

EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2023

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Kennedy Cantelli

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
2/9/23	Acute Pain	S/KA	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								
a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting)			S	N/A	S	N/A	S	NA		NA	S						
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			S	N/A	S	N/A	S	NA	S	NA	S						
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			S	N/A	S	N/A	S	NA	S	NA	S						
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			S	N/A	S	N/A	S	NA	S	NA	S						
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	N/A	S	N/A	S	NA	S	NA	S						
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			S	N/A	S	N/A	S	NA	S	NA	S						
g. Assess developmental stages of assigned patients. (Interpreting)			S	N/A	S	S	S	NA	S	NA	S						
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		S	S	S	S	S	NA	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	Male, 56 on 5 Tower (Rehab) DX: Hemiplegia result from CVA	Infection Control & Digestive Health Observation 2/1/23- 2/2/23	Male, 31 3Tower DX: Hemophilia, Stroke Team Leader	Erie County Senior Center on Wednesday, February 15th	Female, 91 5Tower DX: T8 Fracture Fall Team Lead #2	No clinical		No Clinical this Week—March 15 th -16 th	Female, 81, 4 North DX: Left Hip Fracture from Fall						
Instructors Initials	LM	LM	LM	KA	KA	DW	MD	DW	DW	DW							

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Comments:

Week 1 (1h) – Kennedy, I changed the NA to S for competency 1h. You earned an S for this competency because during week 1, the Meditech, FSBS, and IV pump sessions were all considered clinical hours. You came prepared to each of them and demonstrated the competency accordingly. LM

Week 3 objective 1 (a-h)- Kennedy, you analyzed the pathophysiology and correlated your patient's signs and symptoms to his disease process. You used this information to provide appropriate nursing care for your patient on the rehab unit. Your patient had a Rt. hemiplegia as a result from a CVA. You interpreted lab results and medical treatments to help guide you in your decision-making process. You assisted your patient with his nutritional needs by transporting him to the therapeutic dining room, offering assistance and encouragement as needed, but still promoted independence. Please remember to include the clinical site, patient's age, and diagnosis at the bottom of each column weekly. Please add this information. Great job! LM

Week 5 – 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. 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 5 – 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). 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

Week 6 (1g)- This competency was performed during the ECSC clinical by specifically tailoring your interactions to an older adult; therefore, S. (1h)- You were prepared for the ECSC clinical by planning, bringing materials for, and implementing an interactive activity for the older adults present at the senior center; therefore, S. DW

Objective

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

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

Comments:

Week 1 (2f)- By attending the Meditech clinical update & providing your full, undivided attention during the demonstration of documenting insulin, IV solutions, saline flushes and IV site assessments you are satisfactory for this competency. NS

Week 3 objective 2 (a-f)- Kennedy, you performed a thorough head-to-toe assessment on your patient. You accurately conducted a fall risk assessment and skin assessment on your patient. You responded by instituting proper measures to reduce your patient's risk for falls and skin breakdown. You are continuing to become more comfortable with accessing and documenting in the EMR. Keep up the good work! LM

Week 5 – 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 5 – 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

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 6 (2b)- This competency was completed when interacting with the older adults at the ECSC clinical experience, assisting with mobility during lunch and your activity, etc.; therefore, S. Please make sure you are reflecting on all competencies in this tool on a weekly basis, to ensure you are accurately and completely evaluating your experience and performance. DW

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

Comments:

Week 3 objective 3 (b, c, d)- Kennedy, you demonstrated safe, skillful nursing measures throughout your clinical days on the rehab unit. You were cognizant of your patient's needs regarding promotion of skin integrity, fall risk, transferring limitations, hygiene needs, and emotional needs. You organized and prioritized your time well, including structuring your medication pass around OT and PT times. You did a terrific job! LM

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

Comments:

Week 1 (3o, r)- By attending the IV Pump clinical and providing your full, undivided attention and active participation during the demonstration of the Alaris pump, documentation of IV site maintenance and recognition of potential IV complications, you are satisfactory for this competency. LM
 (3s)- You were able to demonstrate understanding of the rationale of FSBS and the use of the glucometer. You were able to perform a Quality Control check of the glucometer as well as demonstrate skills and knowledge required of proper sample ID, collection, and handling of blood. DW

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 3 objective 3 (k, l, s)- Kennedy, you administered several medications to your patient this week. You were knowledgeable about each medication's use, dosage, route, common side effects, classification, and nursing considerations. You observed the rights of medication administration and completed the 3 medication checks appropriately. You administered a subcutaneous (insulin) injection to your patient this week. You calculated the dosage correctly prior to administering the insulin. You performed a FSBS on your patient this week and followed the correct protocol. Remember to hold the lancet with some pressure against the patient's skin so the needle prick will puncture the skin to create an adequate drop of blood. Great job, overall! LM

