EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2023

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Olivia E. Arthur

Final Grade: **Satisfactory/Unsatisfactory**

Semester: **Spring**

Date of Completion:

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

Faculty eSignature:

Teaching Assistant: **Rachel Haynes,** BSN, RN

DIRECTIONS FOR USE:

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

METHODS OF EVALUATION:

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

ABSENCE (Refer to Attendance Policy)

Date	Number of Hours	Comments	Make-up (/Date/Time)

Faculty's Name	Initials
Kelly Ammanniti	**KA**
Monica Dunbar	**MD**
Rachel Haynes	**RH**
Lora Malfara	**LM**
Nick Simonovich	**NS**
Dawn Wikel	**DW**

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

Satisfactory (S): Safe, accurate each time, efficient, coordinated; confident, focuses on the patient; some expenditure of excess energy; within a reasonable time period; appropriate affective behavior; occasional supporting cues; minimal faculty feedback related to written clinical work.

UNSATISFACTORY CLINICAL PERFORMANCE

Needs Improvement (NI): Safe; accurate each time; skillful in parts of behavior; focuses more on the skill and self rather than the patient; inefficient, uncoordinated, anxious, worried, flustered at times; expends excess energy within a delayed time period, frequent verbal and occasional physical directive cues in addition to supportive cues; faculty feedback required in several areas of clinical written work.

Unsatisfactory (U): Failure to achieve the course competency, safe but needs faculty reminders constantly, not always accurate, unskilled, inefficient, considerable expenditure of excess energy, anxious, disruptive or omitting behaviors, focus on skills and/or self, continuous verbal and frequent physical cues, unsafe, performs at risk to patient/clients/others, unable to function, incomplete, erroneous, faulty, illegible clinical written work, no feedback sought from faculty or response to feedback not evident in submitted written work. If the student does not self-rate a competency the competency is graded "U." A "U" in a competency must be addressed in writing by the student in the Evaluation of Clinical Performance tool. The student response must include how the competency has been or will be met at a satisfactory level. If the student does not address the "U," the faculty member (s) will continue to rate the competency unsatisfactory.

OTHER

Not Available (NA): The clinical experience which would meet the competency was not available.

***Grey shaded boxes do not need a student evaluation rating or faculty/teaching assistant initials.**

Date	Care Map Top Nursing Priority	Evaluation & Instructor Initials	Remediation & Instructor Initials	Remediation & Instructor Initials
2/17/2023	Impaired urinary elimination	NI/NS	S/NS	NA/NS

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	S	S	S	S	NA	S								
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			~~NA~~ S	S	S	S	S	NA	S								
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			~~NA~~ S	S	S	S	S	NA	S								
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			NA	S	S	S	S	NA	S								
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			~~NA~~ S	S	S	S	S	NA	S								
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			~~NA~~ S	S	S	S	S	NA	S								
g. Assess developmental stages of assigned patients. (Interpreting)			NA	S	S	S	S	NA	S								
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		~~NA~~ S	S	S	S	S	NA	S								
Indicate your clinical site as well as your patient's age and primary medical diagnosis in this box weekly.	Meditech, FSBS, IV Pump Sessions		Infection Control and Digestive Health	3T, 60 y/o, SOB	5T, 64 y/o, SBO	4N, 56 y/o, spinal stenosis	3T, 68y/o, Exacerbation of CHF and R leg	NA	Midterm								
Instructors Initials	**DW**		**DW**	**KA**	**MD**	**NS**	**KA**	**NS**	**NS**								

Comments:

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. DW

Week 3 (1b,c,e,f)- The Infection Control and Digestive Health clinicals afforded you the opportunity to satisfactorily demonstrate competency in these areas; for example, the Infection Control clinical and CDG required you to explore the different symptoms, diagnostics, treatments and nutritional needs for a patient in isolation for C-diff. (1h)- Infection Control and Digestive Health are both clinical experiences and preparation was required. DW

Week 4 – 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 4 – 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

Week 6 1(a-h) – This week you did a nice job making correlations based on your patient's disease process and pathophysiology. On day one you cared for a patient with obstructing renal stones. On day two you cared for a patient with spinal stenosis post-operatively. You identified your patient's admitting complaints of abdominal pain, nausea/vomiting, flank pain, and hypertension as a result of the large size and multiple renal stones that were identified on the CT scan. On day 2, you correlated the patient's back pain and numbness/tingling as a result of the spinal stenosis and herniated disc. You discussed the diagnostic testing, including your first patient's elevated BUN/Creat and electrolyte imbalances in regards to the hydronephrosis that occurred with the obstructing stone. You identified the rationale behind IV fluids and pain management. You also identified the rationale behind the scheduled cystoscopy with stent placement. Overall you did well answering questions and making correlations, demonstrating preparedness for clinical and a desire to learn. NS

