

**EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2023**

**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; Kelly Ammanniti, MSN, RN, CHSE;
Monica Dunbar, MSN, RN; Nick Simonovich, MSN, RN

Faculty eSignature:

Teaching Assistant: Rachel Haynes, 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
Monica Dunbar	MD
Rachel Haynes	RH
Lora Malfara	LM
Nick Simonovich	NS
Dawn Wikel	DW

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
2/8/23	Impaired skin integrity	S/RH		
2/23/23	Imbalanced nutrition: less than body requirements			

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

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies:			s	S	S	S	S										
a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting)			s	S	S	S	S										
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			s	n/a	S	S	S										
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			s	S	S	S	S										
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			S	S	S	S	S										
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	S	S	S	S										
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			S	n/a	S	S	S										
g. Assess developmental stages of assigned patients. (Interpreting)			S	n/a	S	S	S										
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		S	s	S	S	S										
	Indicate your clinical site as well as your patient's age and primary medical diagnosis in this box weekly.	Meditech, FSBS, IV push, IV Pump Sessions	Rehab, 63, tibia/femur fx	DH, IC	3T need patient age and diagnosis 39 male diff	3T, 74 pleural effusion, CP, dizziness	5T/3T 76 left rotator cuff/femur lead										
Instructors Initials	NS	NS	LM	DW	RH	KA											

Comments:

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 1 (1h)- During week 1, the Meditech, FSBS, 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. NS

Week 3 objective 1 (a-h)- Briana, you analyzed the pathophysiology and correlated your patient's signs and symptoms to his disease process. You used this information to provide appropriate nursing care for your patient on the rehab unit. Your patient had a Lt. Tibia/Fibula fracture and a stage 4 pressure ulcer in his sacral area. You interpreted lab results and medical treatments to help guide you in your decision-making process. Great job! LM

Week 6 – 1a , b, c, e– You did a nice job discussing on clinical your patient's disease process and what nursing was doing to help the patient. You were able to discuss symptoms we were monitoring and managing in your patient as well as pertinent labs for your patient diagnosis. KA

Week 6 – 1d – You did a nice job reviewing all your medications before you administered them to the patient. You were able to discuss the reason why the patient was taking the medication as well as what we were monitoring the patient for. You also were able to discuss what information was needed to determine if the medication should be administered (i.e. blood pressure, pulse). KA

Objective

2. Perform physical assessments as a method for determining deviations from normal. (3,4,5)*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies:			S	n/a	S	S	S										
a. Perform inspection, palpation, percussion, and auscultation in the physical assessment of assigned patient. (Noticing)			S	n/a	S	S	S										
b. Conduct a fall assessment and implement appropriate precautions. (Noticing)			S	n/a	S	S	S										
c. Conduct a skin risk assessment and implement appropriate precautions and care. (Noticing)			S	n/a	S	S	S										
d. Communicate physical assessment. (Responding)			S	n/a	S	S	S										
e. Analyze appropriate assessment skills for the patient's disease process. (Interpreting)			S	n/a	S	S	S										
f. Demonstrate skill in accessing electronic information and documenting patient care. (Responding)	S		S	s	S	S	S										
	NS	NS	LM	DW	RH	KA											

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 objective 2 (a-f)- Briana, you performed a thorough head-to-toe assessment on your patient. You accurately conducted a fall risk assessment and skin assessment on your patient. You responded by instituting proper measures to reduce your patient's risk for falls and skin breakdown. You turned your patient every 2 hours to help keep him off his sacral area. You are continuing to become more comfortable with accessing and documenting in the EMR. Keep up the good work! LM

Week 6 – 2a, d – You did a nice job thoroughly assessing you patient and notifying your nurse of any pertinent information. KA

Week 6 – 2f – You utilized the EMR to research your patient and determine what care needed to be provided to your patient throughout the day. KA