Week 5 – 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. 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 5 – 3r – You did a nice job monitoring your patient's IV site this week and documenting your assessment in the EMR. 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:									S								
a. Integrate professionally appropriate and therapeutic communication skills in interactions with patients, families, and significant others. (Responding)			S	S	S	S	S	NA		NA	S						
b. Communicate professionally and collaboratively with members of the healthcare team using hand-off communication techniques. (SBAR) (Responding)			S	N/A	S	N/A	S	NA	S	NA	S						
c. Report promptly and accurately any change in the status of the patient. (Responding)			S	S	S	N/A	S	NA	S	NA	S						
d. Maintain confidentiality of patient health and medical information. (Responding)			S	S	S	N/A	S	NA	S	NA	S						
e. Consistently and appropriately post comments in clinical discussion groups. (Reflecting)			S	S	S	S	S	NA	S	NA	S						
f. Obtain report, from previous care giver, at the beginning of the clinical day. (Noticing)			S	N/A	S	N/A	S	NA	S	NA	S						
g. Provide a clear, organized hand-off report to your patient's next provider of care. (Responding)			S	N/A	S	N/A	S	NA	S	NA	S						
	LM	LM	LM	KA	KA	DW	MD	DW	DW	DW							

Comments:

Week 3 objective 4 (a, b, e)- Kennedy, you communicated effectively with your patient and other members of the health care team throughout each clinical day. You explained each task before performing them. You recognized that your patient had expressive aphasia and you properly communicated with him throughout each day by having him utilize the picture tablet. You also provided time for your patient to respond to your questions, trying to state the questions in a Yes or No format. Excellent!

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

You accurately completed a detailed CDG, including your initial post and peer post. You provided an in-text citation and a reference for both your initial post and your peer post! Keep up the great work! LM

Week 4 – 4e – Kennedy, you did a nice job responding to the CDG questions on your infection control clinical and sharing your experience with your classmates. Your responses were well thought out and clear. Please remember to include a page number or a paragraph number if there is no page number when in-text citing a direct quotation. Keep up the great work! KA

Week -5 – 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. 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 5 – 4e – Kennedy, you did a great job responding to the CDG questions on your team leading experience and thoughtfully responding to your classmate. Remember when in-text citing your resource to include the year (author, year). Also, in the reference you only need to include the year in the parentheses after the authors. Keep up the nice work and contributions to the discussion. KA

Week 6 (4e)- According to the CDG Grading Rubric, you have earned an S for your participation in the Erie County Senior Center discussion this week. Your post was detailed, thoughtful and supported by evidence. One suggestion for future improvement with APA formatting- only the first word in the title of your reference should be capitalized. Ex- *The importance of staying engaged in life*. 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:																	
a. Describe a teaching need of your patient.** (Reflecting)			S	S	S	N/A	S	NA	S	NA	S						
b. Utilize appropriate terminology and resources (Lexicomp, UpToDate, Dynamic Health, Skyscape) when providing patient education. (Responding)			S	N/A	S	N/A	S	NA	S	NA	S						
	LM	LM	LM	KA	KA	DW	MD	DW	DW	DW							

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

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

Comments:

Week 3:

5a: I was not able to retrieve any patient education papers for my patient to take home when he has his discharge but however, but I was able to provide him education physically and verbally on how it is important to ambulate in order for his recovery. With my patient's diagnosis, early ambulation and his cooperation in his multiple sessions of therapy is immensely important to how fast he is able to recover from his injuries. Also, my patient had expressional aphasia so when providing my patient education; I made to speak in a form of tone for that patient could understand and easily answer to verify the effectiveness of teach-back. For example, with having a stroke, early ambulation is a key factor in a fast recovery so when I attended his physical therapy sessions, I made sure to teach him how important these sessions are and get him motivated to try to further his steps each time we had another session.

Kennedy, you did an excellent job with your patient this week, providing proper communication techniques to help him feel more comfortable responding to your questions. LM

5b: After my first clinical day, I went home and researched all of my patient's active problems to form a better understanding of how I can treat and care for him better. I utilized skyscape and verified websites to ensure a better understanding of my care for my patient. These websites include John Hopkins Medicine, the National Library of Medicine, and the Mayo Clinic. **Excellent job, Kennedy! You are a caring person and will make an excellent nurse! LM**

Week 4:

5a: This week I had a clinical on Infection Control & Digestive Health. A teaching needed for my patient I noticed during Digestive Health was again the educational aspect. One of the patients had been told by his doctor to get a colonoscopy for the upper respiratory chest pain he was having. He was okay with the idea and especially since he hadn't had one done in 10 years but was confused as to why it was overall needed to be done for chest pain? The nurse

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

I was with for the day, and I had noticed that my patient was generally concerned about not getting the answers for his overall problem which was his chest pain. We then discussed the options we had and asked if he was willing to also get an EDG along with his colonoscopy if the doctor had time for both to really find the issue that was going on. Also, we had to make sure his insurance would cover the EGD procedure as well. When all options were approved by the doctor, patient, and insurance company, we made sure to provide the proper education to our patients verbally and physically with printed education documents. He was extremely grateful for us nurses/student nurses to be his advocate and help him understand why he was having the pain he was having. I was not able to view his EGD or his colonoscopy, but however, I was able to experience both just with another patient since my first patient was scheduled at 1000 (10:00am). **Great job discussing the education that was provided to your patient in Digestive Health this week! KA**
5b: Clinical on Digestive Health and Infection Control. **KA**

