

**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
<b>Kelly Ammanniti</b>	<b>KA</b>
<b>Monica Dunbar</b>	<b>MD</b>
<b>Rachel Haynes</b>	<b>RH</b>
<b>Lora Malfara</b>	<b>LM</b>
<b>Nick Simonovich</b>	<b>NS</b>
<b>Dawn Wikel</b>	<b>DW</b>

## 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.

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**\*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
1/28/2023	Acute pain	S/RH	NA	NA
2/18/2023	Impaired Physical Mobility	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.

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**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
<b>Competencies:</b>			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	S	NA	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							
<p>Indicate your clinical site as well as your patient's age and primary medical diagnosis in this box weekly.</p>	Meditech, FSBS, IV Pump Sessions		3T 65, Pneumonia	5T, 73, R Total Knee	NA	4N, 77, Lumbar Discectomy	Digestive health and Infection control	No clinical		3T, 94 Lymphedema & UTI	5T, 76 Right Ankle Fx						
	Instructors Initials	RH	RH	MD	DW	NS	DW	DW	DW	RH							

**Comments:**

Week 1 (1h)- During week 1, the Meditech, FSBS, and IV pump sessions were all considered clinical hours. You came prepared to each of them and demonstrated competency accordingly. For this reason, you have earned an S for this competency. RH

Week 4 Objective 1B, C, and D-Great job this week correlating the patient's symptoms, diagnostic tests, and pharmacotherapy to what was going on with your patient. MD

Week 6 1(a-h) – You were able to discuss your patient's disease process and make correlations based on the pathophysiology involved. You cared for a patient admitted with intervertebral disc radiculopathy s/p discectomy. You correlated her admitting symptoms of numbness and tingling to the RLE as being related to nerve compression. You correlated her MRI findings of L3-L5 narrowing and disc bulging requiring surgical repair. In your medication story you identified the importance of the steroid for healing and also noted the prescription for vitamin b12. While she was prepared for discharge during the day you cared for her, you discussed the importance of maintaining alignment of the spine post-op and nursing measures to be implemented to promote positive outcomes. Nice job. NS

Week 9 1(a-h): You did great looking at your patient's labwork and how it correlated with her diagnosis. You were able to see that they discontinued antibiotics even though her WBC count was trending up. You were able to have good conversation with the nurse asking questions and gathering specimens in order to find a new antibiotic to be ordered for her. RH

## 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
<b>Competencies:</b>			S	S	NA	S	NA	NA	S	S							
a. Perform inspection, palpation, percussion, and auscultation in the physical assessment of assigned patient. (Noticing)			S	S	NA	S	NA	NA	S	S							
b. Conduct a fall assessment and implement appropriate precautions. (Noticing)			S	S	NA	S	NA	NA	S	S							
c. Conduct a skin risk assessment and implement appropriate precautions and care. (Noticing)			S	S	NA	S	NA	NA	S	S							
d. Communicate physical assessment. (Responding)			S	S	NA	S	NA	NA	S	S							
e. Analyze appropriate assessment skills for the patient's disease process. (Interpreting)			S	S	NA	S	NA	NA	S	S							
f. Demonstrate skill in accessing electronic information and documenting patient care. (Responding)	S		S	S	NA	S	S	NA	S	S							
	<b>RH</b>		<b>RH</b>	<b>MD</b>	<b>DW</b>	<b>NS</b>	<b>DW</b>	<b>DW</b>	<b>DW</b>	<b>RH</b>							

### 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 4 Objective 2-You did an awesome job with performing your assessments on your patient and analyzing the appropriate assessment skills for your patient. MD

Week 6 2(a,d,e) – Overall nice work with your assessments this week, noticing numerous deviations from normal. You identified an abnormal psychosocial pattern with noted depression from isolation from her family. You noticed unsteady gait with the use of a walker, incision to the lower back, and RLQ tenderness on palpation. You analyzed the appropriate assessments skills for her disease process monitoring for any numbness or tingling or back pain as a result of her procedure. You identified your patient as a high-fall risk and ensured precautions were in place. I encourage you to pay close attention to the information provided in the safety and falls assessment. You noted that she had a history of multiple falls within the last 6 months. This was not reported and was not charted on by previous providers of care. This may have been discussed with your patient. However, if that does not apply, be sure to conduct the full John Hopkins Fall scale to determine appropriateness for fall precautions. NS