Week 7 – 1a , b, c, e–You were able to discuss the different patients on your team and prioritize the patients according to their diagnosis and assessment. You utilized your knowledge and change in patient status to reprioritize the patients as the day went on. KA
Week 7 – 1d –You were able to discuss the medications of all the patients on your team and was able to work with your team member to determine appropriateness of medication administration. KA

Objective

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

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

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 – 2a, d – You did a nice job thoroughly assessing you patient and notifying your nurse of any pertinent information. KA
Week 4 – 2f – You utilized the EMR to research your patient and determine what care needed to be provided to your patient throughout the day. KA

Week 6 2(a,b,e) – Nice job with your assessment this week, noticing deviations from normal. On day one, outside of the GU abnormalities, you noticed ataxia and difficulty ambulating. On day 2 you noticed increased pain, numbness and tingling, incision to the back, use of TSLO brace, among other additional findings. You discussed the importance of assessing the patient's urine with the use of as strainer to identify potential passing of stones. You also noted the importance of monitoring intake and output. You ensured appropriate fall precautions were in place, noticing the use of furniture and equipment for stabilization on your first patient. On day 2, you promoted mobility and ensured safety measures were in place such as the use of the brace. Overall nice job with your assessments! NS

Week 7 – 2a, d – You did a nice job thoroughly assessing you patient and notifying your nurse of any pertinent information. You were also able to work with your team to keep up on the assessment changes occurring with all patients on the team. 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. You also used the EMR to research all the patients on your team and to check your classmates charting for accuracy. KA

Objective

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

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

Comments:

Week 4 – 3g – You did a nice job monitoring your patient's foley and providing peri care throughout your shift. You documented the Foley in the EMR appropriately in your assessment. KA

Week 6 3(c,d) – You did a nice job this week prioritizing your care and interventions, ensuring all aspects of care were met. This allowed you time to research your patient's chart, discuss clinical judgment decisions, and perform additional nursing skills. You were timely in your documentation, and ensured medications were administered at appropriate intervals. You were prompt with managing the pain of your patient on day 2, reporting to the nurse and instructor any changes that occurred.

Week 6 3(g) – You gained experiencing discontinuing a foley catheter for the first time, nice job! You discussed the appropriate steps, emptied the drainage bag and recorded the output appropriately, educated the patient on the procedure, and used aseptic technique when removing the catheter without complications. Good work with a new skill! NS

Week 7 – 3b – You did a nice job bladder scanning your patient with your nurse and recognizing the need for a Foley catheter to be inserted related to urinary retention. KA

Week 7 – 3g – Olivia, you did a terrific job inserting a Foley catheter for the first time. You maintained sterility and utilized good technique. You adjusted your position for a patient with an enlarged prostate and handled the unexpected professionally providing the best care for the patient under the circumstances. You did a nice job monitoring your patient's Foley and providing peri care as needed. KA

Objective

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

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

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

Week 4 – 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 medications this week. You performed the medication administration process with beginning dexterity. KA
Week 4 – 3r – You did a nice job monitoring your patient's IV site this week and documenting your assessment in the EMR. KA
Week 4 – 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

Week 5 Objective 3N, O, P, and R-You did an awesome job with flushing a saline lock IV and initiating IV fluids! Great job! 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. 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 PO medications using the BMV process appropriately. You utilized the IV spreadsheet to ensure accurate information was communicated regarding IV fluid intake. You gained experience with monitoring an IV site with intermittent antibiotics, administered an IVP following appropriate protocol and procedure, administered a saline flush monitoring for signs of complications, primed and initiated primary tubing and successfully programmed the IV pump. You promoted good infection control measures by accurately labeling your tubing and the IV bag. Overall a successful week of med 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, SQ, and IV medications this week. You performed the medication administration process with ease and little direction. You also worked with your classmates on your team to determine appropriateness of medication administration for their patients and assist them with following the rights of the medication administration process. KA
Week 7 – 3n – You did a great job drawing medication up from 2 vials and administering a slow IV push of the medication after ensuring patency of the IV site. You educated your patient throughout the process. KA
Week 7 – 3p – You did a nice job flushing your patient's IV this week and ensuring patency of the IV line. You were able to document this appropriately in the EMR. KA
Week 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

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

Comments:

