

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

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

Student:

Final Grade: Satisfactory/Unsatisfactory

Semester: Spring

Date of Completion:

Faculty: Dawn Wikel, MSN, RN, CNE; Lora Malfara, MSN, RN; Kelly Ammanniti, MSN, RN, CHSE;
Monica Dunbar, MSN, RN; Nick Simonovich, MSN, RN

Faculty eSignature:

Teaching Assistant: Rachel Haynes, BSN, RN

DIRECTIONS FOR USE:

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

METHODS OF EVALUATION:

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

ABSENCE (Refer to Attendance Policy)

Date	Number of Hours	Comments	Make-up (/Date/Time)
1/28/2023	3 hour	Late IC Survey, Signature, & Scav. Hunt	1/30/23 1 hour (survey) 1/31/23 2 hours (sign, scav)

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
2/16/2023	Impaired Skin Integrity	Satisfactory/MD	NA	NA

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

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies:			NA	S	S	S	NA	NA									
a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting)			NA	S	S	S	NA	NA									
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			NA S	S	NA	S	NA	NA									
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			NA S	NA S	S	S	NA	NA									
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			NA	S	NA	S U	NA	NA									
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			NA S	S	NA	S	NA	NA									
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			NA S	S	NA	S	NA	NA									
g. Assess developmental stages of assigned patients. (Interpreting)			NA	S	S	S	NA	NA									
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		NA S	S	S	S	NA	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	Infection Control	3T 86 UTI/Sepsis	Digestive Health/ECSC	Rehab 64 Bowel Preparation/Incision Nabirene	No clinical										
Instructors Initials	KA	KA	DW	RH	DW	MD	DW										

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. KA

Week 3 (1b,c,e,f)- The Infection Control clinical afforded you the opportunity to satisfactorily demonstrate competency in these areas; for example, your CDG post explored the different symptoms, diagnostics, treatments and nutritional needs for a patient in isolation for C-diff. (1h)- The Infection Control clinical experience required preparation to be familiar with the scavenger hunt and quick reference guide to isolation precautions. DW

Week 4 (1c)- We discussed your patient's urine results and how these correlated with a UTI as well as her urine assessment. We also discussed how the antibiotics were being used for the infection. RH

Week 6 Objective 1D-This week you were not ready to pass medications and did not know the pharmacotherapy in relation to the diagnosis. This is important to understand while taking care of your patients. Please respond to this unsatisfactory with how you will make changes for future clinical experiences.

To address this U, I felt like I was hit with a challenging patient on a challenging floor. I did run out of time to look up my medications. For the future, I will be more focused on looking up medications as soon as possible rather than answering call lights. I should have prioritized my patient and will review time management materials before the next Rehab clinical with Lora. Great idea! DW

Objective

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

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

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 (2f)- Navigating the electronic health record was satisfactorily completed when investigating the reason for isolation precautions and ensuring appropriate documentation while completing the Infection Control Quality Scavenger Hunt with the Infection Control clinical. DW

Week 4 (2b)- You did a fall assessment on your patient in meditech and continued with the appropriate interventions that were already in place in regards to fall risk. This counts as a fall assessment RH

Week 5 (2b)- This was completed during the ECSC clinical experience and was especially evident during your balloon volleyball activity with the older adults; therefore, S. DW

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 6 Objective 2D-This week you did not communicate the vital signs of your patient to me in a rapid manner. Your patient had an oxygen saturation of 89% and it was not reported to me or the primary nurse. When asked why it was not reported you were unable to respond why. This is an important reminder that abnormal assessment pieces need to be reported immediately. Please respond with how you will improve on this in the future. MD

To address this U, I understand the reasoning behind the unsatisfactory and absolutely should have reported this vital sign to you, or the nurse. I had been so used to normal lows in all my previous clinical experiences and did not notice any signs of respiratory issues with the patient. I will review prioritization and NF vital signs material before my next clinical. Thank you! DW

Objective

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

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

Comments:

Week 6 Objectives 3C-E-This week you did not prioritize immediate needs in your assessment, you were not prompt in responding to your assessment, and you did not recognize the need for assistance with your patient's oxygen saturation level. Please respond to how you will adjust these competencies for further clinical experiences. MD

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

To address the 3 U's, I understand these being mistakes and I will be reviewing the NF communication material and I will reassure myself for next clinical that asking for help isn't bothersome, but essential. **Agreed! DW**

Week 6 Objective 3H-You administered Lovenox as a DVT prophylaxis medication. MD

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

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
 (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

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

Week 6 Objective 3K-Upon further assessment of your medication administration this week, I have decided to change your evaluation to an unsatisfactory. You were not prepared for medication administration, you were not able to identify medications recently discussed in class, and you relied on your team leader to give you all of the information about the medications. You were not participative in conversation about the medications. Please respond with how you will be more prepared for medication administration in future clinical experiences. MD

