improvement ≤ 16 points = Unsatisfactory		Total Points Earned: 42 Comments: Overall very good job. Keep in mind your interventions should be specific to what priority you choose so be sure to tailor your interventions to that priority. You did not do that and missed some interventions and there for lost some points. But overall very nicely done. Faculty Initials: EW				

Firelands Regional Medical Center School of Nursing  
Care Map Grading Rubric

<b>Course Objective 6:</b> Implement patient-centered plans of care utilizing the nursing process, clinical judgment, and consideration for cultural, ethnic, and social diversity. (2,3,4,5)*					<b>Student Name:</b> Becca Norman <b>Date:</b> 3/18/22	
<b>Top Nursing Priority:</b>						
		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				Nice work listing all the abnormal assessment findings. EW
	Identify all abnormal lab finds/diagnostic tests	3				Great job identifying the low pulse ox in relation to pain as it was difficult for him to take deep breaths and cough as needed to increase oxygenation. EW
	Identify all risk factors					Good job here as you included the patient's occupation because of prior injuries as well as his history of migraines all which can increase the pain experienced during his stay. EW
	Highlight all related/relevant data in the noticing boxes	3				
Interpreting	List all nursing priorities	3				All appropriate priorities are listed. EW
	Highlight the top nursing priority	3				
	Identify all potential complications	3				This is a great, extensive list of potential complications. Way to think outside the box. EW
	Highlight potential complications relevant to top nursing priority	3				
	Identify signs and symptoms to monitor for each complication			1		Don't forget to list the s/s of the complications. EW
Responding	List all nursing interventions relevant to top nursing priority				0	
	Interventions are prioritized		2			The goal is met but these are the wrong interventions; therefore point deduction. EW
	All interventions include a frequency		2			The goal is met but these are the wrong interventions; therefore point deduction. EW

\*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

	All interventions are individualized and realistic		2			The goal is met but these are the wrong interventions; therefore point deduction. EW
	An appropriate rationale is included for each intervention		2			The goal is met but these are the wrong interventions; therefore point deduction. EW
Reflecting	List the reassessment findings for the top nursing priority	3				
	Reflection includes one of the following statements: <ul style="list-style-type: none"> <li>Continue plan of care</li> <li>Modify plan of care</li> <li>Terminate plan of care</li> </ul>	3				
48-33 points = Satisfactory 32-17 points = Needs Improvement ≤ 16 points = Unsatisfactory		Total Points Earned: 41 Comments: Overall very good until you get to the interventions. Since you identified pain as the primary problem, the interventions need to be directed toward treating the patient's pain. Faculty Initials: EW				

## 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	NA	NA	S	S	S	S	S				
b. Reflect on an area for improvement and set a goal to meet this need.** (Reflecting)	S		S NI	NA	S	S	NA	NA	S	S	S	S	S				
c. Demonstrate evidence of growth, initiative, and self-confidence. (Responding)	S		S	NA	S	S	NA	NA	S	S	S	S	S				
d. Follow the standards outlined in the FRMCSN Student Code of Conduct Policy. (Responding)	S		S	NA	S	S	NA	NA	S	S	S	S	S				
e. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions. (Responding)	S		S	NA	S	S	NA	NA	S	S	S	S	S				
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (Responding)	S		S	NA	S	S	NA	NA	S	S	S	S	S				
g. Demonstrate the ability to give and receive constructive feedback. (Responding)	S		S	NA	S	S	NA	NA	S	S	S	S	S				
h. Actively engage in self-reflection. (Reflecting)	S		S	NA	S	S	NA	NA	S	S	S	S	S				
	LM	LM	KA	DW	EW	LM	DW	DW	DW	EW	DW	MD					

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

### Comments:

Week 1 7. Week 1A). I think my strength this week was just being prepared and having a good mental and outlook on this semester. **Great job, Becca! LM**

7. Week 1 B.) I think a weakness for me has to be the narrative nursing notes. I plan on writing more notes in the clinical setting and going over the first couple of weeks of notes with my instructors to have them give me feedback until I feel comfortable and confident in the narrative nursing notes. **This is an excellent area for improvement! LM**

\*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 3 a.) My strength this week was getting to know the patient. She was very talkative and was willing to tell me about her diagnosis. I feel like I made a bond with this patient that I haven't yet made with any of my patients before. **Great job developing rapport with your patient. KA**