Week 3 (4a, b)- Communication was necessary for interactions with both patients in the outpatient procedure setting, as well as collaborative interactions with nursing and healthcare providers in both the Digestive Health and Infection Control clinical experiences. (4d)- Confidentiality was maintained when reviewing the electronic health records of patients in isolation precautions. (4e)- While your Infection Control CDG post was thoughtful and reflective, the post did not include an in-text citation and reference; therefore, you have earned a U according to the CDG Grading Rubric. This is an important piece of your discussion that validates accuracy of information you

include and avoids plagiarizing others written work in the EBP literature. In the future, I would highly recommend that you refer to the CDG Grading Rubric prior to submitting discussion posts on a weekly basis. This document was provided during orientation and is also accessible in the MSN Clinical Resources on Edvance360. Additionally, the Clinical Resources also provides an APA Examples document to assist with APA formatting of your in-text citation and references. Please be sure to address this U in the comments below according to the directions on p. 1 of this tool when submitting your tool for week 4. If you have any questions, let me know. I am happy to help. Please try to not get discouraged. You are getting the hang of this and I am confident you will be satisfactory moving forward. DW

In the future, I will be sure to include in-text citations throughout my discussion post to validate the information I provide as well as avoid plagiarizing. To prevent this from happening again, I will thoroughly read through the CDG rubric before writing my CDG for this week. KA

Week -4 – 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 4 – 4e – Olivia, you did a great job responding to all the questions on your EBP article in your CDG this week. You were thoughtful and thorough with your response and your comment to your classmate. Remember to include a page number or paragraph number if you do not have a page number if in-text citing a direct quotation. Keep up the nice work! KA

Week 5 Objective 4E-Olivia-this week you did not include and in text citation and reference for your initial post. You included one on your peer response but not on the initial posting. Please address how you will prevent this from occurring in the future. MD

In the future, I will be sure to include in-text citations in not only my peer response, but in my initial post as well. To prevent this from happening again. I will read through my initial post thoroughly to ensure that I have included an in-text citation. Thank you for addressing the U from the previous week. NS

Week 6 4(e) – You did a nice job with your APA formatting, including an in-text citation and reference with post your initial post and response to a peer. Additional insight was provided in your response post to Shyanne to further the conversation. I appreciate you looking into and researching information you were unfamiliar with. See my comments on your posts for further information. All criteria we met for a satisfactory evaluation. Nice work! NS

Week -7 – 4b, g –You did a nice job working with your team members to stay up-to-date with their patients and to ensure the nurse is notified as needed. KA
Week 7 – 4e – Olivia, you were thoughtful in your response to your classmate's CDG response. You did a nice job responding to the CDG questions relating to the implicit bias quiz you took and reflecting on the results. Remember when using a direct quotation your in-text citation should include a page number or a paragraph number if there are no page numbers. Keep up the great work into the second half of the semester! KA

Objective

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

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

****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:
~~A strength that I noticed this first week of class was I picked up calculating IV flow rates and drip rates very quickly and easily and I have been able to find calculations for the practice problems with little to no error. A weakness that I took note of was I am not feeling very confident in my wet-to-dry dressing changes. I plan to fix this incompetency by practicing my wet-to-dry dressing changes either during an open lab or just at home by going through the motions and practicing sterile technique.~~
Olivia, this competency relates to patient education and was not required to be evaluated during week 1. These comments are a reflection on your strength and opportunity for improvement, so please make sure they are included in the comments under the correct objective (objective 7) in the future. I've moved them for you this week. DW

My patient on 3T required education on pain medication. To be more specific, my patient was experiencing abdominal pain that was a 10/10. She was due for another Norco which is a hydrocodone/acetaminophen (opioid agonist, non-opioid analgesic combination) tablet. After performing proper dosage calculation and following patient rights, I administered the medication. About five minutes after administering the medicine, my patient was stating that she was still in pain and that the medication was not working. I then had to inform her that she would not start to feel any relief until about 10-30 minutes after ingesting the medication and it's peak effects would not be felt until about 30-60 minutes after administration. After teaching the patient about the onset and peak of the medication she was just given for pain, the patient understood that she had to wait just a little bit longer for the medicine to absorb to start feeling any of its therapeutic effects. In the meantime, I assisted in repositioning her to help make her more comfortable. This was great information to provide your patient related to her pain medication. Remember in the future to include what your resource for your information was. I am assuming it was Skyscape, however you need to include it here to satisfactorily meet 5b. KA