Week 6 Objective 3L, N, and O-You are receiving a needs improvement for these competencies. For 3L-You started scanning without double checking your medications against the EMR. This can be dangerous. For 3N and O-you had the opportunity to initiate IV fluids on your patient this week. You needed constant step by step instruction on this process. This is something you can practice during open lab after midterm. Please be sure to be going through this process and reviewing the videos on how to administer IV fluids. MD

To address all the NI's and one U, I will review the 6 rights and all the checks prior to administering before next clinical and I do think I blanked from anxiety. I do think that flaw improves with more experience. For remediation, I will be taking the opportunity to practice again during that open lab after midterm as well as watching videos, again. Practice will definitely help in this area. We are more than willing to open the lab for you if you would like to practice before the after mid-term open lab. DW

Objective

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

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

Comments:

Week 3 (4b)- Communication was necessary for interactions with nursing and healthcare providers in the Infection Control clinical experiences. (4e)- According to the CDG Grading Rubric, you have earned a S for your Infection Control discussion this week. Your post was thoughtful and reflective. Just a couple additional suggestion for future improvement with APA formatting. 1. When citing within your text, there is no need to include the title of the resource. Instead, you will include the author(s) and year of publication. This is how you would appropriately cite the Lewis book from your CDG: According to Harding et al. (2023), C-diff causes...and nausea. (or)

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

According to Harding et al., C-diff causes...and nausea (2023). Notice the use of only the first authors last name, et al. in place of the other three authors and the year of publication; the rest of the information is fully spelled out in the reference, which is why both are included. 2. When formatting a reference, often some of the content must be italicized. With a textbook, whether printed or electronic, the title of the book is italicized. For example, Harding, M., Kwong, J., Hagler, D., & Reinisch, C. (2023). *Lewis's medical- surgical nursing: Assessment and management of clinical problems* (12th ed). St. Louis, MO: Elsevier, Inc. Please use these suggestions for future written work. Lastly, there is an APA Formatting Examples document available in the MSN Clinical Resources on Edvance360 that will be helpful with future APA formatting. Keep up the hard work, Natalie! You are learning so much every day. DW

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 detailed, thoughtful and supported by evidence. Suggestions for future improvement with APA formatting- 1. The in-text citation only includes the author's last name and year of publication. Ex- (Godman, 2021). 2. No need to name the title of your resource within your discussion; instead, just use your citation with the author and year of publication. This is why you have both a citation and reference. The citation identifies where you borrow information in a simplistic manner to avoid over cluttering your discussion and then the reference gives full details of the resource. 3. Always use a comma to separate the author and year of publication in the citation. Ex- (U.S. Department of Health and Human Services, 2023). 4. The title of online resources should be italicized in your reference. Ex- Godman, H. (2021, September 1). *Activities to sharpen your eye-hand coordination*. Harvard Health. Retrieved February 10, 2023 from <https://www.health.harvard.edu/staying-healthy/activities-to-sharpen-your-eyehand-coordination>. A couple resources to help with APA formatting include the APA Formatting Examples document available on Edvance360 in the MSN Clinical Resources and the Purdue Owl website (www.owl.purdue.edu). Please be sure to review all previous feedback and utilize it accordingly. It was noted that very similar feedback was given to you regarding APA formatting during week 3. Please make sure you are making efforts to improve your APA formatting to avoid receiving future U's related to objective 7 (evidence of growth and ability to receive constructive feedback). DW

Week6 Objective 4C-You did not promptly report a low oxygen saturation level to myself or the primary nurse. Please respond with how you will adjust this in future clinical experiences. MD

To address the U, I will be reporting any and all abnormal vital signs to the instructor I am with or the nurse for the patient, whoever I find first. I understand the reasoning for this to be crucial and it is a mistake I will learn from and not do, again. As previously mentioned in the other U for the same situation, I will be reviewing prioritization and Vital Signs material from NF before the next clinical. DW

Objective

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

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

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

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

Comments:

Week 4: I educated my patient on the reasoning for taking her Digoxin and why I had to take her blood pressure before administering it. This was needed because giving her a cardiac-related medication before measuring her blood pressure could result in complications. I reviewed this assessment need on Skyscape when searching her Digoxin medication. The nursing assessments for this medication were used. **Educating a patient on their medications is important. We are not sure if they take all these medications at home so educating on the medications we administer allows for patients to understand why they are changed or added to their current medication list. RH**