Week 9 2(a, c, d): Your assessments this week were great. You were able to identify that her skin color had changed and was normal and charted as such. You were able to communicate this with nursing staff as well. RH

<b>Objective</b>																	
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
<b>Competencies:</b>	S		S	S	NA	S	S	NA	S	S							
a. Perform standard precautions. (Responding)	S		S	S	NA	S	NA	NA	S	S							
b. Demonstrate nursing measures skillfully and safely. (Responding)			S	S	NA	S	NA	NA	S	S							
c. Demonstrate promptness and ability to organize nursing care effectively. (Responding)			S	S	NA	S	NA	NA	S	S							
d. Appropriately prioritizes nursing care. (Responding)			S	S	NA	S	NA	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)	S		S	S	NA	S	NA	NA	S	S							
g. Demonstrate appropriate skill with Foley catheter insertion, maintenance, & removal (Responding)			NA	NA	NA	S	NA	NA	S	NA	NA						
h. Implement DVT prophylaxis (early ambulation, SCDs, and TED hose) based on assessment and physicians' orders (Responding)			NA	S	NA	S	NA	NA	S	S							
i. Identify the role of evidence in determining best nursing practice. (Interpreting)	S		S	S	NA	S	NA	NA	S	S							
j. Identify recommendations for change through team collaboration. (Reflecting)			S	S	NA	S	NA	NA	S	S							
	<b>RH</b>		<b>RH</b>	<b>MD</b>	<b>DW</b>	<b>NS</b>	<b>DW</b>	<b>DW</b>	<b>DW</b>	<b>RH</b>							

Comments:

Week 4 Objective 3-You did a great job with this set of competencies. You were able to implement DVT prophylaxis and identify recommendations with team collaboration. MD

Week 6 3(f,g) – An exciting week and experience, your first foley catheter insertion! You were well-prepared to discuss the required steps associated with foley catheter insertion. You identified the importance of maintaining sterility throughout the procedure to reduce complications. During the insertion you maintained your composure, promoted comfort to the patient, maintained aseptic and sterile technique, and successful placed the catheter into the bladder on your first attempt. Following insertion, you provided peri-care, secured the catheter to the leg with the STAT-Lock device, and ensured the foley bag was hung below the level of the bladder without kinks. Nice job!  
NS

Week 9 3(g): I changed this to an “S” because your patient did have an external catheter and you did maintain that on Wednesday and perform care for it. RH

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

**Comments:**

Week 1 (3o, r)- By attending the IV Pump clinical and providing your full, undivided attention and active participation during the demonstration of the Alaris pump, documentation of IV site maintenance and recognition of potential IV complications, you are satisfactory for this competency. LM

(3s)- You were able to demonstrate understanding of the rationale of FSBS and the use of the glucometer. You were able to perform a Quality Control check of the glucometer as well as demonstrate skills and knowledge required of proper sample ID, collection, and handling of blood. DW

Week 4 Objectives 3K, L, and M-Awesome job with medication administration this week! You were very good at identifying the medications and thorough with the process of administration. MD

Week 6 3(k-s) – Good job with medication administration this week! You were well-prepared by reviewing each medication and discussing the implications, side effects, and nursing assessments required. You communicated well with your patient and ensured safety measures were in place and performed, including the 3 safety checks and 6 patient rights. You gained experience administering PO medications using the BMV process appropriately. You noticed in the EMR system that one of the medications could be administered PO or IV and used appropriate judgment to administer the PO dose. You also discussed the order to taper the dose of dexamethasone and review the order appropriately. Nice job paying close attention to the information provided within the MAR to ensure safe administration for your patient. Your patient did not have an IV in place to perform any IV related skills this week. NS

Week 9 3(k, l): You did great with medication pass this week. You had three eye drops for your patient as well as an IV antibiotic. You did well with priming the line and programming the pump to run the antibiotic. You went to flush the IV and noticed it was leaking. Upon getting assistance, the IV was found to be not patent. You were able to watch an IV start and then hooked up your antibiotic. Great observations! RH

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

**Comments:**

Week 4 Objective 4B-Wonderful job identifying a problem in your team leading discussion post and using SBAR to communicate the issue. You did a great job! MD

Week 6 4(a,b) – A big strength of yours that I have noticed is your interaction with peers and other members of the health care team. I appreciate your willingness to help others and provide additional input. You have been very encouraging to your peers in the clinical setting and demonstrate a positive team-oriented approach. This goes a

long way in enhancing the confidence in yourself and others. Your rapport with patient's seems very strong. This is a great trait to have, keep it up! NS