During PT/OT on 5T, my patient started to develop feelings of dizziness. We. Sat him down and assessed his blood pressure and heart rate. His blood pressure was decreasing and his heart rate was increasing. We notified his nurse and the nurse alerted the nurse practitioner. The nurse practitioner came in to reassess my patient and decided to put in an order for 1000mL of normal saline. My patient, who was already confused, did not understand why he was being hooked up to receive more fluids. I had to explain to him that he was receiving additional fluids because his low blood pressure and elevated heart rate are manifestation of fluid and electrolyte imbalance and

they needed to be replenished with the fluids we were giving him. Our goal in giving him replenishing fluids was to maintain his fluid volume at a functional level to stabilize his vital signs (Skyscape, 2019). Great! MD

My patient on 4N required education pertaining to her pain medication. She was prescribed hydromorphone 1-2mg Q2h and oxycodone Q6h to help manage moderate to severe pain. I explained to her that hydromorphone can be given more frequently because the duration is not as long as the oxycodone. The onset of therapeutic effect for hydromorphone is 15-30 minutes and the duration is 2-3hrs and the onset of therapeutic effect for oxycodone is 60 min and the duration is 3-6 hrs. I educated her that when using these medications together, they can cause hypotension, bradycardia, and respiratory depression, so I would be checking in on her frequently to assess her vital signs. The patient verbalized her understanding (Vallerand & Sanoski, 2023). Very good! These are important educational topics for patient to best understand pain management following a surgery. You also had print outs from lexi comp related to the TSLO brace and discharge instructions following the type of procedure she had. Nice job prioritizing education this week! NS

Week 7: My patient on 3T this week required education pertaining to the importance of taking their scheduled medications. I went in to give my patient his scheduled medications for the morning and he was refusing to take them. I then had to inform him that his canagliflozin and insulin must be taken everyday to maintain his blood glucose levels and prevent more serious complications from occurring (Vallerand & Sanoski, 2023). I also informed him that his metoprolol must be taken everyday to maintain his blood pressure and prevent hypertension (Vallerand & Sanoski, 2023). Finally, I informed him that his Bumex and metolazone must be taken to reduce the edema in his lower extremities related to his exacerbation of CHF (Vallerand & Sanoski, 2023). Great job educating your patient about his medication using Skyscape. I agree sometimes patients may refuse things such as medication until you fully explain the purpose and then they are more willing to comply because the know the reasoning behind the medication or procedure. 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	~~S~~ NI	S	NA	S								
b. **Identify factors associated with Social Determinants of Health (SDOH) &/or cultural elements that have the potential to influence patient care.**** (Noticing, Interpreting, Responding, Reflecting)			S	S	S	S	S	NA	S								
			DW	**KA**	**MD**	**NS**	**KA**	**NS**	**NS**								

****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- I did not have to do any direct patient care, but one of the patients that was assigned to me and my partner during our scavenger hunt had COVID. A social determinant of Health that could've influenced our patient's care, had we done any patient care, could include their age as well as living arrangements. The patient in mind was elderly. Elderly people tend to be a little more susceptible to contracting illnesses, so it's very important that anyone going in and out of the patient's room is cautious about following proper hand hygiene and isolation precautions to ensure that no other germs are being brought into the already sick patient. Also, the patient may need to be turned and repositioned frequently to avoid the development of pressure ulcers. Elderly patients have thinner, more fragile skin, so being ill and spending more time in their bed can increase their chances of developing a pressure ulcer. Olivia, I appreciate your reflection here. It is all appropriate nursing measures to take for an older adult. With that said, SDOH relate to patient specific conditions/environment that affect quality of life and introduce risks to health. These may include living situation, food insecurity, transportation, access to utilities, interpersonal safety, employment, financial strain, education, family/community support, physical activity, mental health, substance use and disabilities. I realize the alternative clinical sites make it a little more difficult to determine SDOH, considering you did not have full access to the patient's chart or many opportunities to talk with them. Please be sure to explore the SDOH resources in the MSN Clinical Resources on Edvance360. Let me know if you have any questions. DW

One SDOH that really stuck out to me during this clinical week was my patient's lack of a support system. My patient stated that her only support system was her husband. That being said, her husband was also experiencing some health issues and was scheduled to have surgery while my patient was admitted in the hospital. My patient stated that this was causing her heavy feeling of anxiety and stress because she was worried about her husband and wasn't able to be there for him after his surgery. Also, my patient had a right below the knee amputation, which makes mobility a bit of a challenge for her. If her husband is recovering from surgery, my patient may not have as

much help in getting around and caring for herself, which will effect her healing process at home and could potentially lead to other health issues. Great job identifying SDOH that can impact your patient's over health and access to care that we should try to address while she is in the hospital. KA

