EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2023

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Dylan Wilson

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)
2/3/2023	1	Did not complete survey for ECSC clinical site by due date/time	2/6/2023

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
2/24/23	Impaired Physical Mobility	NI/KA		

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)			NA	NA	S	S	S	NA									
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			NA	NA	S	S	S	NA									
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			NA	NA	S	S	S	NA									
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			NA	NA	S	S	S	NA									
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			NA	NA	S	S	S	NA									
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			NA	NA	S	S	S	NA									
g. Assess developmental stages of assigned patients. (Interpreting)			NA	~~NA~~ S	S	S	S	NA									
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		NA	~~NA~~ S	S	S	S	NA									
Indicate your clinical site as well as your patient's age and primary medical diagnosis in this box weekly.	Meditech, FSBS, IV Pump Sessions		No clinical	ECSC	Rehab 59 F Pneumonia	4 North, 67F Broken Ribs	3 Tower 62M General Weakness	NA									
Instructors Initials	**LM**	**LM**	**DW**	**NS**	**MD**	**NS**	**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. LM

Week 4 (1g,h)- These competencies were completed by preparing and delivering an age appropriate activity for the older adult clientele at the ECSC clinical experience; therefore S. Please make sure you reflect on each competency in the tool and if it's something that you completed during the clinical, even on alternative sites, make sure you give credit where credit is due. NS

Week 5 Objective 1B and D-Great job correlating the patient's symptoms with the pharmacotherapy they were receiving. MD

Week 6 1(a-h) – Good job this week discussing various patient's disease processes and making correlations related to the pathophysiology involved and the nursing care required. You discussed clinical judgment during your team leading experience related to a patient with a broken fibula, a patient with obstructing renal stones, and a patient with lumbar radiculopathy. You made correlations based on the medications ordered and care required. You also were able to review diagnostic testing and make connections related to the results. On day 2 you cared for a patient s/p fall with eight broken ribs. She also complained of shoulder pain and decreased ROM that you correlated with your findings on the x-ray related to her history of a broken clavicle. You did a nice job discussing potential complications, including respiratory compromise, identified the rationale behind the medications ordered, and discussed the medical treatment required. Good job in our discussions this week! NS

Week 7 – 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 7 – 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

*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)			NA	NA	S	S	S	NA									
b. Conduct a fall assessment and implement appropriate precautions. (Noticing)			NA	NA	S	S	S	NA									
c. Conduct a skin risk assessment and implement appropriate precautions and care. (Noticing)			NA	NA	S	S	S	NA									
d. Communicate physical assessment. (Responding)			NA	NA	S	S	S	NA									
e. Analyze appropriate assessment skills for the patient's disease process. (Interpreting)			NA	NA	S	S	S	NA									
f. Demonstrate skill in accessing electronic information and documenting patient care. (Responding)	S		NA	NA	S	S	S	NA									
	LM	**LM**	**DW**	**NS**	**MD**	**NS**	**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 5 Objective 2-You did a great job with performing assessments during this week of clinical. Remember to obtain the finer details of information as well as the big details. MD

Week 6 2(a,e) – Good work with your assessments this week, noticing numerous deviations from normal. For your patient with broken ribs, you noticed stress and anxiety related to her fall and overall health status, deep, labored breathing related to the pain, crackles upon asucltation with diminished breath sounds, a non-productive cough with associated pain, and constipation. You used appropriate assessment skills based on her priority problem and implemented appropriate interventions. Nice job! NS

Week 7 – 2a, d – You did a nice job thoroughly assessing you patient and notifying your nurse of any pertinent information. KA
Week 7 – 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

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

Comments:

Week 5 Objective 3J-This week you were able to collaborate with me and the primary nurse to continue the patient's plan of care. MD

Week 6 3(c,d) – As team leader this week, you were tasked with enhancing your time management and prioritization skills by overseeing the care of three patients. I thought you demonstrated good clinical judgement in your discussion of priority patient problems. You appropriately identified the patient admitted with a fibula fracture

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

awaiting surgery as your priority patient based on potential complications, pain, and conflict with the consulting surgeon. You then prioritized the patient admitted with renal calculi and hydronephrosis awaiting surgery. Lastly you prioritized the patient s/p lumbar surgery scheduled for discharge. You appropriately reviewed the list of medications, prioritizing pain management, then focusing on scheduled medications. Good thought process in your discussion of each. Overall you did well with your first experience of managing the care of multiple patients in the acute care setting. NS