Week 6 4(e) – You did a nice job with your APA formatting, including an in-text citation and reference with post your initial post and response to a peer. Additional insight was provided in your response post to Oliva to further the conversation. I appreciate you looking into and researching information you were unfamiliar with. Unfortunately, this competency was changed to NI due to not following all of the directions in the question prompt. The information provided for dexamethasone should have also been provided for the remaining medications that were discussed. Pre- and post-interventions, common side effects, and patient teaching was omitted for all but one of the medications. Additionally, a full list of medications was prompted for question #5 and was not provided. Be sure to review the directions and include all required details for a thorough response. NS

Week 7 (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. Great job! Here are a couple suggestions for future improvement with APA formatting- 1. When you directly quote something from your resource, the citation should include either the page number that the quote is found on, or a paragraph number if there are not page numbers. Ex- (Mayo Clinic, 2021, para 7). 2. In scholarly writing, the expectation is that there will be little to no direct quoting of information and that paraphrasing of information will be used whenever possible. DW

Week 9 4(a, b): Your communication with your patient and your peers was great this week. You were professional but courteous at all times. You were also willing to help your classmates if they asked. RH

**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
<b>Competencies:</b>			S	S	NA	S	NA	NA	S	S							
<b>a. Describe a teaching need of your patient.** (Reflecting)</b>			S	S	NA	S	NA	NA	S	S							
<b>b. Utilize appropriate terminology and resources (Lexicomp, UpToDate, Dynamic Health, Skyscape) when providing patient education. (Responding)</b>			S	S	NA	S	NA	NA	S	S							
			RH	MD	DW	NS	DW	DW	DW	RH							

**\*\*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 Teaching:** One teaching intervention that I provided for my patient was splinting while coughing. My patient was experiencing a lot of discomfort with her persistent cough. I instructed her to hold a pillow tight to her chest while coughing to help with the pain. I demonstrated how to effectively do it and she then tried. She stated that it greatly helped with her pain. **Good educating! This also may help her decrease the amount of pain medication she was requiring previously. RH**

**Week 3 Terminology:** When providing the instruction to the patient I was sure to what splinting meant using proper medical terminology. Next clinical, I will be sure to print off a sheet from Lexicomp to better supplement the teaching that I provide to any of my patients in the future. The patient was able to demonstrate splinting and utilized it for the coughing spells that I witnessed while in the room. **Lexicomp is a great resource for nurses and patients, but it can also contain medical terminology. Be sure to use that as a reference while educating the patient and ask if the patient has any questions. Good idea! RH**

**Week 4 Teaching:** One teaching need that I found necessary for my patient was reiterating the need to cough and deep breath because of the limited physical activity that she was having while being in the hospital. The patient disclosed that she sometime felt that she needs to “cough up something.” **Great! MD**

**Week4 Resource:** During my teaching I made sure verbalize and demonstrate how to diaphragmatically breath and cough. I gave a frequency of once every 15-30 minutes while inactive. The patient demonstrated back her understanding after her teaching session and also at the end of the clinical day to make sure she retained the information. **Wonderful! MD**

**Week 6 Teaching:** My patient required teaching on smoking cessation. She is a heavy smoker at home and required a nicotine patch while in the hospital.

**Week 6 Resource:** During 2 of my patient encounters, I educated the patient on possible complication and health risks about smoking using information found on the intranet. I asked the patient if she was interested in quitting smoking and she declined as well as further education on quitting smoking. I also asked the patient if she was interested in further using nicotine patches out of the hospital and she declined. **This is a tough and sensitive subject that can be difficult to handle and approach. Often**

times patients are set in their ways and are not receptive to smoking cessation education. However, that doesn't mean we shouldn't encourage them and provide additional education and resources. Nice job providing information on an important health topic! NS

**Week 9 Teaching:** During report of my patient I was told that she had a history of COPD and Asthma and anticipated her likely have some respiratory involvement. After during my initial assessment on the first day her lung sounds were clear with no cough and on RA. She had no respiratory complaints and had no remarkable respiratory evaluation findings. Day 2 I auscultated her lungs and heard some wheezes on exhalation. I immediately told my bedside nurse and got an incentive spirometer and taught the patient proper use, the reason I gave it to her, and what the goal of using it was. My patient verbalized understanding and demonstrated proper use two times before the clinical day was over.

