

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

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

Student:

Final Grade: Satisfactory/Unsatisfactory

Semester: Spring

Date of Completion:

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

Faculty eSignature:

Teaching Assistant: Rachel Haynes, BSN, RN

DIRECTIONS FOR USE:

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

METHODS OF EVALUATION:

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

ABSENCE (Refer to Attendance Policy)

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

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

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

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

UNSATISFACTORY CLINICAL PERFORMANCE

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

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

OTHER

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

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

Date	Care Map Top Nursing Priority	Evaluation & Instructor Initials	Remediation & Instructor Initials	Remediation & Instructor Initials
2/24/2023	Infection	S/NS	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:			S	S	NA	S	S	NA	S	S							
a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting)			S	S	NA	S	S	NA	S	S							
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			S	S	NA	S	S	NA	S	S							
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			S	S	NA	S	S	NA	S	S							
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			S	S	NA	NA	S	NA	S	S							
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	S	NA	S	S	NA	S	S							
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			S	S	NA	S	S	NA	S	S							
g. Assess developmental stages of assigned patients. (Interpreting)			S	S	NA	S	S	NA	S	S							
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	NA S		S	S	NA	S	S	NA	S	S							
	Indicate your clinical site as well as your patient's age and primary medical diagnosis in this box weekly.	Meditech, FSBS, IV Pump Sessions	3T	5T, 62, Tib-fib Fracture	NA	Infection Control/Digestive Health	Team Leader, 4N 72F Osteomyelitis	NA	MIDTERM								
Instructors Initials	KA		RH	MD	DW	DW	NS	MD	MD								

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 4 Objective 1B and D-You did a great job correlating your patient's symptoms with the medications they were taking. Great job! MD

Objective

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

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

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: (2b)- Good job performing a fall assessment and placing the patient in correct fall precautions. You noticed he was a fall risk but no precautions were in place in relation to the policy. Good catch! RH

Week 4 Objective 2-You did awesome with this competency this week! You were able to appropriately assess your patient and implement proper interventions. MD

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

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

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

Comments:

Week 4 Objective 3D-The day got off to a rough start but after you were able to collect yourself you did great with prioritization! You were able to bring everything together and provided your patient with great care! MD

Week 7 3(a) – Standard precautions are used anytime you wash your hands, wear gloves, etc. You performed standard precautions throughout the week. NS

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

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

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

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 3: (3q) You did not discontinue an IV, but you did maintain and monitor an IV throughout your clinical as well as start new IV fluids. RH

Week 4 Objective 3K, L, and M-You did a good job with medication administration! You did well with having knowledge about your medications and the process of medication administration. MD

Objective

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

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

Comments:

Week 4 Objective 4B-You did a great job with SBAR communication with me and the nurse. MD

Week 6 (4e)- According to the CDG Grading Rubric, you have earned an S for your participation in your Infection Control discussion this week. Your post was detailed, thoughtful and supported by evidence. Suggestions for future improvement with APA formatting- 1. I appreciate that you used multiple references to validate your

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

discussion. Please make sure that all in-text citations include the year of publication; Ex- (Mayo Clinic, 2021) or According to the Mayo Clinic (2021), my assessment... 2. Please take a little time to better familiarize yourself with APA formatting of references. You included three, which is wonderful, but all three are missing important details that leave the reader unable to adequately find the resource for further reference. Generally speaking, all references should include an author, year of publication, title of the resource, and possibly additional information. Punctuation and the use of italics is also important. Here is one example of a correctly formatted reference- Mayo Clinic. (2021, October 14). *Dehydration*. <https://mayoclinic.org/disease-conditions/dehydration/symptoms-causes/syc-20354086>. I highly encourage you to go back to your references for the IC discussion and work on perfecting the APA formatting. We have the APA Formatting Examples document in the Clinical Resources on Edvance360. Additionally, I find the Purdue Owl website to be very helpful with APA formatting. Though, APA formatting is not directly reflected in your evaluation of the CDG, we do expect that you take our weekly feedback and work to improve. Your attempts at APA formatting are significantly off the mark, so I am asking you to make a conscious effort to improve in this area. Please let me know if I can be of assistance. 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:			NI	S U	NA	NA	S	NA	S	S							
a. Describe a teaching need of your patient.** (Reflecting)			NI	S U	NA	NA	S	NA	S	S							
b. Utilize appropriate terminology and resources (Lexicomp, UpToDate, Dynamic Health, Skyscape) when providing patient education. (Responding)			NI	S U	NA	NA	S	NA	S	S							
	KA		RH	MD	DW	DW	NS	MD	MD								

