EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2023

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Gary Barrett

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
2/18/23	Acute Pain	NI / LM	2/21/23 - S/LM	NA

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

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies: a. Analyze the involved patho-physiology 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	S	S	S	S										
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			S	N/A	S	S	NA										
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			S	N/A	S	S	NA										
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	NA	S	S	NA										
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			S	NA	S	S	NA										
g. Assess developmental stages of assigned patients. (Interpreting)			S	N/A	S	S	NA										
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		NI	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 Pump Sessions		5T Rehab 82, GI Bleed	Infection Control	3T 55 F, Asthma/SOB	5T 96 F, Fractured ribs	ECSC 2/22/23										
Instructors Initials	**RH**		**MD**	**DW**	**RH**	**LM**											

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. RH

Week 3 Objective 1H-Gary-this week in clinical I would have to agree that you were not completely prepared for clinical. You brought everything necessary to stay in clinical but you were scattered with documentation and putting the pieces together for your patient. Make sure you are prepared for the next clinical and bring your A game. MD

Week 5: you did well with the team leader role and were able to time manage the activities of the day well. RH

Week 6 objective 1(a, b, c, d) – Gary, you correctly analyzed the pathophysiology of your patient's multiple rib fractures due to her motor vehicle accident. You correlated your patient's symptoms, diagnostic tests, and pharmacotherapy to her disease process, recognizing the importance of the need for therapy and for her specific medication regimen. Great job! LM

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

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

Objective

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

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

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 2F-This week you had a lot of difficulty with the EMR. Please be sure to reach out and slow down in order to ensure everything gets documented. MD

Week 6 objective 2(a, b, c, e)- Gary, you performed a thorough head-to-toe assessment on your patient identifying the importance of assessing the respiratory system and musculoskeletal system due to her oxygen level and diagnosis. Remember the importance of assessing further if a patient's SPO2 level is below 92% on room air and know the parameters if oxygen needs to be applied. You properly conducted a fall risk

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

assessment for your patient and instituted proper safety measures to help reduce your patient's risk for falls. You also properly assessed your patient's skin and documented on the skin tear on her Rt. elbow area. Excellent job! LM

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies: a. Perform standard precautions. (Responding)	S		S	NA	S	S	NA										
b. Demonstrate nursing measures skillfully and safely. (Responding)	S		S	NA	S	S	NA										
c. Demonstrate promptness and ability to organize nursing care effectively. (Responding)			~~S~~ NI	NA	S	S	NA										
d. Appropriately prioritizes nursing care. (Responding)			~~S~~ NI	NA	S	S	NA										
e. Recognize the need for assistance. (Reflecting)			S	NA	S	S	NA										
f. Apply the principles of asepsis where indicated. (Responding)	S		S	NA	S	S	NA										
g. Demonstrate appropriate skill with Foley catheter insertion, maintenance, & removal (Responding)			~~S~~ NA	NA	N/A	NA	NA										
h. Implement DVT prophylaxis (early ambulation, SCDs, and ted hose) based on assessment and physicians' orders (Responding)			N/A	NA	N/A	~~NA~~ S	NA										
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										
	RH		**MD**	**DW**	**RH**	**LM**											

Comments:

Week 3 Objectives 3C and D-This week you had difficulty with prioritization and being organized. Please be sure to reach out if you are having difficulty with this in future clinicals. MD

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 6 objective 3(a-d, h)- Gary, you properly followed standard precautions and demonstrated safe, skillful nursing measures throughout your clinical days, including while providing care to your patient. You were aware 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. I gave you an "S" for competency 3h because you did provide ambulation to help reduce your patient's chance of DVT. What other measures did you institute to help reduce your patient's risk of a DVT? Great job! LM

Objective

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

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

Comments:

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

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

(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 Objectives 3K, L, and M-You did an excellent job with medication administration this week. Great job! MD

Week 5: 3r: your patient did have an IV and you did monitor it during this week's clinical RH

Week 6 objective 3(k, l, m) – Gary, you administered several PO medications and instilled eye drops to your patient this week. You also applied topical ointments and pain patches to your patient. You were knowledgeable about each medication's use, route, common side effects, classification, and nursing considerations. You observed the rights of medication administration and completed the 3 medication checks appropriately. You ensured patient safety by properly using the BMV system in the EMR. Excellent job! LM

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

Objective

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

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

Comments:

Week 3 Objective 4-You did really well communicating with your patient and with me about concerns and what interventions you were performing with your patient. Great job! MD