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

3. Execute safety precautions in the implementation of quality, patient-centered care and evidence-based nursing interventions. (2,3,4,5,8)*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies:	S		S	S	S	S	S										
a. Perform standard precautions. (Responding)	S		S	S	S	S	S										
b. Demonstrate nursing measures skillfully and safely. (Responding)	S		S	S	S	S	S										
c. Demonstrate promptness and ability to organize nursing care effectively. (Responding)			S	S	S	S	S										
d. Appropriately prioritizes nursing care. (Responding)			S	n/a	S	S	S										
e. Recognize the need for assistance. (Reflecting)			S	n/a	S	S	S										
f. Apply the principles of asepsis where indicated. (Responding)	S		n/a	S	S	S	N/A										
g. Demonstrate appropriate skill with Foley catheter insertion, maintenance, & removal (Responding)			S	n/a	S	N/A	N/A										
h. Implement DVT prophylaxis (early ambulation, SCDs, and ted hose) based on assessment and physicians' orders (Responding)			S	n/a	S	S	S										
i. Identify the role of evidence in determining best nursing practice. (Interpreting)	S		S	S	S	S	S										
j. Identify recommendations for change through team collaboration. (Reflecting)			S	s	S	S	S										
	NS	NS	LM	DW	RH	KA											

Comments:

Week 1 (3o, r)- By attending the IV Pump clinical and providing your full, undivided attention and active participation during the demonstration of the Alaris pump, documentation of IV site maintenance and recognition of potential IV complications, you are satisfactory for this competency. LM

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 3 objective 3 (b, c, d, g)- Briana, you demonstrated safe, skillful nursing measures throughout your clinical days on the rehab unit. You were cognizant of your patient's needs regarding promotion of skin integrity, fall risk, transferring limitations, hygiene needs, and emotional needs. You organized and prioritized your time well, including structuring your medication pass around OT and PT times. You properly maintained a foley catheter by following proper protocol for catheter care and maintenance. You did a terrific job! LM

Week 6 – 3b – You did a great job performing the dressing change on your patient and ensuring you had all supply before we completed the task. KA

Objective

3. Execute safety precautions in the implementation of quality, patient-centered care and evidence-based nursing interventions. (2,3,4,5,8)*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies:			S	n/a	S	S	S										
k. Administer PO, SQ, IM, or ID medications observing the rights of medication administration. (Responding)			S	n/a	S	S	S										
l. Ensure patient safety through proper use of EHR, IV flow sheet, and BMV. (Responding)			S	n/a	S	S	S										
m. Calculate medication doses accurately. (Responding)			S	n/a	S	S	S										
n. Administer IV therapy, piggybacks, IV push, and/or adding solution to a continuous infusion line. (Responding)			n/a	n/a	n/a	S	N/A										
o. Regulate IV flow rate. (Responding)	S		n/a	n/a	n/a	S	N/A										
p. Flush saline lock. (Responding)			n/a	n/a	n/a	S	N/A										
q. D/C an IV. (Responding)			n/a	n/a	n/a	N/A	N/A										
r. Monitor an IV. (Noticing)	S		n/a	n/a	n/a	S	N/A										
s. Perform FSBS with appropriate interventions. (Responding)	S		n/a	n/a	n/a	S	N/A										
	NS	NS	LM	DW	RH	KA											

Comments:

Week 1- (3s)- You were able to demonstrate understanding of the rationale of FSBS and the use of the glucometer. You were 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. DW

Week 3 objective 3 (k, l, m)- Briana, you administered oral medications to your patient this week. You were knowledgeable about each medication's use, dosage, route, common side effects, classification, and nursing considerations. You observed the rights of medication administration and completed the 3 medication checks appropriately. You gave prn pain medication to your patient and accurately assessed his pain level an hour after administering the medication. Great job! LM

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Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 6 – 3k – You did a nice job administering your medications this week. You observed the rights of medication administration and was able to answer all questions about your medications. You had the opportunity to pass PO, SQ, and IV medications this week. You performed the medication administration process with beginning dexterity. KA

Week 6 – 3n – You did a nice job priming your piggy back and connecting your patient to the medication for the first time. KA