Week 5: 3T Team Leader 1st Experience 2/8-2/9

5a: A teaching that I taught my patient during my time with him during clinical was to know and understand the risk factors that come along with a stroke. A stroke can happen at any age so the best way to protect yourself is to know what is associated with a stroke and how to control it. I educated him to report any possible stroke-like symptoms that happen to his HCP and to maintain a healthy lifestyle with his diet, medication regimen, and his determining factors from his family history and his diagnosis. He was very appreciative of this information and reported feeling a sense of relief knowing what the right versus wrong thing is to do when it comes to reducing the risk factors. **KA**

5b: After my first clinical experience on February 8th, I went home and researched my patient's diagnosis and learned the proper risk factors that are associated with this disease. As well as that, I also provide a great form of information on how the disease is inherited and the signs and symptoms that are associated with Hemophilia. For my resources, I utilized Skyscape, the Mayo Clinic, and the Cleveland Clinic to give my patient and my other fellow student nurses accurate information on Hemophilia and the factors that help treat this condition. **You did a nice job researching his disease process so you could provide thorough education to your patient as well as to your fellow classmates. Great job putting all the pieces together! KA**

Week 6: Clinical at the Erie County Senior Center on Wednesday, February 15th, 2023 **DW**

Week 7: 5T Team Leader Experience #2: 2/22-2/23

5A: The teaching needed for my patient was early ambulation. I did not physically give her information papers on how ambulation provides a good, fast way to recovery, but I was able to stress how important getting up and walking can have for her injuries. My patient had a T8 compression fracture from a recent fall and did not want to get up or walk because "the pain hits so much harder when moving or standing". I made sure to get her up whether it was to the bathroom or up to her chair just to prevent any further injuries such as skin tears or even stiffness in the legs from lying down for so long. Also, since my patient was told that she will be getting discharged soon, I stressed how important ambulation can be and is to get back to her routine that I knew she missed due to being in rehab since the beginning of February. **Great! MD**

5B: I used Skyscape as well as the National Library of Medicine for my two resources in clinical for this week. After clinical on February 22nd, I researched more on my patient's diagnosis and how to prevent further injuries with a T8 compression fracture. I also searched my patient's medications on skyscape to grasp an understanding as to why she was taking what she was taking, and I was able to provide the most proper and accurate information for her. **Wonderful! MD**

Week 9: March 15th-March 16th 2023—No Clinical this Week **DW**

Week 10: March 22nd- March 23rd 2023

5a: I provided my patient and her family with papers on information on hip fractures and the best ways to promote faster wound healing and the benefits of getting up and moving as soon as possible to reach a full recovery. Also, I informed the patient's significant other about how important it is to establish a daily routine for the patient to follow from her diagnosis of dementia. As well as allowing her time to perform her activities of daily living. With a baseline of dementia, allowing time for a patient's recovery and day-to-day needs is essential for a patient to get tasks done effectively.

5b: I utilized both Lexicomp as well as Skyscape. For the papers I provided my patient's family, I used Lexicomp to allow the patient and her family to feel confident on how to properly care for a left hip fracture in the correct and easiest way. As for providing my patient and her family with the proper treatment for ADLs, I utilized skyscape. I informed my patient on how important mobility is to recovery as well as eating more nutritious foods to the diet. They are reasons behind these methods to help promote a much faster recovery. Finally, I informed the significant other to report any symptoms of infection to an HCP to prevent any further injuries.

Objective

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

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

****6b- You must address this competency in the comments on a weekly basis. For all clinicals - provide an example of SDOH &/or cultural elements that influenced your patient's care; be specific.**

Comments:

Week 3:

6b: An example of an SDOH that I encountered with my patient during his visit and care was an educational aspect. Mainly retaining a literacy factor. With my patient having a harder time than other patients completing full sentences, we had to adjust our methods of speech for my patient to truly answer my questions truthfully. For example, instead of asking him to explain what I just did for his care, I would make sure to turn my questions into a yes or no form of answer due to him having a much easier time expressing/saying yes or no than forming a complete sentence. And/or if necessary, I would have him utilize his picture binder to answer my questions without the feeling of discouragement or frustration. **This is an excellent example of a SDOH, indicating how this is influencing his care. LM**

Week 4:

6b: An example of SDOH I experienced during my infection control and digestive health clinical was quality of life. That including my patients age, physical functioning, and cognitive ability. My patient that I was with during my digestive health was 72 years old and his physical and cognitive abilities were not the best as those around as such as young adults and etc. Although, he could physically speak about his feelings after his colonoscopy and EGD, while with him you could see that he and his wife were fully not comprehending what the nurse was saying of the proper things to do to resolve it were. For example, after the doctor came in and explained how that everything was great but there were a few minor problems with his colon, he was sort of confused as what he should do to solve the issue and began to look worried. This was a main reason as to why me and the nurse provided him and his wife with education packets on these issues at hand. With doing that, this I believed relieved them and made them feel 100% better that nothing was although physically wrong with the results, these were just minor issues that everyone has from one time to another. Just with providing visual education rather than speaking with our patient allowed him and his wife to feel a sense of relief, it just required a little extra an attention in the educational proportion. **Support and education are both aspects that can positively or negatively impact our health and access to care. It sounds like you and your nurse tried to address these concerns before the patient left the hospital. KA**

Week 5:

6b: A social determinant of health that I associated with my patient and noticed was based on his family history and his history of mental health. With a history of anxiety and depression, it can play a factor in the proper education and mentality of such a diagnosis. In my assessment, you could notice that coping with normal stressors such as work, income, and home life was a little harder than others. Mental Health can play a factor in any health situation, whether it is positive or negative. **I agree this is an important SDOH to be aware of. Your patient was well managed and aware of his mental health conditions. However depending on his management of the disorders they can impact his over all health. KA**

Week 5 – 6a – You satisfactorily completed your first care map! See comments in the rubric for details. KA

Week 6: Erie County Senior Center Clinical

6b: A social determinant of health I noticed in this week's clinical was lack of transportation. All our participants either drove with another friend or rode on the community bus, the majority were on the bus. However, with running activities around the bus schedule, everyone was in a rush. For example, our activity started at 11:30 and everyone had to get on the bus before 1. Besides our activity, the ECSC also had stein hospice come in for their own activity as well, so our time was a little crunched, but we were to successfully get everyone involved before the bus arrived again. Having to be on a timely schedule and a lack of transportation can lead to many other factors such as a sedentary lifestyle or lack of access to healthcare services. **Thank you for your reflection on the SDOH you noticed with the older adult population. You are correct, that relying on public transportation can make for a sedentary lifestyle due to its inconvenience; however, I would also encourage you to look at public transportation as a positive. This is a resource that also offers them the opportunity to get out of the house and to engage others a couple times a week. DW**

Week 7: 5T Team Leader Experience #2: 2/22-2/23

6b: A social determinant of Health that I saw that influenced my patient care this week was age and self-awareness. My patient was 91 years old and was admitted for a T8 thoracic fracture from a fall. From not knowing much about her diagnosis, she did not really understand the reason why her pain was worse when she would stand versus when she was laying down in bed. She would get frustrated and embarrassed whenever the pain in her back would increase and would ask to get some medication for it. She kept saying "I do not understand why my back hurts so bad when I stand up but it does not when I lay down, can I just lay in bed all day". She also stated that when she fell, she thought nothing of it because she has fallen in the past so she felt it was the same as before, with no fractures or injuries. However, this time was not the case and she actually came in a few days after her fall due to severe back pain. The self-awareness factor for my patient was not effective in this case due to her not realizing the older you get, the more likely bones are going to break from falls, weakness, etc. **Great observations! MD**

Week 9: March 15th-March 16th 2023—No Clinical this Week **DW**

Week 10: March 22nd- March 23rd 2023

6a: Care map completed and submitted to dropbox for 4 North

6b: A social determinant of health my patient experienced this week that I noticed was under the economic stability as well as health care assessment and quality. My patient and her spouse are both retired so their access to healthcare services is limited due to their income. However, her quality of care is good but the partner who will be taking care of her is a few years older than her so not having a specific caregiver could be a little more challenging/stressful for the family due to their age and their capabilities of their help. However, she is in great hands, but these are just a few of the social determinants I noticed with my patient this clinical.

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
a. Reflect on an area of strength. ** (Reflecting)	S		S	S	S	S	S	NA	S	NA	S						
b. Reflect on an area for improvement and set a goal to meet this need.** (Reflecting)	S		S	S	S	S	S	NA	S	NA	S						
c. Demonstrate evidence of growth, initiative, and self-confidence. (Responding)	S		S	S	S	S	S	NA	S	NA	S						
d. Follow the standards outlined in the FRMCSN Student Code of Conduct Policy. (Responding)	S		S	S	S	S	S	NA	S	NA	S						
e. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions. (Responding)	S		S	S	S	S	S	NA	S	NA	S						
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (Responding)	S		S	S	S	S	S	NA	S	NA	S						
g. Demonstrate the ability to give and receive constructive feedback. (Responding)	S		S	S	S	S	S	NA	S	NA	S						
h. Actively engage in self-reflection. (Reflecting)	S		S	S	S	S	S	NA	S	NA	S						
	LM	LM	LM	KA	KA	DW	MD	DW	DW	DW							

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

Comments:

Week 1: January 9th- January 13th, 2023: Strengths & Weaknesses, No Clinical this Week