**Week 9 Resource:** I printed off a packet from Lexicomp on incentive spirometry to supplement my teaching session that I had with my patient. I felt it was important to do this because sometimes the geriatric population has a hard time remembering and hearing during teaching sessions and by having a printed copy she was able to read and fill in any information gaps after leaving the room. This was a great observation in your patient's assessment changes and implementing a nursing intervention to prevent worsening changes. Good idea to also include written instructions for her to remember or refer to. RH

**Week 10 Teaching:** This week on clinical, during report I go that the patient had been experiencing 2+ lower extremity pitting edema. Naturally, I asked if the patient was wearing any sort of SCD's or Ted hose and I got "I didn't check" as an answer. I verified orders before going into the patient's room and there was an order for knee high ted's. Upon assessment I verified the edema noted in both legs and asked if the patient had ever worn compression sock and she let me know that she tends to swell and wears compression socks at home. I educated her on the importance of wearing them in the hospital.

**Week 10 Resource:** I made sure during my education session that the room was free from distractions (other healthcare workers, noise from the hallway, TV, Phone). I ensured that the patient was comfortable with all her needs met and that her hearing aids were turned on and functioning properly. I discussed the reasons why she should wear them and possible complications from not wearing them. I also demonstrated how we took them on/off. I finished the session by asking her to tell me the most important thing she took away from our conversation and she said "increased circulation and decreased swelling." I also wrote on her white board "ted hose on every morning."

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

\*\*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:** For my patient some social determinants of health is that she is retired and does not work and that could affect her ability to pay for the hospital stay or her medications when she leaves. I also noticed that during the two days that I was on clinical that no one came in and visited with her and she was never talking on that phone. I question what type of support system she has at home. She sees a PCP for her health concerns, but I don't know how regularly she goes because of her persistent cough that eventually lead to her into the hospital for this stay. The patient seemed well educated and was able to understand and retain what was happening to her in the hospital and also what the doctor would tell her too. The patient never voiced concerns about her living situation or returning home. She actually said she couldn't wait to get back home. **Good observations. One could wonder if maybe she is a caregiver for a loved one since she was ready to go home. She seemed to be very self-sufficient and was able to perform her ADLs with no assistance. Those on a fixed income with retirement and/or social security may need assistance with their healthcare bills, and we could always provide information for financial assistance and billing. RH**

**Week 4 SDOH:** This week my patient was retired and living at home on a farm with her husband. She explained she has a great support system and large family that is very active in her life. She told me that some of her friends were coming to visit her in the afternoon, but I did not personally see them or any other family members there. She told me that her and her husbands are "doing well" financially and has no issues with paying bills, however she is worried about rising inflation. She sees a primary care provider who helps her manage her HTN. She was a stay at home mom and entrepreneur before she retired and enjoys spending her free time with her family. **Awesome! You were able to learn so much about your patient this week! It makes a huge difference to have a great support system. MD**

**Week 6 SDOH:** During this week's clinical, my patient was elderly and retired and was concerned about her current illness and her finances. Specifically, she was concerned about paying for this hospital visit since she has had so many health issues recently. She was also concerned about how she was going to move about her house with the current living situation. **Economic stability, especially in the older adult population, can be a major deterrent to health status. The choice between paying for housing, meals, medications, etc. can be overwhelming and difficult. As nurses we can help to provide resources or consult case management when a problem is identified. Nice job! NS**

**Week 7 SDOH:** One patient that came into the digestive health clinic during this week on clinical did not have a car or any family/friends to pick them up from the hospital after their colonoscopy. This was an issue because after during a coloscopy you generally receive a MAC anesthesia which means that you cannot drive for 24 hours due to not being fully cognitively aware. This patient had to wait for the public transportation to come and pick them up and take them to a bus stop where they would then have to walk home. I cannot imagine how uncomfortable the patient must have been after the procedure and to have to walk home from the bus stop, however far away that could have been. **Interesting...how unfortunate. I'm surprised the staff did not offer to find an alternative means of transportation home. As a future nurse, I would always encourage you to seek out resources for your patients. You may not be able to help them with everything, but it never hurts to try. DW**