Week 6 – 3p – You did a nice job flushing your patient’s IV this week and ensuring patency of the IV line. You were able to document this appropriately in the EMR. KA

Week 6 – 3r – You did a nice job monitoring your patient’s IV site this week and documenting your assessment in the EMR. KA

Week 6 – 3s – You did a great job performing the FSBS skill on your patient and reviewing the MAR to determine the need for insulin related to the results. KA

Objective

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

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

Comments:

Week 3 objective 4 (a, b, e)- Briana, you communicated effectively with your patient and other members of the health care team throughout each clinical day. You accurately completed a detailed CDG, including your initial post and peer post. You provided an in-text citation and a reference for your initial post; however, you did not provide an in-text citation and a reference for your peer post. This is required to receive a satisfactory for this competency. Please refer to the CDG grading rubric under

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Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

the satisfactory column. Unfortunately, the grade was changed to a “U” for competency 4e. Please address the “U” with your next clinical tool submission explaining why it is no longer a “U”. If this is not addressed, you will continue to receive a “U” until it is addressed. Nice job, overall! LM

Due to my irresponsibility, I had missed that I needed a cite and reference for my reply to my peer post. I have added an in-text citation with appropriate reference to my peer post from week 3 (1/25/2023). I have corrected this mistake and, in the future, will make sure that I double check my CDG against my rubric prior to turning them in to make sure I include the required number of words, in-text citations and references. DW

Week 4 (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 detailed, thoughtful and supported by evidence. I appreciate that you cited all of the information you borrowed from the Lewis’s Medical-Surgical Nursing text and not just limiting your post to one in-text citation and reference as minimally required on the rubric. Tips for future improvement with APA formatting g: 1. When you directly quote something from your resource, the citation should include either the page number that the quote is found on, or a paragraph number if there are not page numbers. 2. In scholarly writing, the expectation is that there will be little to no direct quoting of information and that paraphrasing of information will be used whenever possible. DW

Week -6 – 4b, g – You did a nice job keeping your nurse up-to-date on all pertinent information throughout the day. You also provided the nurse with a concise report at the end of the day before leaving. KA

Week 6 – 4e – Bri, you did a great job discussing all of your patient’s medications and how they relate to your patient’s disease process in your CDG this week. You were thoughtful in your response to your classmate and thorough in your response to the original questions. You include both an in-text citation and a reference with both responses. Keep up the wonderful work! KA

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies:			S	n/a	s	S	S										
a. Describe a teaching need of your patient.** (Reflecting)																	
b. Utilize appropriate terminology and resources (Lexicomp, UpToDate, Dynamic Health, Skyscape) when providing patient education. (Responding)			s	n/a	s	S	S										
	NS	NS	LM	DW	RH	KA											

****5a & b- 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 through above resources (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 and b. A teaching need that my patient needed was pressure relief and turning/repositioning. Over the last few years, the patient had an ever-present wound on his coccyx/sacral area. It has been there consistently and has been unable to completely heal. The provider ordered turning Q2H. I explained that the pressure on the area will hinder the healing and could also effect the dressing. Frequent position changes allow for the blood the circulate and the tissue to heal. The patient was receptive in the education and was compliant with the pressure relief and positional changes. Previous knowledge and up to date was used to help educate pt. **Briana, you did an excellent job explaining the importance of position changes to your patient. With your persistence, he was receptive to turning every 2 hours. Great job! LM**

Week 4-5a and b. I was in DH and IC for this weeks clinical. **DW**

Week 5: 5a and b. I again had a patient that needed extensive teaching and reminding for pressure relief and turning/repositioning. My patient has been a paraplegic for over 20 years and has been noncompliant with maintaining skin integrity for quite a while. The patient is very capable of turning self and verbalized an understanding of the need for repositioning and pressure relief, but maintains resistance to adhering to the protocol/order of turning q2h. I was able to assist with repositioning with pillows and blankets to reduce pressure and edema in bilateral feet, but would see the patient had repositioned self to the supine position upon the next rounding. Previous knowledge and up to date was again used to help educate the patient. **Good job educating your patient, even though he was resistant to listening or complying with the education provided. RH**