An SDOH that could impact my patient's overall health is he has cerebral palsy, which effects his mobility. If he is unable to move around efficiently, it could impair his ability to take medications in. a timely manner, perform hygiene regularly, and. Prepare nutritious meals for himself. Also, he. Suffered a traumatic brain injury as a child, impairing his mental status and he lives with his older brother. If his older brother starts to have medical issues or dies, my patient might not understand what is going on or be able to care for himself. Great job identifying SDOH. MD

An SDOH that could impact my patient's overall health is she has a history of anxiety and depression. These mental illnesses could effect the patient's outlook on life, health and their willingness and ability to perform activities of daily living. This could potentially lead to the patient not following their health regimens to heal and get back to their normal functioning in life.NS

Week 7: A SDOH that could impact my patient's overall health is he and his wife are currently undergoing a custody battle to gain full custody of their granddaughter. This could effect my pt's health because not only is he worried about the wellbeing of his granddaughter, but he is also worried about the outcome of the custody battle. This puts a lot of stress on the pt that could result in feelings of depression, anxiety, and worry and it could also affect his eating habits as well as general willingness to perform ADLs. I agree this is definitely an aspect that can affect his health and the management of his disease process at home. KA

- I put NA for my care map because although I did submit a care map this week, it was not a care map for this clinical week. It was my revised care map from last week's clinical. Thank you, Olivia! NS

Week 7 – 6a – You satisfactorily completed your care map. See comments in the rubric for details. KA

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

****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**

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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- A strength that I noticed this first week of class was I picked up calculating IV flow rates and drip rates very quickly and easily and I have been able to find calculations for the practice problems with little to no error. That's wonderful. This is an important skill that will help maintain safety with medication administration. A weakness that I took note of was I am not feeling very confident in my wet-to-dry dressing changes. I plan to fix this incompetency by practicing my wet-to-dry dressing changes either during an open lab or just at home by going through the motions and practicing sterile technique. Great idea! There are some skills that aren't completed on a regular basis. When that happens, it is always a good idea to review the skill in your mind, reading through the checklist, maybe watching a video and even practicing the skill hands on. We do not necessary have regularly schedule open labs this semester, but please know that if you ever what to practice anything in the lab, just reach out to one of the faculty and we will arrange for you to get into the lab and ensure any additional supplies needed are available. One additional thought related to the goal you set weekly…please read the green highlighted section above. It explains the 3 things that each goal requires you to describe. Your week 1 goal does not include a timeframe. I know you are working to get used to the routine and expectations of the course. You will get the hang of it. DW

Week 1 (obj 7)- According to the directions on page 1 of this tool, all competencies must be self-evaluated on a weekly basis unless greyed out. Failure to do so will result in an automatic evaluation of U. Olivia, I know you are working hard, so please don't take these evaluations to harshly. One week of U's in the end will mean nothing to your overall success. Focus your efforts on really reviewing the directions on page 1 and 2 of this tool and reach out if you need clarification on expectations. I am happy to help. You've got this; I am confident in you. In the future, make sure you take a little time to scroll all the way through the entire tool to ensure you do not miss any evaluations. Please also pay close attention to the requirements of following up when you receive a U. You must comment on how you will improve to prevent future U's. These comments will be placed in line immediately following the comments associated with the U and must be included on the tool with the next tool submission to avoid receiving an additional U. Again, please reach out to me if you need any additional clarification on expectations for the tool. DW

Moving forward in my MSN semester, I will be sure to thoroughly check my clinical tool evaluation to ensure that I have completed every required portion of the tool before submitting it to my dropbox. Good idea! DW

Week 3- An area of strength I feel I demonstrated during clinical this week was for the Digestive Health clinical, I came prepared having reviewed EGDs and colonoscopies prior to the start of clinical and I was very active in my learning throughout the procedures. I was asking the nurses and physicians what I was viewing so I could understand the procedure better as well as asking the nurses about their experiences working in digestive health. Excellent! I appreciate that you are taking an active role in your learning. DW

An area I feel I could improve on is familiarizing myself with the hospital. I sometimes get confused on where everything is and how to get to a certain floor of the hospital. To improve this, I am going to ask nurses to help familiarize me to things, such as the PAR rooms and med rooms, by the end of my next clinical so that my following clinical goes a little bit more smoothly and I'm not running around trying to find things because I got confused. This will hep with time management as well. This is a great idea. Familiarizing yourself with the clinical environment will allow you to work more confidently in your nursing role. I would also suggest arriving to new clinical sites a few minutes early to explore the environment and identify need to know locations (e.g. nurses station, clean utility, soiled utility, crash cart, fire extinguishers and pull stations, etc.). DW