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

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

Comments:

Week 3- NI: I feel that I could use some minute adjustments in my patient education when explaining newly ordered medications. There were newly added medications to my patient's prescription list. I felt a little thrown off because it was a medication I wasn't able to research beforehand. However, with more practice of noticing changes in the clinical setting, I can be quicker at noticing a pattern in my patient med list. I believe you did well when thrown this curveball. This does happen frequently when patients are admitted as the provider is trying to balance all the medications. You did well with limited time to research the medications. Practice will help grow your confidence. RH

Week 3 NI: I felt that I can improve on my confidence in my patient education. I want to be firm in my knowledge about the disease process and be able to give my patient the most relief with the knowledge I have obtained. My patient was slightly confused on why they were on different medications in the hospital versus at home, and I educated them to the best of my ability to explain why certain medications were given on a short-term basis. I may not be able to alleviate all of their stressors, but the ones I can control (pertaining to that of a disease process), I want to relieve them by being able to teach them about their disease process. This is a great goal. There is a person who comes to each patient who is diagnosed with CHF and educates them on the disease process and how they can prevent hospitalizations. Her name is Jill, and if you see her you should follow her into the rooms. She is a great resource for patients, and we can all learn a lot from her methods. This comes with practice as well. I believe you are on the right track to meeting this goal by the end of the semester. RH

Week 4 Objective 5A and B-You did not address these two competencies. You are receiving unsatisfactory in both assessments due to lack of response. Please address these ratings and how you will prevent this from occurring in the future. MD

Week 4 Objective 5A and B: Due to my irresponsibility and lack of detail, I didn't provide self-rating or patient education. To prevent this from occurring again, I will slow down and take my time going through my clinical tool. I can also have my clinical tool double-checked by a family

member or peer to make assure that my tool response is up to par and filled out to the required guidelines. These implementations will help prevent an unsatisfactory rating moving forward. **DW**

Week 7: I have improved on my patient education on and off as a team leader. My patient had gone down to surgery and while in the PACU, they started asking questions about their mobility and what was coming in their plan of care. I was able to educate them to the best of my ability, explaining where they were and what they could expect coming off the anesthesia. I made sure to answer the questions I was sure of and to redirect the questions I wasn't definite on in order to prevent my patient from being misled. **Awesome job providing education and increasing your confidence in your ability to provide patient education! NS**

Week 9: I have become much more relaxed and confident in my ability to teach my patient about their disease process. When my patient asked me questions about how their medications related to their disease process, I was able to effectively answer their questions and address concerns they had over the patients' healing journey. My patient had received new orders in their chart that had a PRN status on them and I was able to efficiently explain why the medications had been added and how they played a part in their plan of care.

Objective

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

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

****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- SDOH: My patient had a poor support system at home with isolating accumulating debt that resulted from circular trips to the hospital. They would share personal information while I was administering medications. I believe this is due to the lack of personal connections at home. The disconnect between their home life and their health was quite prevalent in the sense that if they had more support at home (family relationships), then I believe their sense of belonging could lead them to a more progressive healing journey. **We had a good discussion about this while at clinical. I am glad you noticed this and you were able to put it together that it is not the best for his health. He was probably grateful for the listening ear you had for him. RH**

Week 4- SDOH: My patient had multiple abnormalities with their health that wasn't going away without strict adherence to their care plan. In the hospital setting, they refused certain medications and were reluctant to comply with Q2H repositioning. They spoke of how they used to travel often and it was clear that their paralysis took many liberties from them. With this being said, there were currently many issues with their health that they didn't want to address right away. This can lead to increased trips to the hospital and worsening of their condition. **Great assessment! MD**