*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: k. Administer PO, SQ, IM, or ID medications observing the rights of medication administration. (Responding)			NA	NA	S	S	S	NA									
l. Ensure patient safety through proper use of EHR, IV flow sheet, and BMV. (Responding)			NA	NA	S	S	S	NA									
m. Calculate medication doses accurately. (Responding)			NA	NA	S	S	S	NA									
n. Administer IV therapy, piggybacks, IV push, and/or adding solution to a continuous infusion line. (Responding)			NA	NA	NA	S	~~S~~ NA	NA									
o. Regulate IV flow rate. (Responding)	S		NA	NA	NA	S	~~NA~~ KA	NA									
p. Flush saline lock. (Responding)			NA	NA	NA	NA	NA	NA									
q. D/C an IV. (Responding)			NA	NA	NA	S	NA	NA									
r. Monitor an IV. (Noticing)	S		NA	NA	NA	S	S	NA									
s. Perform FSBS with appropriate interventions. (Responding)	S		NA	NA	S	NA	S	NA									
	LM	**LM**	**DW**	**NS**	**MD**	**NS**	**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

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Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

(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 5 Objective 3K, L, M, and S-You did a great job with medication administration and obtaining fasting glucose checks with a glucometer. MD

Week 6 3(k-s) – Good job with medication administration this week! You were well-prepared by reviewing each medication and discussing the implications, side effects, and nursing assessments required, both as the primary student nurse and as team leader. You communicated well with your patient and ensured safety measures were in place and performed, including the 3 safety checks and 6 patient rights. You gained experience administering numerous PO medications using the BMV process appropriately. You also gained experience preparing primary tubing prior to surgery. Topical medication patches were appropriately applied. Nice job! Overall a successful week of medication administration! NS

Week 7 – 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 and SQ medications this week. You performed the medication administration process with beginning dexterity. KA
Week 7 – 3n & 3o – I do not think you had the opportunity this week to prime IV tubing or to manage an IV infusion to satisfactorily meet these objectives. KA
Week 7 – 3r – You did a nice job monitoring your patient's IV site this week and documenting your assessment in the EMR. KA
Week 7 – 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

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

Comments:

Week 4 (4a)- You communicated professionally with the older adults at the ECSC clinical experience; therefore, S.

*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 Erie County Senior Center discussion this week. Your post was thoughtful and supported by evidence and met all requirements for a satisfactory evaluation. NS

Week 5 Objective 4E-Overall you did a great job with your CDG and peer posting. One suggestion: when writing an in-text citation be sure to use author last name and date. For example, in your peer post you had a reference from the Cleveland Clinic. It should have looked like this: (Cleveland Clinic, n.d.). Please come see me if you have questions! MD Often times the Cleveland Clinic articles don't have names, they will just say "Medical Professional".

Week 6 4(a,b) – As team leader, it was important that you maintained professionalism in all communications. I thought you did a great job of collaborating with your fellow classmates, communicating findings in their charting, and ensuring everyone stayed on task. Your communication was thorough and professional throughout the week. NS

Week 6 4(e) – Nice work with your CDG this week related to your team leading experience. I appreciate the thought and insight provided in your initial post and your response post. See my comments on your posts for further details and comments related to your thoughts. According to the CDG grading rubric, all criteria were met for a satisfactory evaluation. APA formatting looked good. Overall very well done! NS

Week -7 – 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 7– 4e – Dylan, you did a good job responding to the CDG questions on education pertinent to your patient. Your responses were thoughtful and concise. You included an in-text citation and a reference. Your response to your classmate was supportive and added to the discussion. Remember you only need to include the year in the parentheses of your reference. Keep up the hard work! KA

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

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)			NA	NA	S	S	S	NA									
b. Utilize appropriate termino-logy and resources (Lexicomp, UpToDate, Dynamic Health, Skyscape) when providing patient education. (Responding)			NA	NA	S	S	S	NA									
	LM	**LM**	**DW**	**NS**	**MD**	**NS**	**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:

5a Rehab- A teaching need of my patient was ambulating with a walker, and utilizing the call light. A gave verbal discussion to my patient on the importance of using both the walker and call light since she was a high fall risk. The reasoning behind the education was that she knew how to turn off the bed alarm and would often get out of bed by herself and grab onto other objects in the room that weren't the walker. Learning was expressed when she asked for assistance in ambulating to the bathroom with her walker. Great! MD
5b Rehab- I used skyscape to learn about my patients medications she used daily and was then able to inform her on what the medication name is and how it is used in the plan of care. Awesome! MD