Week 4: An area of strength I feel I demonstrated during clinical this week was performing my physical assessments. When I was in Nursing Foundations, I had a little sheet that I carried around to remind me of things I thought I would forget to assess during my physical assessments. However, on clinical this week, I felt confident enough in my physical assessment abilities and I finished my assessment in a fairly timely manner. I also feel that I was very thorough with my physical assessment charting. You did a great job assessing your patient and documenting it in the EMR. KA

An area I feel I could improve on is med pass. I was so nervous to do med pass this week, mainly because it's been awhile since I've used the Pixus. Going into next week's clinical I plan to bring extra copies of my medication list organizer to ensure that I have enough space to organize my researched medications in way that they are easy for me to read. I also plan to go into my next clinical with more confidence in myself. I am knowledgeable and competent and my instructors are there to help me if I feel unsure of anything. By the end of my clinical on Thursday, I would like to pull meds from the pixus without any uncertainty. I will achieve this by asking my instructors or nurse any questions I have pertaining to the Pixus and going into my med pass with confidence that I know what I'm doing. You did a nice job with your medication pass this week, but your nerves were evident. I agree with being confident in your skills. You are very knowledgeable of the process and your patient's medications. In time your efficiency and skillfulness with this process with get better. As they say, practice makes perfect. You got this! KA

One strength I felt I displayed during clinical this week was my ability to prioritize the care of my patients and manage my time as a team leader. Absolutely! MD

An area of weakness I displayed during clinical this week was not thoroughly checking every aspect of a patients chart before going in to provide care. This ended up causing an issue with one of my fellow student nurse's patients who became offended by our intervention. My goal is an ongoing one for the rest of this semester during clinical, especially as team leader. If there is something I notice should be charted or posted and it is not, I will ask my nurse first before doing an intervention. Great learning experience for sure! MD

Week 6: An area of strength I displayed this week was I successfully administered IV push meds for the first time and I successfully discontinued a foley catheter. Very good! Although you stated you were nervous, I thought you did a nice job with each of these skills. You will gain more confidence and comfort with each experience. However, you asked appropriate questions and performed the skills well. Great job! NS

Week 7: An area of strength I displayed this week was I successfully inserted a foley catheter for the first time! An area of weakness I displayed during clinical this week is I stated in front of the patient right before I inserted the foley catheter that I was very nervous. Stating something like this in front of a patient could make them nervous and question my abilities. By the end of my next clinical week, before I do any invasive procedure on a patient, I will only speak positive thoughts and elicit confidence in my abilities. This will not only be beneficial for me, but it will also put my patient at ease during an already scary/uncomfortable procedure. This is great self-reflection to recognize you said this. Being aware of making statements like this is the first step in improving this. You did a great job with your Foley insertion. It is okay to feel nervous the first time you complete new tasks and voice them. Maybe not only consider utilizing positive self-talk but also maybe taking a minute to voice your feelings before entering the room so you are less likely to say them in front of the patient. KA

Midterm Comment – Olivia, great job throughout the first half of the medical-surgical nursing semester. You have transitioned well back into the classroom and clinical setting after some time away. This can be challenging to reacclimate yourself to the expectations of nursing school; however, you seem to have successfully re-implemented yourself back into the program seamlessly, nice job! It appears that you have had the opportunity to perform various skills, enhance your clinical judgement, provide patient care, and reflect on your experiences. You are satisfactory in all competencies at this point of the semester, awesome work! Continue to seek out opportunities for the competencies presented in objective 3 related to medication administration – specifically D/C'ing an IV. You have satisfactorily completed one of the two required care maps for the semester. Remember you are required to complete one more satisfactory care plan prior to the end of the semester, so plan accordingly! Continue to work hard as we enter the second half of the semester, you are doing a great job! NS

Student Name: Olivia Arthur	Course Objective: 6*
Date or Clinical Week: Week 6	

	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)**	3/3	Four assessment findings were provided. An explanation related to the lack of abnormal findings was included. Remember, at this point of the care map you are listing any abnormal findings, not just ones related to your priority problem. Based on his history of ataxia, and your noted findings related to the use of furniture to maintain balance and stability, I would include each in your assessment findings. These assessment findings can be both objective and subjective, including data gathered in the chart and report. Seven abnormal diagnostic results were included and pertinent to the priority problem. Five risk factors were identified. Consider including his history of ataxia as it may play a role in his ability to ambulate to the bathroom for normal urinary elimination patterns.
	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	
	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)**	3/3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	2/3	Two nursing priorities were listed, each appropriate for the situation. Consider digging deep to identify additional priorities. These may include risk for falls or impaired mobility as a result of his ataxia. Risk for infection could be identified as a priority as a result of the hydronephrosis as we discussed. Some of your listed potential complications could actually be nursing priorities. As for potential complications, a list of 6 were provided. When completing this section, you want to based your potential complications off of your identified priority problem. You want to focus specifically on his impaired urinary elimination as a result of the kidney stone. Acute kidney injury, urinary retention, and infection would meet this criterion. Impaired mobility is a priority problem for him but isn't necessarily a potential complication of the urinary pattern. Also, when completing the potential complications section, you want to review
	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**	0/3	
	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)**	0/3	