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 6-SDOH: Although I wasn't assigned a specific patient assignment, I was still able to observe patients' health while being assessed for their colonoscopy procedure. There is a patient that stands out to me that had a history of a pulmonary embolism that had to be surgically removed. This factor played into the health of the patient and how the procedure would be carried out, especially pertaining to anesthesia. The patient that had a h/o of a PE was an older individual that had previously been in the ICU and had recently discontinued 2L of oxygen. These all play into their SDOH because they had been continuously in and out of the hospital for cardiovascular issues. During the procedure, this patient went into A-fib and a consult was scheduled with cardiology right after. This perspective of their health will play into even more trips to the hospital. DW

Week 7- SDOH: My patient had come in with an exacerbation of their diabetes and worsening of the wound healing. Both issues were a result of poor care received at the nursing facility they came from, which was inevitably a factor out of their control. They mentioned that the stress and worry of not receiving proper care had worsened because their health was already in bad shape. For me, this is a factor that often plays into patients' healing journey. My patient's struggling ability to move facilities played into her healing process which had led to increased hospitalizations and circular care versus progressive care. Her environment and social context related to health care were certainly factors that play a role in her health. Great job identifying these areas and discussing how they could negatively impact her health status. Awesome reflection! NS

Week 9- SDOH: My patient had come in with an exacerbation of their bronchiectasis from fighting off an HAI. My patient had suffered multiple trips to the hospital and had to receive aggressive chemotherapy treatment and surgery to remove the cancer. Their chronic illness of bronchiectasis alongside the additional infection and being immunocompromised all lead to their current hospitalization and increased dependence on their ADLs. The HAI had a domino effect on their ability to care for themselves and had to rely on their spouse to help them with personal care.

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

****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 Strengths: During this week I excelled at hanging and clamping my first IV line. I was able to utilize the skills shown in the ATI videos on how to remove bubbles from the line and I was able to apply this in the classroom setting. I was quickly able to figure the drip rate/minute and per 15 seconds while controlling the clamp on the IV line. I was also able to overcome the obstacle of dexterity pertaining to insulin application. I also improved on drawing up

fluids from a vial more. I was able to narrow down the air bubbles in the syringe to one. **You did a great job demonstrating your knowledge and actively participating in the lab this week. KA**

Week 1 Weaknesses: Some weaknesses that I took away from this week are the challenge of forming an IV equation by reading the drip rate of the IV bag. With more repetition and practice, I will be able to swiftly gather information to form an equation for pump and drip rates. Another challenge for me was forming equations to figure out infusion rate times. I am slowly getting better at the problems and with more application to practice problems, I'll be able to overcome this obstacle. **Practice will definitely help master these concepts. Please remember to set a more specific goal in the future (i.e. I will practice IV math problems three times before next week). KA**

Week 3 Strengths: I feel that I prevailed in my confidence this week. I was able to master giving an IM injection and going through the process of medication administration. I also have mastered hanging a new IV bag and starting a new line with minimal air occlusions. I was able to confidently communicate to a respiratory therapist about my patient's oxygen status, and I was quicker at interpreting critical levels of oxygen to the nurse. **You did well in noticing the change in your patient's respiratory status and did well in relating that to the nurse and the respiratory therapist. Great observations! You also did well in calling the respiratory therapist, on various phones due to a miscommunication in the correct number. Good work! RH**

Week 3 Weaknesses: A weakness of mine this week was confidence in educating my patient about new and upcoming medications that were not prescribed before. With improved confidence as my main goal, I can practice communication with my peers and family members at home. This can aid my ability to swiftly and promptly answers questions in the clinical setting. **Confidence comes with practice. As you go through the body systems in this course, you will learn the medications that align with them. You will begin to notice how much you already know, which will help your confidence in the clinical setting. RH**

Week 4 Strengths: Some strengths that I can take away from this week are overcoming patient reluctance to care and working around their frustrations surrounding their disease process. I could tell that my patient was tired of healthcare members interacting with them and wanted time to themselves. I couldn't get my initial assessments done right away, but giving my patient the space they needed and being swift in my obtaining baseline information gave my patient some peace of mind. **You did a great job with identifying the patient's need for space and giving it to him. You did a great job with your patient this week. MD**

Week 4 Weaknesses: Some weaknesses that I observed this week were receiving a report with missing information and having to work with that until I had time to review my patient's chart. There were abrupt changes in my patient's plan of care that my off-going nurse didn't understand. Even though I came prepared for clinical that day, I immediately felt ill-prepared before receiving baseline information on my patient. I want to work on handling curve balls with ease and not feeling immediately overwhelmed when there's holes in my report. **This will come with time as well. You will need to continuously work on this. Be sure to write how you intend to work on this before the next clinical. MD**