Week 6: I educated on the importance of fluids because of their high risk for dehydration (due to their diarrhea, dry mouth, and worry from their physicians). I verbally reminded him multiple times the importance of continuing to hydrate and get him taking drinks of water. This was necessary because they are forgetful when it comes to drinking enough fluids and they are quickly becoming more and more dehydrated. They have a wound and new ostomy as well. This calls for skin integrity concern as well. I reviewed this nursing priority in Skyscape for interventions of patient's dealing with diarrhea. **Good job! MD**

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

****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: Physical Environment influenced care of the patients I witnessed for Infection Control clinical. Proper precautions had to be set in place to protect them and health care staff. **Good consideration! Recognizing that you weren't really provided the opportunity to talk with any of the patients in isolation, it would be interesting to learn more about their home environment and whether or not it is conducive to preventing the spread of infection to anyone else in the home. DW**

Week 4: Religion/Worship influenced the care of my patient today. She had multiple kinds of therapy come in and had an echo done. All she wanted was to listen to a preacher on her TV and I could visibly see that it made her feel better. I believe through all the busy chaos of the hospital, listening to a preacher made her feel more at home. **Good observations! She was very interested in the religious television and if that eased her mind, that would help with her healing due to decreased stress. RH**

Week 5: Social Support was a major factor when preparing an activity at the ECSC. I noticed very quickly that everyone knew one another and their were groups of good friends at tables. I think it is a very important factor to continue to stay socializing and not isolate when older. It benefits peoples health a lot more than people think and well-being overall. **DW**

Week 6: I would say disabilities for my patient this week. They had Cerebral Palsy and it affected his speech and psychosocial, for sure. They were so kind when you got them talking but otherwise they won't talk to anyone. I do believe it's due to the disability being a diagnosed during childhood and people often become very antisocial because of it. I tried to get him smiling or talking as much as I could. His thumbs up and smile is great, though. **Good observation! MD**

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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	NA	NA									
b. Reflect on an area for improvement and set a goal to meet this need. ** (Reflecting)	S		S	S	S	S	NA	NA									
c. Demonstrate evidence of growth, initiative, and self-confidence. (Responding)	S		S	S	S	S	NA	NA									
d. Follow the standards outlined in the FRMCSN Student Code of Conduct Policy. (Responding)	S		S	S	S	S	NA	NA									
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	NA	NA									
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (Responding)	S		S U	S	S	S U	NA	NA									
g. Demonstrate the ability to give and receive constructive feedback. (Responding)	S		NA	S	S	S	NA	NA									
h. Actively engage in self-reflection. (Reflecting)	S		S	S	S	S	NA	NA									
	KA	KA	DW	RH	DW	MD	DW										

****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 feel as though I was not that bad when learning IV math. I agree you were able to keep up with the content in lab and actively participate when asked questions. KA

Week 1 Weakness: I had trouble learning how to calculate how many units of insulin to give someone based on the number of carbs eaten and their blood sugar reading. I will practice several times before the quiz next Tuesday. Practice makes perfect. Be a little more specific versus saying several times (i.e. I will practice carb coverage three times before next Tuesday). KA

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 3 Strength: I was more confident in what scrub color was what job position (ex: black is dietary) and what was needed for each set of precautions more than I realized! This is a great start to reflection on your strength. In the future, I would also consider adding how this knowledge is important; for example, easy identification of other disciplines when working within the healthcare team. DW

Week 3 Weakness: I felt as though I was more unfamiliar of the hospital and what disease/infection was what precautions, more than I thought I was. To be more familiar with the hospital, I will get that with more clinical in the semester. But, for what infection/disease is what precautions, I will review this from last semester's notes twice before next clinical. Great idea! Please know that there is also an Isolation Quick Reference Guide in the MSN Clinical Resources on Edvance360. This was also a colorful document that was included in your course orientation materials. If you don't already, you may want to add this document to your clinical clipboard for quick reference when needed. DW

Week 3 (7f)- Following completion of the Infection Control clinical experience, a Survey on Edvance360 is required to be completed by Saturday, 1/28/2023 at 2200. Additionally, the signature form/evaluation and the scavenger hunt was due on Monday, 1/30/2023. Upon review of completion, it was noted that these requirements had not been completed/submitted by the deadline. For this reason, you have earned a U for accountability and professionalism in completing all clinical requirements and will receive 3 hours of missed clinical time. The survey was completed on 1/30/2023 and 1 hour of make up time was documented. The signature form and scavenger hunt were submitted on Tuesday, 1/31/2023; therefore, the other 2 hours were made up as well. Please be sure to address this U in the comments section below when submitting your tool for week 4. Additionally, I would encourage you to review the course syllabus and any identified supporting documents prior to completing all new clinical experiences. This will help you ensure that you are fully aware of all expectations and deadlines. As always, let me know if you have any questions or need further clarifications. You've got this Natalie! DW

I'm unfamiliar with addressing things like this but I understand my mistakes and will be learning from them. I plan to look further into the details of each clinical before going to them and every assignment that goes with them.