Week6: 5a &b. A teaching need that my patient was needing was about was ambulating. My patient came in with dizziness and then had medications that could make a person very tired and unsteady. They also had a couple of procedures that could potentially cause blood clots, especially since the anticoagulants were help for these procedures. We discussed the need for SCDs and early ambulation, assistance when ambulating and changing positions slowly. The patient was very adaptive to using a call light when needing to ambulate and took the time to sit on the side of the bed from a laying position and then pausing when standing. My patient was also consistent when using a walker while ambulating and SCDs while in bed. Up to date and the textbook was used for support for education. **Great job providing your patient with important information concerning her diagnosis and procedure. KA**

Week 7: 5a&b A teaching need that my patient needed was to increased fluids to prevent constipation. My patient was taking pain medications and other medications that could contribute to constipation and in fact my patient had not had a BM since 2/18. I used lexi comp and ATI to assist with educating my patient on increasing fluids to help with constipation. My patient was not a fan of plain water and was offered different flavors to add to the water.

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)			S NA	n/a	s	N/A	S										
b. Identify factors associated with Social Determinants of Health (SDOH) &/or cultural elements that have the potential to influence patient care.** (Noticing, Interpreting, Responding, Reflecting)			s	s	s	U	S										
	NS	NS	LM	DW	RH	KA											

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

Comments:

See Care Map Grading Rubrics below.

Week 3- 6b my patient has issues with the issue of economic stability that could potentially hinder his healthcare. The patient has limited mobility and may have issues getting to places, having the money to get places, and having the support to get to the places he needs to receive healthcare. **Excellent example of a SDOH influencing his care. I changed 6a to an NA since you did not submit a nursing care map this week. LM**

Week 4-6b I was in DH and IC this week. This week patients were in for preventative care measures which is covered by the access to health services in the SDOH. They had routine colonoscopy procedures. **Great observation! Were you able to identify any SDOH that could have negatively impacted any of the patients' health? DW**

Week 5 6b. The SDOH that my patient may have an issue with is the community and social context. This area was chosen because my patient has expressed small support system and increased amount of stress with medical issues and work issues. My patient has also recently decided that mental health counseling is needed and has just made an appointment. **I am so glad you discussed the importance of mental health with him and he is making steps to seek counseling for his mental health. RH**

Week 6 6b. the SDOH that best impacts my patient is the health care access and quality. The patient has a history of recurrent pleural effusions and has needed a thoracentesis multiple time. In previous times just this procedure has taken place but with no real reasoning and explanation behind this keeps happening. Has this been going on because its an issue of coming to the ER it being treated and released but then not having the appropriate follow up care to find out the reasons why this keeps happening. How can this be prevented in the future and will this keep happening are key questions that preventative care or primary care providers may be able to help answer. Additionally, is the access to these providers a problem for the patient. **Bri, you did a great job looking at SDOH that impacted your patient this week. However, if any competency is left unrated it will be marked with a U. Please remember to not leave any competencies blank in the future. Please take a minute and write a comment on how you will prevent getting a U in this competency in the future. KA**

Week 7 6b. I will have someone double check my tool to make sure all boxes are filled in every week prior to submitting my tool by Friday submission time. The SDOH my patient may be experiencing is education access and quality. My patient had intermittent confusion so much that my patient needed a cognitive evaluation by speech

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Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

therapy. My patient showed signs of impairment and may hinder the education needed to promote healing and health. This confusion is a barrier in “school” the education process because the decreased ability to remember everything correctly. I could provide education to the spouse who will be caring for the patient upon returning home