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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. Tips for future improvement with APA formatting: 1. When there are more than two others, the citation should include the first author and then et al. Ex- (Lee et al., 2021). 2. 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. Ex- (Lee et al., 2021, p. 1). 3. 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. 4. In your article reference, please make sure the title and volume of the article are italicized. Ex- Lee, J. A., Qu, K., Gainey, M., Kanekar, S. S., Barry, M. A., Nasrin, S., Alam, N. H., Schmid, C. H., & Levine, A. C. (2021). *Continuous diagnostic models for volume deficit in patients with acute diarrhea. Tropical medicine and health*, *49*(1), 70. https://doi.org/10.1186/s41182-021-00361-9 DW

Week 5: your communication with your peers as well as the nursing staff was great this week. RH

Week 6 objective 4(a, b, e) – Gary, you communicated effectively with your patient and other members of the health care team throughout each clinical day. You explained each task before performing them. You completed a detailed CDG post providing a medication story. Remember to include an author and date for your in-text citation. This was not completed for your initial post. Also, 4e was changed to NI due to no reference provided for your peer post. Excellent job, overall! LM

Objective

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

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

****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:
5a&b: I provided the patient with education related to improved mobility including properly using his walker to assist him getting out of bed and into the wheel chair to go to OT and PT. The patient will need this education to independently move around his house I provided the education verbally, and demonstration and witnessed the patient performing the task confirming his understanding. I also provided patient with education on what his medications I passed were and their purpose according to skyscape look up. Great job! MD

WEEK 5- A& B) I provided patient with education on the importance of staying well hydrated and maintaining 1500-2000 ml of fluid intake a day due to her being on guaifenesin for the cough in her upper respiratory tract. Along with instructing her to increase fluids, I educated her on the importance of sitting upright and taking several deep breaths before attempting to cough. Explaining to her that this will help her cough effectively and help clear mucus from the airways. The education I provided her came directly from skyscape ***Patient/Family Teaching* section. Great job! RH**

Week 6-A& B I provided the patient with education regarding the prescription for docusate sodium 100mg. I explained to her that this was prescribed to loosen her stool so when she had a bowel movement, it would lessen the chances of her straining to go and relieve pain in her ribs from her possibly straining/pushing to eliminate the waste. I used skyscape to provide the education on the use of docusate sodium 100 mg to soften her stool. The information came from the indications portion of Skyscape. Great job, Gary! LM

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

Objective

6. Implement patient-centered plans of care utilizing the nursing process, clinical judgment, and consideration for cultural, ethnic, and social diversity. (2,3,4,5)*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
a. Develop and implement a priority care map utilizing the nursing process and clinical judgment. (Noticing, Interpreting, Responding, Reflecting)			N/A	NA	NA	~~S~~ NI	NA										
b. **Identify factors associated with Social Determinants of Health (SDOH) &/or cultural elements that have the potential to influence patient care.**** (Noticing, Interpreting, Responding, Reflecting)			S	S	S	S	S										
			MD	**DW**	**RH**	**LM**											

****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: Social Determinants that have potential to influence patient care include: Age (82) , Transportation, neither the patient or his wife drive and depend on family for transportation. Sold house due to many fall risks including multiple areas with steps, set up of house and ability to maneuver throughout the house safely. Moving into a condominium where all rooms are on one floor and smaller thus reducing the amount of movement needed and risk of falling. Great observations! MD

6B
Week 4- when looking at social determinants that have potential to influence patient care when looking infection control, I would include economic constraints, patient education access and quality of access, Health care access and quality among the determinants. Not all patients have financial means to receive quality healthcare, or quality education on infection control. This can and most likely will contribute to the spread of infection among their community and families. An example could be bed bugs and the treatment of bed bugs in the home. This is an expensive process to properly eradicate the infestation with heat. Great discussion on SDOH! DW

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

Week 5 (6B) Through conversation with my patient I determined that a social determinant that has potential to influence her care was her place of employment and working conditions. The patient has history of asthma and shortness of breath. She conveyed to me that she works in a factory that has poor ventilation and that the products she works with create a lot of grain dust. The patient also was concerned of the cost of her most recent stay and the impact on her rent, car payment, bills due to her not being able to work. Good observations! Does your patient still work in this factory? Are there masks or respirators your patient could wear to limit the amount of dust inhaled? RH

Week 6 (6B) Social determinants that have the potential to influence care for my patient included : Age (96) , she is on a fixed income and concerned with the cost of medications , was living on her own until the accident and will now be staying with her 75 year old daughter and her husband, and was very emotional about the burden she felt she was placing on her daughter especially at the age of 75. Multiple times throughout the 2 days of taking care of her she stated she was worthless and would've been better off for everyone had she not survived the motor vehicle accident. It is sad that she feels this way! How did you respond to this? It breaks my heart. These are great examples of SDOH. LM

Week 6 – 6a – You have received a needs improvement on your Care Map. You are required to revise the care map. Please view the comments below for full details. LM

Week 7- 6B- Social determinants that have the potential to influence care for the participants at the Erie County Senior Center would include the following : Socialization, environment and education.