7a: Strengths: Wow it is just a great feeling being back in school and especially being in another semester that is not nursing foundations. I honestly felt like my strength this week was not being nervous or afraid to ask questions just to ensure I understood the material correctly. Another strength I truly felt like I achieved was IV Math. Helping others and being able to calculate the correct rate or drip rate for IVs is something that is extremely important, and I am proud to say I feel as if this is one of my strengths so far in the semester. **I am happy to hear that you feel comfortable with IV math calculations! Great job, Kennedy! LM**

7b: Weaknesses: There were not too many weaknesses I really noticed this week besides priming and spiking the primary and secondary IV bags. Not that I do not understand, it is more of being able to find a way to be comfortable and accurate while doing both things and maintaining the sterile field of the equipment. What I mean by that is being able to hold the saline flush to maintain sterility while pushing a medication into an IV. In saying that, I will make sure to practice making myself feel comfortable and find an easy way to hold the equipment while multi-tasking, whether practicing at home or really focusing on these steps the next time I am in the lab before I get into clinical. **This is an excellent area for improvement! LM**

Week 2: January 17th, 2023- January 20th, 2023: Strengths & Weaknesses, No Clinical this Week

Strengths: Entire Week Grayed out this Week. No Strengths Needed.

Weaknesses: Entire Week Grayed out this Week. No Weaknesses Needed.

Week 3: Clinical #1 & #2 on Rehab (5T) on January 25th & January 26th, 2023: Strengths & Weaknesses

Strengths: In this clinical experience, I had the chance to take care of a patient with a diagnosis I have never seen in a hospital setting before. I thought I provided great communication with my patient though due to his MCA stroke had an active problem of aphasia and the formation of sentences was a much more difficult process for him. However, I made sure to treat him like I would treat any other patient I had in the clinical setting. I believe communication has really been my strong suit so far in the semester and I am very proud of that. Also, I really believed I did a good job of not being afraid of trying new things in the clinical atmosphere. For example, performing blood sugars, flushing a PEG tube, assessing with the right AFO on my patient, allowing myself to ask questions and not feel guilty, and much more. **You had excellent communication skills this week with your patient! LM**

Weaknesses: I believe my biggest struggle this week of clinical was time management and how to properly find the time to really focus on my patient's eMAR. Although, yes I did get all the information I needed, I did not prioritize my time as much as I would have liked to on my patient's medications. For example, I wrote all my patient's medications, doses, and classifications but did not have time to find the specific reason as to why my patient was taking what he was prescribed. Again, this was due to not prioritizing time in the patient's eMAR versus when providing or attending his physical, speech, and occupational therapies. For the next clinical rotation, I will prioritize my time better by allowing myself to really do my research on what meds are given for what but still make sure my patient is given the proper care that they deserve and need. I will research therapeutic effects, adverse reactions, onset times, and reasons as to why the medication chosen is given by going on to Skyscape. **This is an appropriate area for improvement; however, I thought you did well with your overall medication knowledge. LM**

Week 4- Strengths & Weaknesses for Clinical 3 & 4 in Infection Control and Digestive Health: February 1st and 2nd, 2023:

Strengths: I had a great experience with both infection control and digestive health this week during clinical. Although, digestive health was most likely my favorite clinical we had done yet this semester. I was able to experience many different procedures and learn so much about the department in just a few short hours of our time there. It really made me think about possibly becoming a pre/post-operative digestive health nurse. Also, I believe my strength for this clinical in digestive health was that I was given the opportunity to learn so many different jobs of what a nurse does in this department that I was open to learning so much more about it. Before leaving, Becky, the charge nurse, and I had a great conversation about everything that digestive health does, and all the benefits nursing can pursue for an individual such as myself. Overall, my strengths were getting involved with learning about what these procedures are done for as well as providing the proper education before and after the procedures for the patients and their families to bring home with them. For example, the nurse and I provided one of the patients with a packet of educational papers for what was found during his colonoscopy and explained the after-effects of these sorts of procedures such as what is normal versus abnormal findings 24-48 hours post-op. Overall, it was an amazing experience especially with the history of my mom having colon cancer and being cancer free now for 6 years, I was happy that I was able to learn so much new information how what exactly colonoscopies look for in these types of procedures. Thank you! **This sounds like such a wonderful experience. I am glad you were able to learn so much and that this clinical experience inspired you! KA**

Weaknesses: I believe my weakness for this week's clinical was during my infection control experience. I am still not 100% sure which infections or diseases go along with each isolation precaution. For example, MRSA is on contact, and C-Diff is contact enteric precautions. We went over briefly what contact, airborne, or droplet precautions are, however, knowing which diseases go along with what precautions we as nurses would have to take is what is difficult for me. Before my next experience with handling a patient with any sort of isolation precautions, I will make sure to follow up on the isolation protocols and make sure to know the differences between each one of them. Before the next clinical rotation, I will make a printout of a few infectious diseases that goes along with each isolation precaution we have in the hospital to keep on my clipboard and study during the time I am at home and in the clinical setting. **Great idea. You can also carry with you the precautions handout that breaks down the different precautions used at the hospital in a handheld front and back document. KA**