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
a. Reflect on an area of strength.** (Reflecting)	S		S	S	s	S	S										
b. Reflect on an area for improvement and set a goal to meet this need.** (Reflecting)	S		S	S	s	S	S										
c. Demonstrate evidence of growth, initiative, and self-confidence. (Responding)	S		S	s	s	S	S										
d. Follow the standards outlined in the FRMCSN Student Code of Conduct Policy. (Responding)	S		S	s	s	S	S										
e. Incorporate the core values of caring, diversity, excellence, integrity, and “ACE”- attitude, commitment, and enthusiasm during all clinical interactions. (Responding)	S		n/i	s	s	S	S										
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (Responding)	S		S	S U	s	S	S										
g. Demonstrate the ability to give and receive constructive feedback. (Responding)	S		S	s	s	S	S										
h. Actively engage in self-reflection. (Reflecting)	S		S	s	s	S	S										
	NS	NS	LM	DW	RH	KA											

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

Comments:

Week 1 7a. A strength I have is the experience of doing the skills. I feel confident in my abilities. 7b A weakness I have is that I have experience doing the skills. I feel as though because of this I may become compliant and “stuck in a habit.” I will look for ways to improve and stay diligent in the proper process. Breana, this is a good use of reflection identifying that many of the skills learned and practiced this week are familiar to you; however, there is always room for improvement and opportunities to learn. I appreciate you discussing the importance of remaining diligent and focusing on performing these skills and competencies accurately and appropriately. When reflecting on areas for improvement, be sure to follow the example provided in yellow above. We will be looking for specific plans for improvement as you progress throughout the semester. Let me know if you have any questions! NS

*End-of-Program Student Learning Outcomes

Week3 7a A strength I had was time management and advocating for my patient. My patient was in pain after PT/OT and wound care and I was not able to find the nurse. Even though I was not passing medications for that day I asked if it were possible for us to get it so he wasn't waiting. A weakness I had was taking things personally. My patient was needing a dressing change and wound care was coming in to do the change. I thought I was out of the enough for them to work, but still see how the dressing/wound care was being completed, but they asked for me to step out and they would let me see when they were done. I walked out and tried to find my nurse to get my patient pain medication, but couldn't shake the not needed feeling and that I wasn't doing anything right. For future, I will not take things so personally and remain focused on the job at hand with a calendar/list of activities during every clinical, class, and extra task that we have to do.

Briana, you did an excellent job advocating for your patient this week! I am sorry that you felt as though you were not needed. Unfortunately, this happens all too often during wound care changes. Was this the reason you placed an NI under competency 7e? You provided great care this week and tried to meet your patient's pain needs. Keep up the great work! LM

Week4 I was in DH and IC. A strength I had was knowing what charting I was looking for in meditech. I was able to accurately find the correct documentation and report if there was an issue. **Excellent! DW** A Goal I have for myself is to make sure each time I have a patient in isolation or precautions or may appear to be heading that way (waiting for results) proactively do precautions and keep up with documentation and my cart fully stocked. **I like the start of this goal, but it needs a few more details. Please refer to the green highlighted areas above. Your goal must include what you will do, how often you will do it, and when you will do it by. The specifics of the goal will ensure you are making gradual improvements over time and not just waiting for the next opportunity in hopes that you will do better. Future goals must include all of these details to earn an S for 7b. Please let me know if you have any questions about goal setting. I will be happy to help. DW**

Week 4 (7f)- Unfortunately, your week 4 clinical tool was submitted after the Saturday at 2200 deadline. The dropbox time stamp was noted for submission on Sunday, 2/5/2023. For this reason, you have earned a U for professionalism and responsibility. I am confident this will not be an issue in the future, but please be sure to set a calendar reminder or another measure to ensure you submit all clinical paperwork by the expected deadline. Additionally, please be sure to read the directions on page 1 of this tool. You must comment on how you will address this U to avoid future U's. Failure to do so will result in continued U's, regardless of your performance until the competency is addressed. If you have any questions, please let me know. You've got this, Briana! DW