Socialization impacts seniors. Many seniors have lost their spouses and live alone. This can lead to cognitive decline, loneliness, and isolation, so going to the senior center might not be appealing to them, forcing them to step outside of their comfort zone.

Environment- As we all get older we tend to be more comfortable in our own surroundings/homes than in public places.

Education and Income- I think education level and financial security go hand in hand here. They are both social determinants that can influence patients seeking care. Not being educated on health literacy is often a result of being part of a lower income lifestyle. We have learned in class that education, or lack of can influence health care individuals seek for themselves and this is often related to their income or financial well being.

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		S	S	S	S	S										
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (Responding)	S		S	S	S	~~S~~ U	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										
	RH		**MD**	**DW**	**RH**	**LM**											

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

Comments:

Week 1: **Strength:** I believe an area of strength was my head to toe assessment. I continued to thoroughly assess the patient by checking vitals, skin integrity, as well as listening to the heart, lung and bowels. RH

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Weakness: An area of weakness I will improve on is maintaining sterile field during foley insertion. I will improve on this by reviewing the guidelines for maintaining a sterile field, as well as using open lab time and skills lab to work on my technique. I will seek help from my instructor and fellow students to improve. This is a good goal! Don't forget to include a timeframe in which you will complete this by and how often you will do so. RH

Week 3 7a: **Strength:** I believe a strength I displayed this week was listening to the patient and providing care based off their feedback regarding pace, and energy level of the patient. You did an excellent job with patient care! MD
7B: Weakness: A weakness I believe I need to improve on is slowing down and being more thorough with documentation. By next clinical rotation (2/1/23 and 2/2/23) I will study the head to toe assessment checklist and slow down, opening all tabs and follow meditech guidelines to perform appropriate documentation. This is a great goal for you. I think another thing that will help you be more organized would be to also be mentally prepared for clinical. You know what to expect now in the clinical setting so you will be able to prepare more. Let me know if you have any questions! MD
Strength: I believe a strength I displayed this week was listening to the patient and providing care based off their feedback regarding pace, and energy level of the patient.

WEEK 4 STRENGTH: I believe a strength I displayed this week included the recognizing of proper PPEs needed based on the contact precaution of the individual patient, as well as identifying proper hand hygiene and education that would benefit the patient. Excellent! I am glad this clinical was able to reinforce this information for you. DW
WEEK 4 WEAKNESS: I was unaware of the full scope of healthcare that Infection control covered. A weakness I found was the actual documentation of the infection and the precautions and identifiers. I will continue to explore meditech and educate myself on the different infections and precautions each require. I will do this weekly as I document in meditech during clinicals by looking at my patients dashboard and looking to see what precautions they have as well as what was used to determine this, as well as the onset of infection and that others have documented appropriately on the infections when applicable. Gary, this is a great goal! When do you plan to make this a routine by, midterm perhaps? In the future, please make sure all of your goals include three things, what you will do, how often you will do it, and when you will accomplish it by. Refer to green highlighted area above. Not including all three pieces of information will result in an unsatisfactory with future goals. The timeframe is important in ensuring that you are making gradual improvements over time and not just waiting for the next opportunity in hopes that you will do better. You've got this, Gary! DW

WEEK 5 STRENGTH- I believe a strength from this week was the improvement of my overall confidence in my decision making as well as performing my duties as a student nurse such as physical assessment and documentation in EMR. You did very well with decision making skills and organization this week! RH

Week 5 Weakness- I believe that I could improve on reading patient reports from providers in order to gain more background knowledge of the patient and their diagnosis as well as history to better understand their current diagnosis and what may be precipitating factors. I will complete this beginning the next clinical setting which is 2/15/2023. I will continue using patient reports throughout the remainder of my clinical experience to get as much background information as possible to better treat the patient. This does provide extra information on the patient but sometimes we have to dig through to find the relevant information RH