Week 6 Strengths: Some strengths I can take away from this week includes being able to recognize a disease process and apply that knowledge to their overall health. There was a patient with a history of cardiovascular issues and I was able to piece his pulmonary embolism to their prescribed oxygen therapy. I know that shortness of breath can be a huge factor when healing from or experiencing a pulmonary embolism. Another strength I can take away from this week is spiking an IV bag and priming the line with no air occlusions. I was able to prep this IV line for the nurse before being administered to the patient in digestive health. **Emily, I appreciate your ability to find strengths in all clinical experiences. Keep up the good work. DW**

Week 6 Weaknesses: A weakness that I can take away from this week is struggling to remember the proper precautions for different disease processes during infection control. I had to refer to my cheat sheet for guidance on proper PPE to properly stock the PPE carts. From this weakness, I know that to improve, I can study my cheat sheet and utilize practice questions to practice applying my knowledge of PPE to real-life scenarios. I can achieve this goal of PPE application to my next clinical on 2/23/23. **Great idea! May I also suggest that you add the quick reference guide to your clinical clipboard so you have access at your fingertips when needed. DW**

Week 7 Strengths: Some strengths I was able to take away is my ability to adapt. As a team leader, I was able to prioritize my assignment of patients and the medications to ensure a smooth plan of care for all members involved. I was able to overcome challenges with medications being in different places and

differing opinions of which care to prioritize first when interacting with the therapy team. I think this is a great strength for you to note this week. In your first experience with managing the care of multiple patients I thought you made good decisions, used good teamwork and collaboration, and supported your peers in their decision making. Nice job! NS

Week 7 Weaknesses: Some weaknesses that I can take away from this week in negative self-talk. I am always too hard on myself as in nursing school there is constant self-critiquing, but I need to give credit where credit is due. Although the interaction with the therapy team made me second-guess my leadership abilities for a short time, I've come to realize that those are normal to feel at times. With continued help from outside mental health resources, I will continue to work on positive self-talk. This is really big for you, Emily. I appreciate the reflection provided. You are doing a lot of really good things, but I think you are letting negative thoughts consume you. Take credit for the hard work you have put in and the accomplishments that you demonstrate in patient care. I know positive talk can be exhausting when you're feeling down; however, this is an area that you need to continue to strive to improve in. I think you have come along way and will continue to show yourself the numerous positive qualities that you possess. I appreciate the response and your continued effort to work on yourself. Keep it up! NS

MIDTERM-Great job this first half of the semester! Please be sure to seek out opportunities to address the NA competencies. MD

Week 9 Strengths: Some strengths I was able to take away from this week is achieving my goal of comfortably educating my patient and their family on their disease process and how the medications they were taking played into their plan of care. I was able to efficiently answer questions and concerns expressed by my patient's spouse and I was able to relieve them of their worries. I was also able to comfortably ask for help when interacting with other patients whom I was not caring for. Asking for help has been a struggle for me, especially in uncomfortable situations, but after navigating the hospital staff team and how to access help quickly, I feel a lot more comfortable reaching out to other members of the healthcare team.

Week 9 Weaknesses: Some weaknesses I gathered from this week is recognizing updated orders. I can notice when orders have been D/C, but in my patient's chart, the doctor had updated the IV flow rate for two of their IV medications, and it took me a while to find the old order so that I could compare it to the new order. I then struggled to understand why the orders had been updated based on the status of the patient. I can practice this skill in lab skills on 3/20/23, I can use that time to navigate a practice chart to gain efficiency in this competency.