Week 5. 7A and b A strength I had was being able to roll with the punches. Many things went wrong this week with computer issues and communication issues and trying to care for and figure out what was really going on with my patient. I remained calm and didn't let the stress of all of the issues get to me. Last week I received a U because my tool was not time stamped before the deadline. This will not happen again. From now on I will submit all paperwork by the posted deadline. Every week, I will double check to make sure everything that needs submitted has posted before the deadline Saturday by 2200, recheck my dropbox and calendar every Saturday, and not shut my computer until after I check these. You really did so well with taking things in stride as we were navigating this patient. You remained professional and we problem solved together. Everything was submitted early this week and now you have your weekend to study or relax! RH

Week 6 7a and b. A strength I showed this week was being a good steward of resources and again adapting with change. My first patient was discharged and I received a second patient. I also was advocating to use the correct supplies while maintaining composure and attempting to help other professional learn the appropriate use of supplies. As a student, this was a challenge for me because I felt that some see us as not knowing anything and just being a hinderance and in the way. I feel we're there to learn and sometimes people get compliant or try to cut corners to make the job go faster. A goal for myself is to maintain the correct procedure and follow policies and guidelines put forth. I will do this by learning as much as I can when a new situation comes up and I will do my best to help others around me to also do the right thing. I can also do this by gently guiding or teaching those around me how to find policies and procedures and assisting when possible. Every time and prior to a scheduled procedure or scheduled medication I will review what will take place, how to complete the task, and what is required of me to be able to have the task completed, I will have this information known and implemented at least 15 minutes prior to the scheduled time. **You did a great job trying to educate other's on proper procedure. I understand it can be difficult to be assertive and stand up for what is right when you are in the student role and the other individuals are seen as authority figures or in a higher role because they are no longer students. You did what was right for both the hospital, the staff, and the patient. Even when it is difficult it is important to stand up for what is right. You should be proud of yourself! KA**

Week 6 – 7e – You did a terrific job being a patient advocate this week and educating staff on the use of Theraworx and its intended use for your patient. You were kind, assertive, and informative. Way to ACE it! KA

Week7 A strength I had was the ability to communicate with my patient. The previous nurses had said the patient was “grumpy and wasn't always in a good mood.” I went into the room asking questions and letting my patient feel comfortable and respected without trying to rush or feel like an inconvenience. The patient warmed up to me and we had good conversations and I was able to really get my patient to trust me and what I was trying to educate on. I also noticed an issue with the patient unable to have a BM since the 18th and noticed that a medication that was being given daily was one that could cause a decrease of diarrhea (the patient was not having). I held the medication and administered instead a laxative to encourage a BM to happen. I noticed I had forgotten to refill the cup in the beginning of the shift and had filled it later in the morning. A goal I have for myself is to each start of shift refill water (if not on restrictions) and hourly encourage my patient to drink.

Student Name: Bri		Course Objective: Implement patient-centered plans of care utilizing the nursing process, clinical judgment, and consideration for cultural, ethnic, and social diversity. (2,3,4,5)*					
Date or Clinical Week: 2/8/2023							
Criteria		3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)	3	Very detailed assessments and lab findings!
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)	3	
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	You had multiple nursing diagnoses for your patient. Good job listing as many as you could Potential complications and signs/symptoms were also very descriptive!
	5. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	6. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	3	
	7. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	3	
Responding	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	Nursing interventions were prioritized and all had timeframes. Rationales were all relevant to the patient. Thank you for including a reference!
	9. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	10. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	11. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	12. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
Ref	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	

	14. Evaluation includes one of the following statements: <ul style="list-style-type: none"> • Continue plan of care • Modify plan of care • Terminate plan of care 	Complete			Not complete	3	
<p>Total Possible Points= 42 points 42-33 points = Satisfactory 32-21 points = Needs Improvement* < 21 points = Unsatisfactory*</p> <p>*Total points adding up to less than or equal to 32 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.</p> <p>Faculty/Teaching Assistant Comments: Great job with your care map. You were very thorough and had great data. I would encourage you to save this for your portfolio for your senior year! See comments in red for feedback</p>						<p>Total Points: 42/42 Satisfactory</p>	
						<p>Faculty/Teaching Assistant Initials: RH</p>	