6a 4N- After receiving a right sided nerve block for multiple broken ribs my patient stated to be unaware of how to properly splint in order to lessen the pain. I noticed this need and found written guides to how and why to splint from Lexicomp. I provided a packet to her and explained verbally on how to properly use splinting to help with pain. She felt relieved after learning and demonstrated teach back by showing myself how to splint at correct times. She mentioned later in the day that she did feel slight improvement in pain.
6b 4N- When providing education as stated above in 6a, I used Lexicomp from the Firelands website to help improve my patients splinting technique in order to keep her more comfortable as she had 10/10 pain. Appropriate teach back was shown by the patient and explaining how and when to splint. I made sure to highlight specific details in the packet incase the patient wanted to look back after discharge and remember what I had said. Very good, Dylan! As we discussed, her priority problem could potentially lead to respiratory compromise because of the pain. Educating on splinting to reduce pain and promote good lung expansion, including coughing and deep breathing, can help to prevent complications from occurring. Nice work! NS

7a 3T- After my patient had surgery in order to place a Pleurx catheter into his Right Chest he lost 15kg and most of his strength in all extremities. The teaching needed was for concern of falling and regaining strength mainly in the lower limbs. I provided verbal and physical demonstrations of activities able to be performed in the bed or chair to maintain and grow muscle. A variety of leg lifts were my method of choice to assess his ROM and decide what would benefit the patient the most. He was able to do the lifts but not repeatedly. He complained of soreness and pain 8/10 and refused to take Tylenol to help relive the pain. KA

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

7b 3T- In effort to provide accurate education I used a Lexicomp article that was printed out with pictures of the exercises he performed and verbal discussion. This education was necessary because he planned on going home after leaving the hospital and he lives by himself so he needs to be able to have the strength to keep himself upright. The teach back method was used to validate learning new leg exercises. After leaving the hospital he will be able to go over the simple packet of information I provided him. You did a great job identifying an education need and helping the patient achieve a goal of his which is to regain strength to return back home. Nice job! KA

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
a. Develop and implement a priority care map utilizing the nursing process and clinical judgment. (Noticing, Interpreting, Responding, Reflecting)			NA	NA	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)			NA	~~NA~~ U	S	S	S	NA									
	LM	**LM**	**DW**	**NS**	**MD**	**NS**	**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:

Week 4 (6b)- Unfortunately, this competency requires weekly commenting for all clinicals. Your experience at the ECSC would provide opportunities to observe and identify potential SDOH that may impact an older adult's overall health. A couple SDOH that could impact these individuals is food insecurities or transportation. Please be sure to read the directions on page 1 of this tool. This U must be addressed in the comments below with the submission of your week 5 tool. Failure to do so will result in continued U evaluations, regardless of your performance. Please let me know if you have any questions. NS

Week 5- The SDOH I noticed from speaking with the patient is unsafe housing. Due to stairs in the house, she was unable to get to the water because the lack of her mobility. She instead drank only orange juice which resulted in DKA and a blood glucose of nearing 1000. This impacted the activities performed in Therapy. The PT implemented exercises designed for getting up and downstairs with a walker. Great! MD

Regarding week 4- Most seniors that arrived to the ECSC lacked transportation mainly because of age and depletion of vision. Luckily, public transportation can be useful when coming to eat lunch at the Senior Center. Since receiving a U last week I went back into the course syllabus and highlighted what needs to be completed for each clinical to better prepare myself for the future and limited mistakes such as this one. Thank you for addressing the unsatisfactory rating. MD

Week 6- For my patient on 4N this week the SDOH was a good support system and education. My patient lives alone at home and only is supported by her daughter. She did state her daughter is very helpful, but she isn't able to be around all the time since she has to work most the week. Since living alone she has fallen multiple times trying to be independent without anything or anybody to steady her. Her most recent fall was down a flight of stairs where she broke multiple ribs on both the left and right side. I did discuss splinting and printed out education from Lexicomp after she said the nurses did not go over that with her after the incident. She was unaware of proper splintng, but she was able to demonstrate after education was provided. Perfect example of how social context can be a SDOH! Her safety is a concern related to her frequent falls. Her lack of social support and relying on her daughter could negatively impact her health status. Good discussion. NS

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 7- The patient I had the privilege to take of this week on 3T had a very poor support system as his SDOH. As a child my patient was adopted and didn't have good home life. He stated that he often ended up in jail trying to get by in life, but did not go into much detail. The only person who he had in his support system was his Buddy Matt who was about the same age he is. My patient lived alone at home and with unsteady gait frequently fell down causing poor skin turgor. He did have a nurse come to his house every couple of days to drain his Pleurx catheter where he typically drained 500 mL of fluid out of his lung. He ran out of the type of drainage device he used at home and called the EMS thinking the Pleurx may have become dislodged, which it hadn't. Nice job identifying multiple SDOH factors that are impacting your patient's overall ability to manage his chronic health conditions. KA

Week 7 – 6a – You received a Needs Improvement on your care map. See comments on the rubric of areas to address before resubmission. KA

See Care Map Grading Rubrics below.