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Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

							the grading rubric in addition to the care map guidelines document. You will see the signs and symptoms of each listed potential complication should be included. This allows your as the nurse to be proactive in noticing subtle changes to your patient that may indicate a complication is occurring. For example, what are some signs and symptoms of an acute kidney injury? What are some signs and symptoms to monitor for to identify a potential infection? Zero points were awarded for this section due to a lack of signs and symptoms for any of the potential complications. Refer to the care map guidelines for more detail. Lastly, according to the directions on the care map, the grading rubric, and care map guidelines, you should identify the data that is relevant to your top priority by highlighting the information. Refer to the care map guidelines document.
Responding	8. List all nursing interventions relevant to the top nursing priority.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3/3	A list of 12 interventions was provided, with assessment interventions taking highest priority. None of the interventions include a frequency, and none of the interventions include a rationale. The interventions, specifically medication interventions, were not individualized to your patient. When providing medication interventions, include specific medications and dosages ordered on your patient to be individualized. Rather then stating "administer fluid and electrolytes" describe what fluids were ordered and at what rate for your patient. Instead of "administer pain medications" list the medications prescribed for your patient, including the name, dose, and route. All interventions should have a frequency (i.e. Assess vital signs q4H). Many of the points missed in this section are a result of not following the rubric and guidelines. While the interventions are appropriate, important information is lacking. Let me know if you have any further questions beyond the rubric and guidelines.
	9. Interventions are prioritized	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3/3	
	10. All interventions include a frequency	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	0/3	
	11. All interventions are individualized and realistic	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	1/3	
	12. An appropriate rationale is included for each intervention	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	0/3	
Refl	13. List all of the highlighted reassessment findings for the top nursing priority.	**>75% complete**	**50-75% complete**	**<50% complete**	**0% complete**	3/3	A list of re-assessment findings were provided based on the original list of abnormal findings. You did not include a

*End-of-Program Student Learning Outcomes

ecting	14. Evaluation includes one of the following statements: • Continue plan of care • Modify plan of care • Terminate plan of care	**Complete**			**Not complete**	0/3	plan to continue, modify, or terminate the plan of care based on the progress your patient made. Be sure to have the grading rubric and care map guidelines readily available when completing your care map.

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: Oliva, overall for your first care map experience you developed a good shell of information. Many of the points missed were a result of not following the care map rubric. There are important comments provided throughout the rubric to help guide you towards successful completion. With your first submission, you received 24/42 possible points for a needs improvement evaluation. In order to successfully complete the course, two satisfactory care maps must be submitted. Take the feedback provided in the comments, ensure that your care map grading rubric is in front of you in addition to the care map guidelines, and revise your submitted care map. Please complete this by Saturday, 2/25/2023 at 2200. If you have any questions or would like further guidance please don't hesitate to stop in and see me! A few tweaks and modifications should get you to a satisfactory rating. NS** Care Map Revision 2/25/2023 – Olivia, excellent work taking the feedback provided from your original submission to make the necessary changes required. You took the time to review my comments, the care map grading rubric, and the care map guidelines to ensure all criteria were met. You are now satisfactory having received 42/42 points on your revised care map. Keep up the hard work!NS	**Total Points: 24/42 – Needs improvement** Revised Care Map Submission 2/25/2023 – 42/42 - Satisfactory **Faculty/Teaching Assistant Initials:** NS/NS

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**		

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	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:**

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

Student name: Olivia Arthur								
Skills Lab Competency Evaluation	**Lab Skills**							
	Week 1	**Week 1**	**Week 1**	**Week 1**	**Week 1**	**Week 2**	**Week 2**	**Week 9**
Performance Codes:	**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)*
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	DW	DW	DW	DW	DW	DW	DW	
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. 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. You were confident in your skills and able to perform them well. You also explained the procedure to the patient as you were performing it, making sure they were comfortable. Keep up the good work! RH