**Week 9 SDOH:** She currently lives in a mobile home, alone and does all of her care on her own. She also mentioned that it is not very accessible and expressed that she has a hard time bathing because of this. The patient only had 1 son and he is 72. I asked if she received help or support from him and she explained that he does check in on her through phone calls but he lives in California. Her only support is her nephew who is around 70 as well. When speaking with her about her nephew, the patient explained that he does "so much" for her. This included scheduling and transporting her to all of her appointments. This sparked the question of driving to which she explained that due to health and physical limitations, she did not have a car nor can she drive. Most of our conversations revolved around the immense amount of help that her nephew provided to her. During this conversation we also talked about "getting out of the house." As mentioned above, the patient does not have access to any transportation on her own, this means she often does not leave the home. She has a small mobile home and says she remains active through out her house but rarely exercises (i.e. walks). I asked if she had any pets because speaking from experience, pets keep you active, and she said her cat recently passed and has not gotten another. **Wow, your patient had a lot going on this week. Is she insistent on going home or is she interested in an assisted living? Some assisted living homes have planned activities as well as transportation needs for the residents. This would also give her some socialization with others, rather than staying at home alone. RH.**

**Week 10 SDOH:** During this clinical I got the pleasure of learning so much about my patient. She is a widower who currently lives at home by herself. She said the only reason that someone knew she fell was because she had a fall detector being worn on her when it happened. She mentioned that she is retired from the work force and spends most of her free time playing all sorts of games on her iPad to keep her mind sharp. She lives with multiple chronic illnesses and it takes a toll physically, mentally, and financially on her. During therapy I did learn that she has modified hers home with a ramp and bath prior to her injury and has hopes to return home after her placement in a SNF. She did mention that she has children and grandchildren but during my time with her she had no visitors.

## 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. <b>Reflect on an area of strength. ** (Reflecting)</b>	S		S	S	NA	S	S	NA	S	S							
b. <b>Reflect on an area for improvement and set a goal to meet this need.** (Reflecting)</b>	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	S	S	NA	S	S							
h. Actively engage in self-reflection. (Reflecting)	S		S	S	NA	S	S	NA	S	S							
	RH		RH	MD	DW	NS	DW	DW	DW	RH							

**\*\*7a and 7b: You must address these competencies in the comments section on a weekly basis. Please write a different comment each week. Remember that a goal includes what you will do to improve, how often you will do it, and when you will do it by (example- “I had trouble remembering to do the three checks of the six medication rights prior to administering medications. I will review the six**

\*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

rights and medication administration content in the textbook twice before the next clinical. Additionally, I will request to meet with my clinical faculty member to practice preparing and administering at least three medications before the next clinical.”

**Comments:**

**Week 1 Strength:** I think that in this first week my strength was being able to recall back on nearly everything that we went over in Nursing foundations during of skills lab day with Nick and Lora. I actually surprised myself at how natural all of the skills I did not have to read through the red folder before performing with interventions, only after to make sure that I did it properly. I also asked good questions during the hand off report from Lora. RH

**Week 1 Area of Improvement:** For next week, I really want to re-watch all of the IV pump videos on ATI because I feel like there was so much information to be able to absorb it all at once. Also, with the peripheral IV videos. I think that by doing that I will be a lot more comfortable when it comes to the clinical setting as it is hard to handle that type of equipment outside of the classroom. I just felt like I didn't fully grasp all of the content and would feel more at ease before going to the clinical setting. I think this is a great goal and will assist with your clinical skills. Don't forget to add a frequency when writing your goals. RH

**Week 3 Strength:** This week I was so proud of myself that I recognized and was able to recall nearly half of her prescribed medications because they were what we learned for our pharmacology quiz. I barely used SkyScope to just double check that I was correct. So exciting to see you are noticing how much you are learning in class! RH

**Week 3 Area of Improvement:** I think that for next week on clinical I want to learn more about my patients outside of their medical condition. I realized when asked about her social determinants on Health that I really had to sit and think about it. I want to learn about the patient's job, family, life, if they have pets, what they like to do in their free time. I will find 3 therapeutic communication videos related to healthcare online and watch them each once to help learn different ways to connect with my patients before clinical next week. I bet your patient will love sitting and talking with you next week. This is a great goal. RH

**Week 4 Strength:** This week I wanted to work on week 3's area of improvement and really get to know my patient. I feel like I was really able to connect with my patient and got to know her on a more personal level. We even swapped recipes! Amazing! It is so wonderful to be able to connect with patients on that level! MD