Week 3 b.) My weakness this week was fusing my time more wisely to do more research my patients' chart. I wish I had better time management to look more into her past to understand her disease process better. **Remember to set a goal for how you will improve this area of weakness. KA MY GOAL IS TO MAKE MORE TIME AND HAVE BETTER TIME MANAGEMENT TO LOOK AT THE CHART. I AM GOING TO SPEND MORE TIME READING THE PATIENTS CHART IN THE FUTURE CLINICALS TO COME. Rebecca, this is a goal, but what we are looking for students to do is to establish something that can be done over the week before the next scheduled clinical, in order to see results the next time you are on clinical. If you wait till next week's clinical to try and make improvements to time management, you may be less successful as opposed to working on time management over the week and having a specific game plan to better manage time during clinical. Sometimes you have to think outside of the box when you are setting the goal and it often requires reviewing something multiple times before your next clinical. See the green highlighted example above and let me know if you need additional support with creating specific goals in the future. I would be happy to help. DW** I did review your comment and the example, thank you for this clarification. I hope the goal I have set for week 5 is correct. I plan on making sure my goal is something I can work on before my next clinicals and are applicable to the criteria listed above. RN.

WEEK 5 A.) My strength this week was using my spare time to get every call light I could. I used to be scared to grab call lights, but my confidence has grown so much, and I feel so comfortable to go in any patient's room now. It used to scare me to go into a room, because you don't know what you are going into, but in the end that experience and I need that to grow into a strong well-rounded nurse.

Week 5 B.) My weakness is I.V. pumps I don't feel confident changing the channels or adding channels. The way I am going to work on this goal is to watch the youtube videos we were provided on the alaris pump and take notes to remember where the buttons are and how to set the pump up. **Becca I am so proud of your growth and confidence. Thank you for getting all the call lights and taking care of those patient needs. That is such a help to staff and it looks like you are learning so much when you do. The IV pump and channels will get easier with practice. EW**

Week 6; a, My strength this week was that I feel realizing my patient was hearing impaired and that she needed me to be louder and more clear. I feel like I adapted fast to her disability and how to treat her since she was hearing impaired. I made sure to be loud enough and talk on her right side where she was not deaf. **Speaking loudly is not always the answer when speaking to someone who is hearing impaired, but you did a nice job communicating with your patient this week! LM**

Week 6 b; My weakness this week was poor time management. My patients schedule for PT and OT was very busy and packed in the morning. It was almost 1130 before I got my physical assessment completed. I had a lot of things come up before OT came in that stopped me from completing the assessments and interventions, but I know I could have been faster and better. The next time I am on Rehab I want to make sure I get my assessments and vitals done before PT/OT. I will practice my time management skills better by knowing my medications better and reviewing my head to toe assessment this week to make sure the head to toe assessment to move faster and more efficiently. **This is an appropriate area for improvement. Great job! LM**

**Midterm- Becca, 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 1 of the 2 required satisfactory care maps for the semester. At midterm, you are satisfactory for all clinical competencies within this tool, except for (1) NI (3p-D/C IV). You will be required to practice and satisfactorily demonstrate your ability to discontinue an IV during the Lab Day- Skills Review on Tuesday, 3/29/22. 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. A.) My strength this week was most definitely finding ways to help my patient manage his pain. I help him get his mind of his pain he was experiencing by walking and talking to him multiple times during the second day. You could tell that he was distracted, and his mind was off the pain because he wasn't asking for pain medication during that time.

Week 9 B.) My weakness this week had to been just helping out the other nurses on the floor. I feel like usually I am hitting and getting more call lights, but my patient kept talking to me and I feel like he was lonely and wanted someone to talk to, but I do know that time management is very important. I am not sure how to fix this and help this weakness. I do plan on doing some research and asking some instructors how to get out of a room when you patient wants to talk. **I think you did what was needful for your patient this week. I like that you are aware and want to help, but I truly feel your patient benefited from your attention. It doesn't happen often that a patient gets that much one on one care and he truly seemed to enjoy your company. Nice job being patient and seeking out ways to help his discomfort without judgment or making him feel hurried along. EW**