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

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

Simulation Evaluation Performance Codes: **S**: Satisfactory **U**: Unsatisfactory	**Student Name: Olivia Arthur**							
	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: 3/1/23**	**Date: 4/12 or 4/13/23**	**Date: 4/17/23**	**Date: 4/27/23**	**Date: 5/1/23**
Evaluation	S	S	S	S				
Faculty/Teaching Assistant Initials	DW	MD	KA	NS				
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA				

* Course Objectives

Comments:

Simulation #1 – See attached scoring sheet below. NS

Lasater Clinical Judgment Rubric Scoring Sheet

Student Roles: A=Assessment Nurse; M=Medication Nurse

STUDENT NAME(S) AND ROLE(S): Olivia Arthur (A), Elizabeth McCloy (M)
GROUP #: 1
SCENARIO: MSN Scenario #1 - Part 2
OBSERVATION DATE/TIME(S): 3/1/2023 0800-0930

CLINICAL JUDGMENT COMPONENTS	OBSERVATION NOTES
NOTICING: (2) * • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B	Focused pain assessment. Noticed patient's pain (6/10), sought information on radiating pain (right thigh), consider seeking additional information such as aggravating factors, associated symptoms, what makes it better/worse, etc. Noticed pain to non-surgical extremity. Noticed pulse present. Noticed redness to the calf. Noticed warmth to touch. Observed surgical extremity. Used preferred pronouns in communication with health care team, did not address social diversity or preferences with the patient. Noticed SOB, noticed elevated HR, noticed low Spo2. Noticed diminished lung sounds. Focused respiratory assessment performed. Did not seek any information from the patient related to medications (allergies, preferred injection location, name/DOB).
INTERPRETING: (1) * • Prioritizing Data: E A D B • Making Sense of Data: E A D B	Removed sock to focus assessment for patient's complaint of pain. Focused pain assessment based on patient's complaint. Prioritized vital sign assessment (BP, HR). Prioritized contacting the healthcare provider. Interpreted findings as potential DVT. Made sense of findings related to PE. Prioritized response to resp. distress. Prioritized focused respiratory assessment. Re-assessed vitals. Made sense of rationale for ABGs, D-dimer, and spiral CT.
RESPONDING: (2,3,4,5,6) * • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B	Introduced selves and roles in communicating with the patient. Disorganized SBAR report to the provider. Be sure to have all data collected and organized. Assessed IV patency with saline flush. Not particularly relevant at this time. Continuous fluids were infusing. Seemed unsure of how to progress in the scenario after identifying abnormality to non-surgical extremity. Eventually communicated findings with the provider. SBAR provided, orders read back to provider for confirmation. Called lab to obtain d-dimer per physician order. Good communication. Elevated HOB, applied O2 for resp distress. Communicated findings with health care provider, good SBAR report related to resp. distress. Subcutaneous injection administered with blunt tip filter needle. Ouch. Re-capped needle after injecting, remember needle safety. Remember to use an appropriate size needle for subcutaneous injection. Remember 45-degree angle for subcutaneous injection. Good technique with IM injection. Correct needle utilized. Dosage calculation not performed correctly. Syringe read 2mg/ml, order was

	for 4mg, 3ml was administered resulting in 6mg being administered. Remember to communicate the medications to the patient. Remember to confirm name and date of birth, allergies, injection location preference, etc. Safety was of concern. Good job communicating with ancillary departments for interprofessional collaboration. Nice job communicating findings with the patient and describing the situation. Re-assessed patient after interventions performed. Communicated diagnostic findings to the provider.
REFLECTING: (7) * • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses
SUMMARY COMMENTS: * = Course Objectives **Satisfactory completion of the simulation scenario is a score of "Developing" or higher in all areas of the rubric.** **E= Exemplary** **A= Accomplished** **D= Developing** **B= Beginning** **Scenario Objectives:** 1. Select physical assessment priorities based on individual patient needs. (2)* 2. Implement appropriate nursing interventions based on patient's assessment. (1,3,6)* 3. Communicate appropriately with the patient, family, team members, and healthcare providers incorporating elements of clinical judgment and conflict resolution. (4,7)* 4. Provide patient centered care with consideration to cultural, ethnic, and social diversity. (2,3,6)* 5. Provide appropriate patient education based on diagnosis. (5)*	Lasater Clinical Judgement Rubric Comments: Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Makes limited efforts to seek additional information from the patient and family; often seems not to know what information to seek and/or pursues unrelated information. Interpreting: Generally, focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. In most situations, interprets the patient's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse. Responding: reassures patients and families in routine and relatively simple situations, but becomes stressed and disorganized easily. Generally, communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. Safety errors identified in performing nursing skills. Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Satisfactory Completion of MSN Scenario #1.

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:
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`12/9/2022