**Week 4 Area of Improvement:** Next time team leading I really want to take a more forward approach and be more confident in my judgment. I feel that I was nervous to Team Lead because I was the first one out of the group and had no idea what to expect. I want to be more forthcoming to my team members that I am there as a resource and asset to them during clinical. Before the next team leading experience, I want to read through the Team Steps book and pick a method to use prior to clinical to help get the most out of the experience. This is a great goal! I know you said you were nervous during the clinical, but you did great! There is always room for improvement but for this being your first experience I am proud of you! MD

**Week 6 Strength:** This week I did well inserting my first Foley catheter into a male patient. I took proper supplies into the room and maintained sterility throughout the procedure. I asked the patient for prior prostate issues and identified that I may need to order a coudae Cather if a standard 16 French wouldn't work. When inserting, I met resistance at the prostate but remembered to gently twist while advancing and soon saw a flash of urine! I was proud of my ability to apply what I had worked so hard in lab for. Awesome!! A great strength to note this week. The sterile procedure of inserting a foley catheter to prevent complications is essential. Great job collaborating with the health care team to insert the catheter successfully for a patient with urinary retention. Congratulations on your first insertion! NS

**Week 6 Area of Improvement:** Next clinical I want to prioritize patient education, specifically Lexicomp. I feel that I do well at identifying the need for education in my patients, but I fail to follow up with something physical to give my patients. To improve on this, I want to freely explore and look through some educational handouts on Lexicomp after theory to familiarize myself with what is available. A good plan to help promote positive outcomes for your patient! NS

**Week 7 Strength:** During this week on clinical I thought I did really well during digestive health asking thought provoking questions and assisting the nurses during the busyness of their day. I was getting patients warm blankets, stripping beds, and getting water all while watching the procedures be done. I appreciate you making a conscious effort to be an active participant in your learning. Well done! DW

**Week 7 Area of Improvement:** Unfortunately, during the digestive health clinical I was not able to watch an EGD be performed because I offered the earlier opportunity Paige since she had to work right after clinical. I did get to watch an awesome colonoscopy that ran nearly 45 minutes and they used clamps, epinephrine, and other devices and the patient was having an adverse reaction to the anesthesia. I ended up staying over 30 minutes to watch the procedure finish. I was supposed to be able to watch an EGD before the clinical day was up at 0945 if the colonoscopy had not went long. All that being said, I regret not staying another 30 minutes to watch an EGD even if it meant my clinical went longer than expected. In future clinicals, if there is something that I want to watch outside of clinical hours, I want to prioritize that experience and ask if it is okay to stick around longer. DW

Midterm- Ashley, what a great first half of the semester you've had so far. It is evident that you are making great strides in the MSN course. 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 both of your required care maps for this semester. At midterm, you are satisfactory for all clinical competencies within this tool, except for (1) NA-3q D/C IV. Please be sure to actively seek out opportunities to perform this skill over the next few weeks of clinical. The skills lab day scheduled for week 9 may be an

\*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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 Strength:** During this weeks clinical I think I did really good noticing on day 2 that my patients antibiotic had been D/C and that there was an order in for a UA. I immediately recognized that the UA was needed to for the provider to prescribe an antibiotic for the specific type of infection in her urine. After my assessment I prioritized the need to get the patient up out of bed and onto the commode because she was using a pure-wick at all times. This was easier said than done because she had not moved in a while and was a 2 assist. I got her to the commode and got a clean-catch midstream sample and was able to thoroughly assess her back side, give her a bath, and also reposition her to the chair. **Great job and good catch seeing that the antibiotic was discontinued and new orders were placed for new antibiotics. RH**

**Week 9 Area of Improvement:** During the past weeks of clinical I feel like I keep getting the same type of patient and have not seen a lot in regards to different disease processes. I really want to get experience with a patient who has diabetes as I have not given insulin yet. My goal for next clinical is to inform the instructor before pt assignments that I would like a diabetic patient. **This is a good plan. Please email your instructor or let them know prior to Wednesday morning so they can find someone who meets this criteria. Refer to your clinical schedule to see who your instructor will be. RH**

**Week 10 Strength:** This week on clinical I think that I excelled with my independence and initiative especially when it came to implementing ted hose and performing my first dressing change. I verified orders and sought of my clinical instructor to ensure that I measured properly. I was also prepared with all of my supplies and answered all of the questions properly before performing the skill. I even did the dressing change with the bedside nurse present the 2<sup>nd</sup> day because she wanted to look at the incision site also.