Week 4 Strength: Adaptability would be mine this time. Day one, I had a very kind patient and I thought I'd have them day two. But, I ended up getting someone new and they ended up being very mean and belittling to me. They refused all my care and it really hurt. I ended up being switched to another patient and they were amazing. I felt like the two days were just a rollercoaster of events, but I rode it the whole way. It ended up on a positive note, too. You did have such a great experience on Wednesday that was totally overshadowed by the first patient you had on Thursday. You did well putting that patient behind you and embracing your next patient, I was very proud! I am glad the day turned around for you. RH

Week 4 Weakness: I would say my weakness this clinical would be sepsis information. I really wish I knew more about it considering my patient had possible sepsis. I will be researching and reviewing s/s and labs that would indicate sepsis before next clinical. Sepsis is a broad topic with a lot to learn about but reviewing the concepts is a good place to start. Knowing what labs and body systems do when the body becomes septic is a good place to start. Your text should also have some information on this as well. RH

Week 5 Strength: I was able to recognize functional disabilities when everyone was performing my activity at the ECSC and adapted to them not being able to reach down to pick the balloon up by playing with them close by, so I could bump it back in if it went down close to them and I. Excellent! I like that you played along with them instead of just saving them when the balloon fell. DW

Week 5 Weakness: I was shyer on this clinical because of not knowing the facility or anyone there but my partner. I do believe it will be better once more off-site clinicals occur during senior year. But I will practice next clinical getting more out of my comfort zone and answering three call lights of patient's I am unfamiliar with. Great idea, Natalie! Way to think outside of the box to continually improve and grow. Keep up the great work! DW

Week 6 Strength: I feel like my communication with my patient was great. I tried keeping him in as much of a peaceful state as I could. I can imagine that given his wounds and skin integrity, that it may be hard for him to feel comfortable. I made it a goal as soon as I saw him the day before as team leader, that I would make it a goal to keep him as comfy as he can be. Great! MD

Week 6 Weakness: I felt very unfamiliar with his ostomy bag, especially with his wound being right next to it. I will definitely be looking up ostomy care and management for any tips and tricks to become more confident in caring for patients with them before my next clinical. Awesome! MD

Week 6 Objective 7F-You did not turn in your Care Map in on time in your Dropbox. You also did not have your badge at the start of the day, however, you were able to go and retrieve it from your car. Please remember to have all items on your person for clinical. Please respond with how you will adjust to these in future clinical experiences. MD

To address the U, I will start using a clinical checklist before entering the hospital for next clinical. Also, I will turn in my second care map in the drop box for next instructor and when in doubt, I will send it on everything. **When in doubt, always utilize your resources. For course requirements, the syllabus is a great place to start. In clinical, your resources vary from site to site. Always know that the faculty/teaching assistant is always here for you when clarification is needed. DW**

Student Name: Natalie Comer		Course Objective: Implement patient-centered plans of care utilizing the nursing process, clinical judgment, and consideration for cultural, ethnic, and social diversity. (2,3,4,5)*					
Date or Clinical Week: 2/16/2023							
Criteria		3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)	3	All criteria met. MD
	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	All criteria met. MD
	5. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	6. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	3	
	7. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	3	
Responding	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	All criteria met. MD
	9. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	10. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	11. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	12. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
Ref	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	All criteria met. MD

	14. Evaluation includes one of the following statements: <ul style="list-style-type: none"> • Continue plan of care • Modify plan of care • Terminate plan of care 	Complete			Not complete	3	
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: 42/42 Satisfactory MD	Faculty/Teaching Assistant Initials: MD

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

	14. Evaluation includes one of the following statements: <ul style="list-style-type: none"> • Continue plan of care • Modify plan of care • Terminate plan of care 	Complete			Not complete			
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Firelands Regional Medical Center School of Nursing
Medical Surgical Nursing 2023
Skills Lab Competency Tool

Student name: Natalie Comer								
Skills Lab Competency Evaluation	Lab Skills							
	Week 1	Week 1	Week 1	Week 1	Week 1	Week 2	Week 2	Week 9
	IV Math (3,7)*	Assessment (2,3,4,5,7)*	Insulin (2,3,5,7)*	Lab Day (1,2,3,4,5,6,7)*	IV Skills (2,3,5,7)*	Trach (1,2,3,4,5,6,7)*	EBP (3,7)*	Lab Day (1,2,3,4,5,6,7)*
Performance Codes: S: Satisfactory U:Unsatisfactory	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	KA	KA	KA	KA	KA	KA	KA	
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

(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 and only one prompt was needed to reassess the patient after each suction attempt. I encourage you to continue reviewing these skills to build confidence in the steps for a more efficient flow. DW

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

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

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