WEEK 6 Strength- I believe a strength for week 6 was communication with the nurse as well as physical therapy. My patient was noticeably in pain on Thursday as soon as she woke up. I communicated with the nurse and checked to see what time she was last given pain medication. Once I realized that she wasn't able to have a pain med, I asked the nurse about the possibility of getting her lidocaine patch and diclofenac gel at a little after 8 to help manage the pain until she was able to have her pain medications again. The nurse agreed and got the patches and administered the gel. Great job, Gary! LM

Week 6 weakness- I struggled with what to say to my patient when she was sad and on multiple occasions stated that she was worthless and a burden to everyone. I tried to stay positive with her, but I felt as if I stumbled with appropriate responses to reassure her and felt as if I wasn't providing her with the support she needed during her periods of sadness. It is extremely difficult to respond to someone who is stating feelings like this. Sometimes, it is best just to listen and be present, allowing her to verbalize her feelings. LM

Gary, unfortunately, you have received a "U" for competency 7f due to failing to submit the correct clinical tool in a timely manner. The tool that was originally submitted did not include week 4 faculty initials and feedback. You did revise and submit the correct tool as soon as this was brought to your attention. Please address the "U" in a comment below stating why it is no longer a "U". If you do not address the "U" then you will continue to receive a "U" until it is addressed. LM

7F is no longer a U because I went back and submitted this weeks clinical tool and last weeks clinical tool in the right weeks displaying week 4 faculty comments. I will make sure on a weekly basis that I am documenting in the correct week to prevent omitting an instructor's comments and have the appropriate comments and the correct week's tool completed. Thank you for addressing this. LM
Week 7 Strength- I believe a strength that was displayed in week 7 was my ability to modify activities to include individuals that were unable to do the original activity. By being prepared and thinking ahead, I brought alternatives to the watercolor painting that were more aligned with the dexterity levels of some seniors dealing with

arthritis. I believe my background in education helped me think ahead and realize that like with students not everyone possesses the same physical abilities and might have limitations on what they can do. We must be prepared to still offer them an opportunity to participate and socialize and this can be done through offering multiple activities of different motor skill levels.

Week 7 weakness- This week I could have tried to be more persuasive with the clients of the senior center, encouraging them to participate. Reflecting, one of the main reasons for our activity was to improve socialization among them. I could have encouraged this by taking the activity to them rather than just keeping it to our two tables. I believe had we taken the project to them, we would have had more participation. I was afraid to step on toes by not keeping the activity to just the table we were at. With that being said, encouraging participation in activities that my patients may not necessarily be excited to participate in whether that be deep breathing, ambulating to the restroom rather than using the bed pan, or just pushing them to do a little more today than they did yesterday is something I will continue to work on and this will be done daily during weekly clinicals. It will begin at my next clinical on March 15,2023.

Name: Gary Barrett Date or Clinical Week: 2/18/23	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)*

	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	Nice job identifying 7 abnormal assessment findings related to your patient's priority problem. Remember to be specific; for example, how can you measure "emotional"? The lab results you listed were WNL and the Chest X-ray did not provide any specific information. If there are no abnormal labs, then you must provide an explanation. Gary, great job explaining why you could not identify at least 3 abnormal lab findings/diagnostic tests. Also, the pulse oximetry reading should be placed under assessment findings. Excellent job!
	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)**	0/3	
	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 did a nice job identifying all possible problems for the patient and you correctly highlighted the top priority problem. You identified 3 potential complications of acute pain associated with rib fractures. You only identified 2 signs and symptoms of hypoxemia. What are some other s/sx of hypoxemia? Restlessness, bradycardia, cyanosis… You included 2 more signs/symptoms of hypoxemia. Great job!
	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)**	2/3	
Responding	8. List all nursing interventions relevant to the top nursing priority.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	You provided 8 appropriate nursing interventions for your patient. You prioritized some of the interventions. Remember to prioritize beginning with assessment, doing, and lastly, education. Oxygenation should
	9. Interventions are prioritized	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	2/3	
	10. All interventions include a frequency	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