**Week 10 Area of Improvement:** Upon walking into the patient's room to assess her vital signs, I noticed the she was wearing a limb restriction wrist band. She then explained to me that she had L metastatic breast cancer and had a double mastectomy. I know that my face had to have been in shock because I learned none of that in report. Next week I definitely want to work on my facial expression and also want to learn where the limb restriction signs are kept so that in the future I can hang one up for my patients since she did not have one displayed.

<b>Student Name:</b> Ashley H		<b>Course Objective:</b> Implement patient-centered plans of care utilizing the nursing process, clinical judgment, and consideration for cultural, ethnic, and social diversity. (2,3,4,5)*					
<b>Date or Clinical Week:</b> 1/25/23-1/26/23							
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	
	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	
	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	10. Make sure ALL interventions have frequency 12. Number 4 rationale is related to COPD, not acute pain. Make sure rationale is related to diagnosis you chose. Why is ambulation important for acute pain patients? Reference format for in-text citation (Author, Year)
	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	
Reflecting	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	
	14. Evaluation includes one of the following statements: <ul style="list-style-type: none"> <li>Continue plan of care</li> <li>Modify plan of care</li> <li>Terminate plan of care</li> </ul>	Complete			Not complete	3	
<p>Total Possible Points= 42 points  42-33 points = Satisfactory  32-21 points = Needs Improvement*  &lt; 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:  <b>Make sure all rationales are for interventions related to the priority diagnosis and to include a frequency for all interventions. Good job!</b></p>							<p><b>Total Points: 42</b>  <b>Satisfactory</b></p> <p>Faculty/Teaching Assistant Initials: <b>RH</b></p>

Student Name: Ashley Huntly		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 6							
Criteria		3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)	3	10 abnormal assessment findings were provided based on the care and assessments performed. Be sure to use specifics when listing assessment findings. Simply stating "pain" is not very descriptive. Give a numerical rating, and especially location of the pain. Four abnormal diagnostic findings were provided. Consider including the hyperglycemia as the symptoms could result in mobility issues as well. Six risk factors were identified.
	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	Four nursing priorities were listed, all pertinent to the care provided during the week. The top priority problem s/p back surgery was identified as impaired mobility. Since your patient was set to be discharged that day and required follow-up by PT/OT, this was an appropriate priority. Based on the identified priority problem, five potential complications were identified. At least 3 signs and symptoms were provided for each potential complication.
	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 interventions was provided, each pertinent to the patient situation and realistic to the care provided. Interventions were appropriately prioritized with assessments taking highest priority. Individualized medication orders were provided with appropriate rationale. I would consider an intervention related to consulting PT/OT as well, as they were pertinent to the discharge planning. Very nice job with your list of interventions.
	9. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	10. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	11. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	12. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
Ref	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	A thorough evaluation of each abnormal assessment finding was listed as it pertained to your last assessment of the

<b>ecting</b>	14. Evaluation includes one of the following statements: <ul style="list-style-type: none"> <li>• Continue plan of care</li> <li>• Modify plan of care</li> <li>• Terminate plan of care</li> </ul>	<b>Complete</b>			<b>Not complete</b>	<b>3</b>	patient You appropriately determined the need to continue to the plan of care. Nice job! NS
	<p>Total Possible Points= 42 points  42-33 points = Satisfactory  32-21 points = Needs Improvement*  &lt; 21 points = Unsatisfactory*  <b>*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.</b></p> <p><b>Faculty/Teaching Assistant Comments: Ashley, overall very nice work with your care map related to impaired mobility. Review the comments provided throughout, continue to review the care map guidelines, and don't hesitate to continue practicing to enhance your knowledge related to care maps as you progress through the program. You have completed both of the required satisfactory care maps for the semester, congratulations!</b></p>						<b>Total Points: 42/42</b>