Week 5: February 8th, 2023- February 9th, 2023: Strengths & Weaknesses:

Strengths: A strength that I felt I achieved in this week's clinical rotation was my leadership skills. I felt as if I provided great insight into all my patients that my fellow student nurses had and gave them a great work environment to make them comfortable and feel confident in their care. That means, allowing them breaks to not feel burnout or stressed and making sure everyone had what they needed. It was a great experience being a team leader and I cannot wait for my next leadership role in the clinical setting. **Kennedy, you did a nice job managing your team this week and ensuring all tasks were completed as well as all your team members had the resources they needed. KA**

Weaknesses: A weakness I felt I encountered was time management. Task Assistance and time management are much more real than I really knew. I feel as if I was running all over the place, making sure everything was getting completed and finished in the proper time frame. This is a great learning experience to show that a charge nurse is very important. To improve this weakness, I will provide my patients with the highest priorities with the proper patient care in an adequate time frame. For this, I will make sure before any team leader experience, I will associate my time better by educating them on their medications before administering them. By my next leadership rotation, I will show these results without any sort of stress or running around the place. **Time management is one of those skills you will acquire with time and practice. Finding ways to organize ourselves is an excellent way to help manage your time and become more efficient. KA**

Week 6: February 15th, 2023: Strengths & Weaknesses:

Strengths:

My strength for this week was my organizational skills. I had my clinical at the Erie County Senior Center this week and had to provide an activity for our adult participants to participate in. We provided a fun activity by decorating sugar cookies and playing games that involved winning prizes. I feel as for the time we had at our clinical, we organized everything in a very timely manner. We had no downtime which in this case was a good thing! Our adult participants were all so happy and told us how this was the most fun they have had in a very long time! **I am so glad that you had a positive experience. Have you ever thought about working in geriatrics as a future nurse? DW**

Weaknesses:

In this week's clinical, I did not really notice any weaknesses that I showed but if I had to choose one, it would be communication. Although I had such great conversations with everyone who was there, it was harder than it would be in the hospital. For example, when one of the adults stated, "I am not decorating cookies, I am not 10 anymore". My jaw dropped and I was speechless. However, finally, after talking with her for a few minutes, she gave it a try and she had the best time ever. Long story short, my weakness was not knowing how to respond to something that was so brutally honest but thinking it over, I understood where she was coming from and talked her into giving it a shot and if she did not like it, she did not have to participate, and we could do something else! **DW**

Week 7: 5T Team Leader Experience #2: 2/22-2/23; Strengths and Weaknesses

Strengths:

7a: My strength for this week's clinical I would say would be my flexibility on the floor. I am always checking my patient's charting in between rotations of going into their room and I feel as if I have a good hand on when the best time for re-assessing and checking on the patients is. When I am not in their rooms, physically, I am managing my time and help to other patients on the floor or even fellow nursing students. I am in my patient room a good majority of the time but however, but when I am not, I am either with another nursing student helping answer questions as to what certain things are seen on a patient's chart versus what certain things are needed to be done from physician orders. I feel as if I have strength in my leadership skills. I know I am just a nursing student, but I feel as if I am able to prioritize and flex whatever I am doing to help others without messing up my schedule in my patient's care.

These are wonderful qualities of a leader! Great job! MD

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Weaknesses:

7b: My biggest struggle in clinical and this week especially is wanting to do and complete everything at once. I have a huge habit of doing everything all at once to make sure it gets done without really thinking of myself. For example, I never take a 5–10-minute break for myself between my patient's vital signs and physical assessments because my mind is running around in circles to make sure my patient is okay. Without a break, I get extremely tired and as soon as I get home, I take an hour to two-hour nap. Therefore, my goal/ area of improvement with my next clinical is to take time for myself for my mind and body to feel a sense of relaxation for a minute, even if this just means getting a sip of something to drink or taking a 5-minute break in the break room to get off my feet and away from the floor for a minute. This may sound awful, but I know how important it is to take a minute for yourself because if not, it can lead to nursing burnout very quickly. **Self-care is so important! It does not sound awful at all! We are trying to instill this in you now so that way when you do go on the floor you will take this quality with you! MD**

Midterm- Kennedy, it is evident that you are making great strides in the MSN clinical environment. Your tool demonstrates your ability to provide patient-centered care, prioritize and make appropriate clinical judgments. Your skills and communication have been consistently satisfactory. You have satisfactorily completed 1 of the 2 required care maps for this semester. At midterm, you are satisfactory for all clinical competencies within this tool, except for (4) NA's- 3g Foley care, 3n IV therapy, 3p IV flush and 3q D/C IV. Please be sure to actively seek out opportunities to perform these skills over the next few weeks of clinical. The skills lab day scheduled for week 9 may be an additional opportunity for you to continue practicing any skills you haven't done in a while. Lastly, use this time over spring break to regroup so you can finish strong for the remainder of the semester. I am confident in you! Please let us know if you have any questions or need further clarification. Keep up the hard work and effort. DW