Student Name:		Course Objective: Implement patient-centered plans of care utilizing the nursing process, clinical judgment, and consideration for cultural, ethnic, and social diversity. (2,3,4,5)*					
Date or Clinical Week:							
Criteria		3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)		
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)		
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)		
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	5. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	6. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)		
	7. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)		
Responding	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	9. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete		
	10. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete		
	11. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete		
	12. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete		
Ref	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete		

	14. Evaluation includes one of the following statements: <ul style="list-style-type: none"> • Continue plan of care • Modify plan of care • Terminate plan of care 	Complete			Not complete		
<p>Total Possible Points= 42 points 42-33 points = Satisfactory 32-21 points = Needs Improvement* < 21 points = Unsatisfactory* *Total points adding up to less than or equal to 32 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.</p> <p>Faculty/Teaching Assistant Comments:</p>							Total Points:
							Faculty/Teaching Assistant Initials:

Firelands Regional Medical Center School of Nursing
Medical Surgical Nursing 2023
Skills Lab Competency Tool

Student name: Briana Busby								
Skills Lab Competency Evaluation	Lab Skills							
	Week 1	Week 1	Week 1	Week 1	Week 1	Week 2	Week 2	Week 9
	IV Math (3,7)*	Assessment (2,3,4,5,7)*	Insulin (2,3,5,7)*	Lab Day (1,2,3,4,5,6,7)*	IV Skills (2,3,5,7)*	Trach (1,2,3,4,5,6,7)*	EBP (3,7)*	Lab Day (1,2,3,4,5,6,7)*
	Date: 1/12/23	Date: 1/10/23	Date: 1/10/23	Date: 1/12/23	Date: 1/13/23	Date: 1/19/23	Date: 1/18/23	Date: 3/13 or 3/14/23
	Evaluation:	S	S	S	S	S	S	
Faculty/Teaching Assistant Initials	KA/DW	KA/RH	MD	LM/NS	NS	RH	LM	
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 1/10/23 as well as the assigned IV Math practice questions and the IV Math Application lab on 1/12/23. KA/DW

(Assessment)- You were able to satisfactorily demonstrate the Basic Head to Toe Assessment during lab. KA/RH

(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

(IV Skills)- You have satisfactorily completed the IV lab including a saline flush, IV push, 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/MD/RH

Week 2

(Trach Care & Suctioning 1/19/2023) – During this lab, you satisfactorily demonstrated competence with tracheal airway suctioning and tracheostomy care. The skills were completed in a sterile manner and you were very aware of your sterile field. You did a great job explaining everything to your patient as well as assisting classmates during practice. Keep up the good work! RH

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

Firelands Regional Medical Center School of Nursing
 Medical Surgical Nursing 2023
 Simulation Evaluations

<u>Simulation Evaluation</u>	Student Name: Briana Busby							
	vSim- Vincent Brody (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	vSim- Juan Carlos (Pharmacology) (*1, 2, 3, 4, 5, 6)	vSim- Marilyn Hughes (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	Simulation #1 (Musculoskeletal & Resp) (*1, 2, 3, 4, 5, 6, 7)	Simulation #2 (GI & Endocrine) (*1, 2, 3, 4, 5, 6, 7)	vSim- Stan Checketts (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	vSim- Harry Hadley (Pharmacology) (*1, 2, 3, 4, 5, 6)	vSim- Yoa Li (Pharmacology) (*1, 2, 3, 4, 5, 6)
Performance Codes: S: Satisfactory U: Unsatisfactory								
	Date: 1/30/23	Date: 2/13/23	Date: 2/24/23	Date: 3/1 or 3/2/23	Date: 4/12 or 4/13/23	Date: 4/17/23	Date: 4/27/23	Date: 5/1/23
Evaluation	S	S						
Faculty/Teaching Assistant Initials	LM	KA						
Remediation: Date/Evaluation/Initials	NA	NA						

* Course Objectives

Comments:

EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2023

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:

12/9/2022