Student Name: Emily Litz		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: Week 7							
Criteria		3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)	3	An extensive and thorough list of 17 abnormal assessment findings were listed based on the care provided this week. Great detail in each of your assessment findings, very descriptive and well done. Due to most of your patients' diagnostic procedures occurring at a different facility and the inability to obtain that data, you did not have a lot to choose from. However, you did a nice job identifying 5 abnormal diagnostics based on the patient's situation. A list of 15 risk factors were identified, each pertinent to the patient situation and overall health status.
	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	Seven nursing priorities were identified based on her admitting diagnosis of osteomyelitis and numerous comorbidities, including her complications associated with her diabetes. Based on the osteomyelitis and surgical debridement and amputation that occurred, infection is an appropriate top priority nursing problem to manage. Five potential complications were identified, each relevant to the top priority problem. For each potential complication, you did a nice job listing and identifying signs and symptoms that would alert you that a complication may be occurring. Based on the data that you collected through assessment, communication, and chart review, you appropriately highlighted all pertinent data.
	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	A thorough list of 15 nursing interventions related to the priority problem of infection was provided. Each intervention was prioritized appropriately with assessment interventions taking highest priority. Each intervention includes a rationale. One point was deducted related to seven of the interventions not including a time frame. For example, initiate floated heels at all times when in bed would be appropriate,
	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	2	
	11. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	2	

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

	12. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	rather than simply stating initiate floating heels. Refer to the care map guidelines document for more examples. One point was deducted for individualized, due to not including medication orders specific to your patient (we had previously discussed this, just noting it here). Otherwise, I thought you had a well thought out list that you provided.
Reflecting	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	You listed all of your reassessment findings related to the identified abnormalities. Based on your assessment findings, you appropriately determined that the patient was not progressing as intended and the plan of care would be modified to help meet her goals.
	14. Evaluation includes one of the following statements: <ul style="list-style-type: none"> Continue plan of care Modify plan of care Terminate plan of care 	Complete			Not complete	3	
<p>Total Possible Points= 42 points 42-33 points = Satisfactory 32-21 points = Needs Improvement* < 21 points = Unsatisfactory* *Total points adding up to less than or equal to 32 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.</p> <p>Faculty/Teaching Assistant Comments: Emily, you did a very nice job with your first care map submission this semester. You provided excellent descriptive details and demonstrated your growing clinical judgment skills. Although she had numerous priorities, you were able to appropriately identify infection as the top priority based on her osteomyelitis diagnosis. Be sure to review the comments provided, while also reviewing the care map guidelines document for continued success with care map development. Let me know if you have any questions. Keep up the hard work! NS</p>							<p>Total Points: 40/42 – Satisfactory</p> <p>Faculty/Teaching Assistant Initials: NS</p>

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

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

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

Student name: Emily Litz								
Skills Lab Competency Evaluation	Lab Skills							
	Week 1	Week 1	Week 1	Week 1	Week 1	Week 2	Week 2	Week 9
	IV Math (3,7)*	Assessment (2,3,4,5,7)*	Insulin (2,3,5,7)*	Lab Day (1,2,3,4,5,6,7)*	IV Skills (2,3,5,7)*	Trach (1,2,3,4,5,6,7)*	EBP (3,7)*	Lab Day (1,2,3,4,5,6,7)*
	Date: 1/11 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
	Performance Codes: S: Satisfactory U: Unsatisfactory							
Evaluation:	S	S	S	S	S	S	S	
Faculty/Teaching Assistant Initials	KA	KA	KA	KA	KA	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 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) - During this lab, you satisfactorily demonstrate competence with tracheostomy care and tracheostomy suctioning. DW/RH/NS

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

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

<u>Simulation Evaluation</u>	Student Name: Emily Litz							
	Performance Codes: S: Satisfactory U: Unsatisfactory	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)
	Date: 1/30/23	Date: 2/13/23	Date: 2/24/23	Date: 3/1	Date: 4/12 or 4/13/23	Date: 4/17/23	Date: 4/27/23	Date: 5/1/23
Evaluation	S	S	S	NI				
Faculty/Teaching Assistant Initials	MD	DW	NS	MD				
Remediation: Date/Evaluation/Initials	NA	NA	NA	S 3/8/2023				

* Course Objectives

Comments:

3/1/23 - Simulation #1- Please review the comments placed on the Simulation Scoring Sheet below. In addition, please review the individual faculty feedback placed on your prebrief assignment that was returned to you during the debriefing session. You are receiving an NI for the professionalism of your meme you selected. Once you have adjusted your reflection journal meme response you will receive a satisfactory. MD

3/8/2023-Reflection journal for simulation 1 was completed in a more professional manner. Thank you for your resubmission! MD

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