Week 9: March 15th-March 16th 2023—No Clinical this Week DW

Week 10: March 22nd-March 23rd, 2023—Strengths and Weaknesses

7a: My strength this week I believe was my time management skills as well as administering PO and IV push medications. I feel as if I allowed my patient enough time to feel comfortable and not overwhelmed with a student nurse constantly in the room. I allowed her time with her family and time to sleep. However, I was here for a very timely matter. I felt extremely confident passing meds this week. I provided my patient with the proper directions and side effects of each medication and taught her the benefits of each single medication she was taking. I believe I followed the 6 rights of medication administration to a T and made my patient very confident in the reasoning background of the given medication.

7b: My weakness this week was my patient's mobility. I had a more difficult time assisting my patient to the chair and to the bed due to her being deemed a high fall risk from a left hip fracture as well as needing a 2 assist for moving. As well as mobility issues, I feel as if I did not perform the correct proper body mechanics for myself. I tried to make the patient as comfortable as possible without really thinking of my body mechanics. For example, while my patient was in the chair, I was performing my focused assessment on her lower extremities, I bent down with my back and not with my legs. I know this is not a huge weakness now but if I continue with this, it will hurt my overall health and hurt me.

Student Name: Kennedy Cantelli		Course Objective: Implement patient-centered plans of care utilizing the nursing process, clinical judgment, and consideration for cultural, ethnic, and social diversity. (2,3,4,5)*					
Date or Clinical Week: 2/9/23							
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	Kennedy, great job with the noticing section and including pertinent assessment, lab/diagnostics, and risk factors. KA
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)	3	
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	You did a nice job identifying the patient's priority nursing problem and associated complications with their signs and symptoms. When listing signs and symptoms this about what I would assess for with the complication. Long term immobility associated with pain can cause the concern of osteoporosis, but think about what I would look for in the hospital. Skin break down and constipation would be more appropriate. Also, would skin breakdown be a complication of acute pain or is skin breakdown more associated with the immobility complication? Anxiety would be a more appropriate complication for acute pain along with immobility and depression. KA
	5. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	6. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	2	
	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	You did a nice job writing your interventions and including all pertinent ones. You made sure they were individualized and included your patient's specific pain medication orders. KA
	9. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	10. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	11. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	12. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Refl	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	Great job re-evaluating all your patient assessment findings you highlighted. KA
	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: Kennedy, you satisfactorily completed your first care map. See comments above to strengthen your care map for next time. Keep up the great work! KA</p>							<p>Total Points: 41/42</p> <p>Faculty/Teaching Assistant Initials: KA</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>							<p>Total Points:</p>	<p>Faculty/Teaching Assistant Initials:</p>

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

Student name: Kennedy Cantelli								
Skills Lab Competency Evaluation	Lab Skills							
	Week 1	Week 1	Week 1	Week 1	Week 1	Week 2	Week 2	Week 9
	IV Math (3,7)*	Assessment (2,3,4,5,7)*	Insulin (2,3,5,7)*	Lab Day (1,2,3,4,5,6,7)*	IV Skills (2,3,5,7)*	Trach (1,2,3,4,5,6,7)*	EBP (3,7)*	Lab Day (1,2,3,4,5,6,7)*
Performance Codes: S: Satisfactory U: Unsatisfactory	Date: 1/12/23	Date: 1/10/23	Date: 1/10/23	Date: 1/12/23	Date: 1/13/23	Date: 1/18 or 1/19/23	Date: 1/18 or 1/19/23	Date: 3/13 or 3/14/23
Evaluation:	S	S	S	S	S	S	S	
Faculty/Teaching Assistant Initials	LM	LM	LM	LM	LM	LM	LM	
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	

*Course Objectives

Comments:

Week 1

(IV Math)-You satisfactorily participated in the IV Math learning session on 1/10/23 as well as the assigned IV Math practice questions and the IV Math Application lab on 1/12/23. KA/DW

(Assessment)- You were able to satisfactorily demonstrate the Basic Head to Toe Assessment during lab. KA/RH

(Insulin)- You were able to correctly prepare an insulin pen and administer subcutaneous insulin. Insulin requirements were accurately identified and calculated through the corrective scale and carbohydrate coverage orders. MD

(Lab Day)- You satisfactorily completed the mandatory lab review of nursing foundational skills. This was achieved through simulating care for a patient in a scenario requiring competency in assessment, communication, medication administration (including PO and IM injection), nasogastric tube insertion and maintenance, patient mobility and hygiene, use of PPE for Contact Isolation, wound care, and foley insertion. NS/LM

(IV Skills)- You have satisfactorily completed the IV lab including a saline flush, IV push, hanging a primary and secondary IV solution, adjusting a flow rate to run by gravity, discontinuing IV solution, and monitoring the IV site for infiltration, phlebitis, and signs of complication. NS/MD/RH