WEEK 10, A.) My strength this week compared to last year in digestive health, I just stood there and watched, but I asked the CRNA and the doctor so many questions when I didn't understand why they were doing what they were doing and it really made sense and I was not scared to talk or ask them questions. They both were so willing to answer questions. For example, the CRNA was hold one patients head up under their chin while waiting for them to wake up after the procedure and I was confused on why he was doing it and he said this patient obviously has sleep apnea and her palette is falling back and can't breathe on her own and he should me what happens when he let go and how she wasn't breathing affectively and then when he put his fingered back she could breath. **What a great experience! I am so glad you felt comfortable asking clarifying questions. DW**

WEEK 10 B.) My weakness this week was not being prepared enough for the IC clinical. I just looked quickly at the powerpoint, but she did not go over the powerpoint in depth, I remember last year we spent a long time going over information that was on the power point. I should have looked better at the information given to me. I plan on making sure I have the information needed for each clinical that is given to me already. **DW**

WEEK 11 A.) My strength this week had to of been recognizing what my patient needed and advocating for my patient. My patient did not say much and when I asked him anything about what he needed he would say "if you want or whatever you like". This broke my heart because he did not want to be a bother, but I knew he wanted his nails clipped when he would not leave his nails alone and could not stop picking at them. He finally let me clip his nails and you could tell he appreciated it. He also was very tired, but when I asked him if he wanted the lights off

he again said “if you want or whatever you like”. I knew he wanted them off because he was resting so I turned them off. You could tell he did not want to bother me, but it was not a bother I was going to do whatever he needed even when he said that. I knew he needed his nails done and it helped and it worked. **Great job! MD**

WEEK 11 B.) my weakness this week for some reason was taking a blood sugar on the glucometer. I have done this so many times, but for some reason it took the machine 4 tries to read the blood sample and I got enough blood on the stick, but my hands were shaking so much it would not suck the blood up and it miss read the sample 3 different times. I really need to work on getting the sample right on the edge of the drop. Also I went through all the steps where it says clean the monitor, but when going in to labs it didn't say the meter was clean. I would like to practice taking more sugars and going through all the steps and getting to cleaned meter because I did that, but it did not up so I obviously missed a step or turned the meter off before getting through all the cleaned meter steps. I need to practice all the steps all the way through again so I don't miss any steps in the process. **Sometimes the machines are difficult because they give certain errors. Keep practicing! MD**

WEEK 12. A) This week my strength was my cleanliness and nursing judgment. My patient was having a lot of loss stools and had an order for c.d iff the first day and for some reason I knew I just needed to wash my hands more and wash my hands with soap and water every time I cleaned my patient up.

WEEK 12 B.) This week my weakness was communicating with the nurse and PCT. The first day I told my patient I would get him a bag bath when his wife came and that happened during lunch and when I came back she was gone. I was supposed to get her a bag bath to help her husband because he wanted a bag bath but from her. I should have communicated to the PCTs or nurse better on that. I will work on this by writing down what I need to say to the nurse before I go on break so I do not forget what has been and what needs to be done still.

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

Student name: Rebecca Norman								
<b>Skills Lab Competency Evaluation</b>	<b>Lab Skills</b>							
	<b>Week 1</b>	<b>Week 1</b>	<b>Week 1</b>	<b>Week 1</b>	<b>Week 2</b>	<b>Week 2</b>	<b>Week 2</b>	<b>Week 11</b>
	<b>IV Math</b> (3,7)*	<b>Assessment</b> (2,3,4,5,7)*	<b>Insulin</b> (2,3,5,7)*	<b>Lab Day</b> (1,2,3,4,5,6,7)*	<b>IV Skills</b> (2,3,5,7)*	<b>Trach</b> (1,2,3,4,5,6,7)*	<b>EBP</b> (3,7)*	<b>Lab Day</b> (1,2,3,4,5,6,7)*
	<b>Date:</b> 1/12 or 1/13/22	<b>Date:</b> 1/11/22	<b>Date:</b> 1/11/22	<b>Date:</b> 1/12 or 1/13/22	<b>Date:</b> 1/18/22	<b>Date:</b> 1/19 or 1/20/22	<b>Date:</b> 1/19 or 1/20/22	<b>Date:</b> 3/28 or 3/29/22
	Evaluation:	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>
Faculty/Teaching Assistant Initials	<b>LM</b>	<b>LM</b>	<b>LM</b>	<b>LM</b>	<b>LM</b>	<b>LM</b>	<b>LM</b>	<b>MD</b>
<b>Remediation:</b> Date/Evaluation/Initials	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>NA</b>