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
a. Reflect on an area of strength. ** (Reflecting)	S		NA	~~NA~~ U	S	S	S	NA									
b. Reflect on an area for improvement and set a goal to meet this need.** (Reflecting)	S		NA	~~NA~~ U	S	S	S	NA									
c. Demonstrate evidence of growth, initiative, and self-confidence. (Responding)	S		NA	~~NA~~ S	S	S	S	NA									
d. Follow the standards outlined in the FRMCSN Student Code of Conduct Policy. (Responding)	S		NA	~~NA~~ S	S	S	S	NA									
e. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions. (Responding)	S		NA	~~NA~~ S	S	S	S	NA									
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (Responding)	S		NA	~~NA~~ U	S	S	S	NA									
g. Demonstrate the ability to give and receive constructive feedback. (Responding)	S		NA	~~NA~~ S	S	S	S	NA									
h. Actively engage in self-reflection. (Reflecting)	S		NA	~~NA~~ S	S	S	S	NA									
	LM	**LM**	**DW**	**NS**	**MD**	**NS**	**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 Strength- I felt very comfortable and confident when practicing with the finger stick blood sugar. Being able to test for quality control, and having to collect blood was a big strength because of the practice I have done at work. On average I do around 5 FSBS daily. I will continue to use this skill in clinicals to check the glucose level of patients. Great! LM

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 1 Weakness- I struggled with IV dosage calculation more than regular dosage calculation. Doing on paper calculations weren't hard but getting used to looking at the med bags and having to come up with the equations made it most difficult. I plan to practice IV dosage calculations this weekend so become more familiar with how the questions are set up. I will spend at least one hour on Saturday and Sunday practicing in order to become proficient before any tests or clinicals. This is an appropriate area for improvement. The more you practice IV medication calculations, the more comfortable you will feel. LM

Week 4 (7a,b)- Unfortunately, these competencies (reflecting on a strength and goal for improvement must be commented on for all clinicals. Because they were not evaluated and not commented on, you have earned a U for each. Please be sure to read the directions on page 1 of this tool. You are required to address these U's in the comments below to describe how you will or have improved. The comments must be included in the week 5 tool submission. Failure to do so will result in a continued U rating until comments to demonstrate satisfactory competency are included. Please let me know if you have any questions. (7c-h)- All of these competencies should be evaluated on a weekly basis. The only time they will not be evaluated is if you have absolutely no clinical scheduled (for example, week 3). 7f was evaluated as "U" for not completing the survey by the due date and time. Be sure to review the syllabus for specific directions for each clinical site. NS

Week 4 Strength- Public speaking in front of large crowd and hosting a game show. The seniors all enjoyed our Jeopardy game and kept asking for more trivia questions after we had finished. Great! MD

Week 4 Weakness- Failing to Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect by submitting the clinical survey late. I have since went back and looked over the other surveys that are needed to be completed such as Infection Control & Digestive Health. During week 4 I was unaware of this survey but now that I have noticed it, I will complete all other surveys on time. Thank you for addressing your unsatisfactory rating. MD

Week 5 Strength- I felt that I had demonstrated great therapeutic communication between my patient. She was very fun to work with and see her get stronger. Even though it was only 2 days, I noticed the difference in strength with her lower extremities. She complimented me on my help with her recovery and said she wants to bake one of her famous poundcakes for me. You did awesome with your patient this week! MD

Week 5 Weakness- Medication. Getting back into clinicals I had lost my familiarity from last semester and managed to disappoint myself in my performance. It started off good getting all the medications from the Pyxis but I dropped a pill on the floor when putting it into the medication cup, and even worse I dropped the insulin pen right before injection. I really didn't feel nervous but next med pass I will slow down and learn from this weeks clinical experience. You will get better as time goes on! You are learning so much! MD

Week 6 Strength- Compared to last week, my med pass skill has seen improvement. As team leader I was tasked to help manage 3 patient medications passes of which I felt more comfortable scanning the meds while explaining the reasoning behind them. When scanning meds I took more time compared to last week and was more confident in my ability. What helped with the confidence is having the ability to give medications at least 3 different times in the morning with each team member compared to when you have one patient you may only give medications once in the morning. This is a great example of using reflection to improve. You noted medication administration as an area for improvement last week, developed a plan to improve, and turned it into a strength this week! Awesome job, Dylan. NS