Week 2

(Trach Care & Suctioning) - During this lab, you satisfactorily demonstrate competence with tracheostomy care and tracheostomy suctioning. DW/RH/NS

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

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

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

* Course Objectives

Comments:

3/2/23 - 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 and the faculty comments placed within the simulation #1 reflection journal drop boxes. Great job! DW

Lasaters Clinical Judgment Rubric Scoring Sheet

Student Roles: A=Assessment Nurse; M=Medication Nurse; O=Observer (Course Specific)

STUDENT NAME(S) AND ROLE(S): Kennedy Cantelli (M) & Madison Whittaker (A)

GROUP #: 7

SCENARIO: MSN Scenario #1 - Part 2

OBSERVATION DATE/TIME(S): 3/2/2023 1100-1230

CLINICAL JUDGMENT COMPONENTS						<u>OBSERVATION NOTES</u>
<p>NOTICING: (2) *</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 						<p>Did not ask about proper pronouns, but used proper pronouns.</p> <p>Performed partial pain assessment for both legs by promptly asking about pain level (6/10-Rt. leg).</p> <p>Obtained VS promptly.</p> <p>Performed partial focused M/S and neurovascular assessment on Rt. lower extremity by visualizing Rt. leg, palpated pulses, & assessed temp of Rt. leg. Recognized redness in Rt. leg.</p> <p>Did not remove socks but asked about pulses.</p> <p>Recognized DVT & PE.</p> <p>Performed a focused respiratory assessment upon pt. coughing and stating chest pain; asked about dyspnea.</p> <p>Sought information about pain level.</p> <p>Recognized elevated labs, ABGs, reddened calf, pain, & abnormal VS.</p> <p>Did not seek information about allergies.</p>
<p>INTERPRETING: (1) *</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 						<p>Prioritized focused pain, M/S, and respiratory assessments.</p> <p>Recognized patient exhibiting signs of DVT and potential PE.</p> <p>Prioritized pain relief with Percocet but gave morphine sulfate IM only after orders received.</p> <p>Prioritized physician orders, recognizing need for promptness with obtaining CT, labs, and ABGs.</p>
<p>RESPONDING: (2,3,4,5,6) *</p> <ul style="list-style-type: none"> • 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 						<p>Roles were not clearly defined as medication nurse and assessment nurse; med nurse began providing interventions other than medications.</p> <p>Communicated effectively to pt. regarding plan of care.</p> <p>Reassured patient throughout scenario.</p> <p>Each nurse remained calm throughout scenario, but confidence was lacking when communicating with pt. and HCP, at times.</p>

	<p>Communicated effectively with other team member about medications and dosages.</p> <p>Used proper pronouns.</p> <p>Promptly called HCP after assessing Rt. leg; full SBAR communicated confidently by assessment nurse; read back orders after writing each order on board; asked about contrast vs no contrast for CT scan.</p> <p>Communicated DVT assessment findings & explained what was happening to pt after prompting; spoke honestly.</p> <p>Promptly responded to dyspnea, VS results, and SPO2 92% by elevating HOB bed, applying oxygen; applied O2 at 2L.</p> <p>Promptly called lab to draw D-dimer, BNP, & troponin; called respiratory for ABGs; called CT about scan.</p> <p>Med nurse properly used BMV, switched to appropriate needles for both injections; did not aspirate before injecting IM.</p> <p>Administered morphine sulfate; correct dose given but clarified with peer due to questioning accurate dose; gave correct dose of 4mg.</p> <p>Administered enoxaparin subcutaneously using correct technique by holding skin taut using correct dosage.</p> <p>Educated patient on incentive spirometer, medications, and plan of care.</p> <p>Reassessed pain and explained why receiving enoxaparin med.</p>
<p>REFLECTING: (7) *</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Evaluated and analyzed clinical performance after being prompted, overall. Key decision points were identified, and alternatives were considered; discussed conflict resolution.</p> <p>Demonstrated awareness of the need for improvement and offered some effort to learn from this experience; stated obvious improvement.</p>
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p> <p>Scenario Objectives:</p>	<p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Focused observation appropriately completed; regularly observed and monitored objective and subjective data. Recognized most obvious patterns and deviations from expected patterns in data such as vital signs & pain; made limited efforts to seek additional information.</p> <p>Interpreting: Prioritized data by focusing on the most relevant and important data useful for explaining the patient’s condition. Group was able to compare data patterns with those known to develop intervention plans.</p> <p>Responding: Generally displayed leadership and confidence, but at times confidence was lacking. Generally communicated well; communication with patient, patient’s partner, and team members were successful. Developed interventions on the basis of relevant patient data; monitored progress regularly. Hesitant with some nursing skills.</p>

<ol style="list-style-type: none">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)*	<p>Reflecting: Key decision points were identified, and alternatives were considered. Demonstrated awareness of need to improve performance; offered some effort to learn from this experience.</p> <p>Satisfactory completion of MSN simulation scenario #1.</p>
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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