\*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, Becca! 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

Week 11 Lab Day (Skills Review) – This week in skills review you successfully reviewed discontinuing an IV site. Please be sure to try and get this experience on clinical, however, if that is not available, you have satisfactorily completed this competency. You satisfactorily participated in the mandatory skills lab review day. Keep up the great work! KA/MD

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

<b><u>Simulation Evaluation</u></b>	<b>Student Name:</b> Rebecca Norman							
	Performance Codes:  <b>S:</b> Satisfactory  <b>U:</b> Unsatisfactory	<b>vSim- Vincent Brody</b> (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	<b>vSim- Juan Carlos</b> (Pharmacology) (*1, 2, 3, 4, 5, 6)	<b>vSim- Marilyn Hughes</b> (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)	<b>vSim- Stan Checketts</b> (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	<b>vSim- Harry Hadley</b> (Pharmacology) (*1, 2, 3, 4, 5, 6)
	<b>Date:</b> 1/31/22	<b>Date:</b> 2/14/22	<b>Date:</b> 2/25/22	<b>Date:</b> 2/28 or 3/1/22	<b>Date:</b> 4/12 or 4/13/22	<b>Date:</b> 4/19/22	<b>Date:</b> 4/28/22	<b>Date:</b> 5/2/22
Evaluation	S	S	S	S				
Faculty/Teaching Assistant Initials	KA	LM	DW	DW				
<b>Remediation:</b> <b>Date/Evaluation/Initials</b>	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: **GROUP 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
<b>COMPONENTS NOTICING: (2)*</b> <ul style="list-style-type: none"> <li>• Focused Observation:            E        A        D        B</li> <li>• Recognizing Deviations from Expected Patterns:            E        A        D        B</li> <li>• Information Seeking:            E        A        D        B</li> </ul>						<p><b>Group 1-</b>                      -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> <p><b>Group 2-</b>                      -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>
<b>INTERPRETING: (1)*</b> <ul style="list-style-type: none"> <li>• Prioritizing Data:            E        A        D        B</li> <li>• Making Sense of Data:            E        A        D        B</li> </ul>						<p><b>Group 1-</b>                      -Prioritizing - Delayed prioritization, after continuous prompting, assessed Lt. foot; nurse assessed non-surgical Rt. Foot before Lt. foot.</p> <p><b>Group 2-</b>                      -Once prompted by patient’s cough and dyspnea, prioritized assessment and recognition of possible PE.                      -Interpreted diagnostic findings and lab results correctly.</p>
<b>RESPONDING: (3,4,5,6)*</b> <ul style="list-style-type: none"> <li>• Calm, Confident Manner:            E        A        D        B</li> <li>• Clear Communication:            E        A        D        B</li> <li>• Well-Planned Intervention/ Flexibility:            E        A        D        B</li> <li>• Being Skillful:            E        A        D        B</li> </ul>						<p><b>Group 1-</b>                      -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 &amp; 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> <p><b>Group 2-</b>                      -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!</p>

	<p>-Great SBAR-Assessment nurse communicated to patient about HCP conversation and new orders. Patient was educated on incentive spirometer, somewhat familiar with the process but stumbled.</p> <p>-Nurse rechecked lungs once patient dyspneic.</p> <p>-Started oxygen right away, pt. c/o chest pain.</p>
<p><b>REFLECTING: (7)*</b></p> <ul style="list-style-type: none"> <li>• Evaluation/Self-Analysis:        E        A        D        B</li> <li>• Commitment to Improvement: E        A        D        B</li> </ul>	<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><b>SUMMARY COMMENTS: * = Course Objectives</b></p> <p><b>Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric.</b></p> <p><b>E= Exemplary</b></p> <p><b>A= Accomplished</b></p> <p><b>D= Developing</b></p> <p><b>B= Beginning</b></p>	<p><b>Noticing:</b> 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><b>Interpreting:</b> 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><b>Responding:</b> 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><b>Reflecting:</b> Key decision points were identified and alternatives were considered. Demonstrated a desire to improve performance; reflected on experiences; identified strengths and weaknesses.</p> <p><b>Satisfactory completion of MSN simulation scenario #1.</b></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