	11. All interventions are individualized and realistic	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	2/3	be prioritized after assessment; also, be specific with which assessment you will conduct. Think of a focused assessment. Range of motion and repositioning should be done after administration of medications. No rationale was provided for any of the nursing interventions. Gary, you did an excellent job prioritizing the nursing interventions correctly. Your interventions were realistic and individualized. You provided appropriate rationale for each intervention!
	12. An appropriate rationale is included for each intervention	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	0/3	
Reflecting	13. List all of the highlighted reassessment findings for the top nursing priority.	**>75% complete**	**50-75% complete**	**<50% complete**	**0% complete**	1/3	You addressed some of the assessment findings that were highlighted at the top of your care map; however, Gout, Lt. shin wound, and bruising on back were not addressed. You also reassessed areas that were not highlighted, such as ADL's. Remember to be very specific. Information must be measurable. How can "displays improvement in mood and coping" be measured? Did she provide any subjective data to support this? Was she smiling more? Gary, you provided greater detail appropriately measuring the reassessment findings. Remember to be very specific with your assessment findings and reassessment measurements. This is the only way you can quantify the patient's improvement or decline. Excellent job! You noted to continue the plan of care. Good job!
	14. Evaluation includes one of the following statements: • Continue plan of care • Modify plan of care • Terminate plan of care	**Complete**			**Not complete**	3	

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**	**Total Points: 31/42 – Needs improvement – Gary, you will need to revise this care map and please resubmit the revised care map into your drop box by Tuesday, 2/21/23 at 1500.** 42/42 – Satisfactory care map!

*End-of-Program Student Learning Outcomes

specific requirements for resubmission deadlines. **Faculty/Teaching Assistant Comments: Gary, most aspects of your care map were correctly completed; however, there were a few areas in which you did not receive full credit on the care map rubric due to inaccuracies or omission of data. Please review my comments. You will need to revise your care map to receive a satisfactory level grade. Please reach out if you have any questions. You can just add to your current care map, just place your revisions in another color so it stands out.** **Gary, you have accurately revised the nursing care map for your patient! Please utilize this feedback when creating future care maps. You did an excellent job!**	**Faculty/Teaching Assistant Initials: LM/LM**

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**		
Refl	13. List all of the highlighted reassessment findings for the top nursing priority.	**>75% complete**	**50-75% complete**	**<50% complete**	**0% complete**		

*End-of-Program Student Learning Outcomes

	14. Evaluation includes one of the following statements: • Continue plan of care • Modify plan of care • Terminate plan of care	**Complete**			**Not complete**		

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.** **Faculty/Teaching Assistant Comments:**	**Total Points:** **Faculty/Teaching Assistant Initials:**

*End-of-Program Student Learning Outcomes

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

Student name: Gary Barrett								
Skills Lab Competency Evaluation	**Lab Skills**							
	Week 1	**Week 1**	**Week 1**	**Week 1**	**Week 1**	**Week 2**	**Week 2**	**Week 9**
Performance Codes: **S**: Satisfactory **U**:Unsatisfactory	**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: 1/11 or 1/12/23	**Date:** 1/10/23	**Date:** 1/10/23	**Date:** 1/11 or 1/12/23	**Date:** 1/13/23	**Date:** 1/18 or 1/19/23	**Date:** 1/18 or 1/19/23	**Date:** 3/13 or 3/14/23
Evaluation:	**S**	**S**	**S**	**S**	**S**	**S**	**S**	
Faculty/Teaching Assistant Initials	RH	RH	RH	RH	RH	RH	RH	
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 1/11/23 or 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:
(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
(Trach Care & Suctioning 1/18/2023) - During this lab, you satisfactorily demonstrated competence with tracheal airway suctioning and tracheostomy care. The skills were completed in a sterile manner. Two prompts were needed for trach care. You took your time and thought through each step; however, your hesitation and lack of confidence, was evident in steps 8-12 of the trach care skills checklist. To continue building your confidence with these skills, please schedule a time to continue practicing in the lab. I will be happy to open the lab for you. DW

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

Simulation Evaluation Performance Codes: **S**: Satisfactory **U**: Unsatisfactory	**Student Name: Gary Barrett**							
	vSim- Vincent Brody (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	**vSim**- Juan Carlos (Pharmacology) (*1, 2, 3, 4, 5, 6)	**vSim**- Marilyn Hughes (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	Simulation #1 (Musculoskeletal & Resp) (*1, 2, 3, 4, 5, 6, 7)	Simulation #2 (GI & Endocrine) (*1, 2, 3, 4, 5, 6, 7)	**vSim**- Stan Checketts (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	**vSim**- Harry Hadley (Pharmacology) (*1, 2, 3, 4, 5, 6)	**vSim**- Yoa Li (Pharmacology) (*1, 2, 3, 4, 5, 6)
	Date: 1/30/23	**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	MD	LM						
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