Week 6 Weakness- This week on 4N was an unfamiliar environment. Before clinical have been on 3T or Rehab, but I had never experienced 4N. Compared to other floors it was significantly smaller, but I felt less familiar where the linens, gloves in pt rooms, PARR, pyxis, and patient rooms were. Before asking for help I walked multiple times around the floor searching for the needed materials but ultimately ended up asking for help which improved my awareness. As we jump from each clinical site I believe it will get easier as time goes on to remember where to find things. Familiarizing yourself with the environment can help to reduce stress. Taking time during your clinical experience to look around the units can certainly help. Keep up the hard work! NS

Week 7 Strength- During my time on 3T, my strength this week was helping out the nurses and PCT by answering call lights and introducing myself to other patients. I was able to help the patients by picking up something they dropped on the floor, making their bed, ambulating to the bathroom, and using therapeutic communication. While

helping I was still able to provide plenty of time devoted to my patient and study his EMR for discussion. You did a nice job providing your patient with holistic care and ensuring his overall needs were met. KA

Week 7 Weakness- My patient on 3T was in with general weakness and a High Fall risk. My weakness was failing to ambulate my patient while on the floor. While often times he did not want to get out of bed, and being placed on BR the first day of clinical only PT/OT helped him up from the bed and into the chair. While it may not have been completely my fault for not getting him up, I feel that as a caregiver I'm responsible for helping ambulate and regain strength in both lower extremities. Next time I will try and reinforce and promote more mobility in the clinical setting. Great idea! As long as it is not contraindicated early ambulation has many benefits and is an important component of restorative care. KA

Student Name: Dylan Wilson	Course Objective:
Date or Clinical Week: 2/24/23 Week 7	

	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	Dylan, you did a nice job including pertinent information regarding your patient's assessment, labs/diagnostics, and risk factors in the noticing section. I know you mentioned the patient was adopted and had a history of substance abuse. These would be risk factors you would want to include on your care map. KA
	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	Dylan you identified appropriate nursing priorities for your patient and selected the one that was the patient's highest priority. When highlighting pertinent information, you would want to highlight the ascites, multiple scabs, and cirrhosis for the identified nursing priority. In the potential complication section, you did great identifying complications associated with impaired physical mobility. When identifying signs and symptoms only the pneumonia complication had 3 pertinent signs and symptoms. The other two complications had signs and symptoms that were not relevant or not true signs and symptoms a nurse could assess but further complications. KA
	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**	2	
	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)**	0	
Responding	8. List all nursing interventions relevant to the top nursing priority.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	0	Dylan, this section is incomplete. All nursing interventions relevant to the top nursing priority were not listed. Make sure to write all interventions in complete sentences starting with an action words (i.e. Assess musculoskeletal system every 8 hours). You nursing interventions were not prioritized. Education should be provided after all assessments and other interventions. There were no frequencies for your interventions. The interventions are not complete and can be individually tailored to your patient. There are no rationales listed for any of your interventions. Please review this entire section and ensure all your interventions meet the requirements on the rubric. KA
	9. Interventions are prioritized	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	0	
	10. All interventions include a frequency	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	0	
	11. All interventions are individualized and realistic	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	0	
	12. An appropriate rationale is included for each intervention	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	0	

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Reflecting	13. List all of the highlighted reassessment findings for the top nursing priority.	**>75% complete**	**50-75% complete**	**<50% complete**	**0% complete**	1	Dylan, in this section you need to go back to the assessment section and ensure all of your highlighted assessment findings are reassessed in the evaluation section. Only the edema is reassessed. KA
	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 specific requirements for resubmission deadlines.** **Faculty/Teaching Assistant Comments: Dylan, see my comments above on areas to address to fix your care map before resubmission. If you have questions or would like further assistance before submitting this week feel free to contact me. KA**	**Total Points: 21/42** **Faculty/Teaching Assistant Initials:** KA

*End-of-Program Student Learning Outcomes

Student Name:	Course Objective:
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: Dylan Wilson								
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: 1/12/23	**Date:** 1/10/23	**Date:** 1/10/23	**Date:** 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	LM	LM	LM	LM`	LM	LM	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) - During this lab, you satisfactorily demonstrate competence with tracheostomy care and tracheostomy suctioning. DW/RH/NS
(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

Simulation Evaluation Performance Codes: **S**: Satisfactory **U**: Unsatisfactory	**Student Name: Dylan Wilson**							
	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	S					
Faculty/Teaching Assistant Initials	MD	MD	KA					
Remediation: Date/Evaluation/Initials	NA	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