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

Student name: Ashley Huntley								
<b>Skills Lab Competency Evaluation</b>	<b>Lab Skills</b>							
	<b>Week 1</b>	<b>Week 1</b>	<b>Week 1</b>	<b>Week 1</b>	<b>Week 1</b>	<b>Week 2</b>	<b>Week 2</b>	<b>Week 9</b>
	<b>IV Math (3,7)*</b>	<b>Assessment (2,3,4,5,7)*</b>	<b>Insulin (2,3,5,7)*</b>	<b>Lab Day (1,2,3,4,5,6,7)*</b>	<b>IV Skills (2,3,5,7)*</b>	<b>Trach (1,2,3,4,5,6,7)*</b>	<b>EBP (3,7)*</b>	<b>Lab Day (1,2,3,4,5,6,7)*</b>
	<b>Date: 1/11 or 1/12/23</b>	<b>Date: 1/10/23</b>	<b>Date: 1/10/23</b>	<b>Date: 1/11 or 1/12/23</b>	<b>Date: 1/13/23</b>	<b>Date: 1/18 or 1/19/23</b>	<b>Date: 1/18 or 1/19/23</b>	<b>Date: 3/13 or 3/14/23</b>
	Evaluation:	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>
Faculty/Teaching Assistant Initials	<b>RH</b>	<b>RH</b>	<b>RH</b>	<b>RH</b>	<b>RH</b>	<b>RH</b>	<b>RH</b>	
<b>Remediation: Date/Evaluation/Initials</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	

\*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:

(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

(Trach Care & Suctioning 1/19/2023) - During this lab, you satisfactorily demonstrated competence with tracheal airway suctioning and tracheostomy care. You did an excellent job of explaining the procedure to your patient. You have a strong understanding of sterility and maintaining a sterile field. Both skills were performed efficiently. Keep up the good work! DW

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

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

# Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Ashley Huntley (M) & Keyara Schneider (A)

GROUP #: 7

SCENARIO: MSN Scenario #1 - Part 1

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

CLINICAL JUDGMENT COMPONENTS	<u>OBSERVATION NOTES</u>
<p><b>NOTICING: (2) *</b></p> <ul style="list-style-type: none"> <li>• Focused Observation:           E       A       D       B</li> <li>• Recognizing Deviations from Expected Patterns:           E       A       D       B</li> <li>• Information Seeking:           E       A       D       B</li> </ul>	<p><b>Immediately asked about preferred pronouns.</b></p> <p><b>Performed full set of VS immediately.</b></p> <p><b>Performed focused pain assessment immediately upon pt. stating of pain; assessed pain scale along with associated factors, including N/T.</b></p> <p><b>Partial assessment completed on Lt. leg immediately; began checking Lt. foot for 6Ps; but did not remove sock on Lt. foot (omitted pallor/cyanotic color).</b></p> <p><b>Identified abnormal BP &amp; HR &amp; but did not recognize temperature change in Lt. foot, even after prompted.</b></p> <p><b>Recognized deviations as compartment syndrome.</b></p> <p><b>Reassessed respirations.</b></p> <p><b>Sought information regarding pain level.</b></p> <p><b>Sought information about dyspnea; pt. denied.</b></p> <p><b>Sought further information about a history of a tetanus shot and non-compliance.</b></p>
<p><b>INTERPRETING: (1) *</b></p> <ul style="list-style-type: none"> <li>• Prioritizing Data:           E       A       D       B</li> <li>• Making Sense of Data:       E       A       D       B</li> </ul>	<p><b>Prioritized pain and neuro assessment of 6Ps, but did not check color of foot.</b></p> <p><b>Did not prioritize neuro assessment by exposing Lt. foot by removing sock.</b></p> <p><b>Prioritized pain medication of morphine sulfate for Lt. leg pain.</b></p> <p><b>Prioritized calling HCP regarding compartment syndrome, recognizing as emergent.</b></p> <p><b>Gathered incomplete data prior to calling HCP.</b></p>
<p><b>RESPONDING: (2,3,4,5,6) *</b></p> <ul style="list-style-type: none"> <li>• Calm, Confident Manner:   E       A       D       B</li> <li>• Clear Communication:       E       A       D       B</li> <li>• Well-Planned Intervention/ Flexibility:                   E       A       D       B</li> <li>• Being Skillful:               E       A       D       B</li> </ul>	<p><b>Roles were clearly defined.</b></p> <p><b>Both nurses were calm and confident throughout the scenario.</b></p> <p><b>Removed pillow and ice pack promptly.</b></p> <p><b>Communicated immediately to med nurse to administer pain med; communicated effectively and clearly with each other at times throughout scenario.</b></p>

	<p>Communication was limited with the patient at times during the scenario; needed some prompting at times.</p> <p>Educated pt.'s partner on compartment syndrome.</p> <p>Limited responses to pt. when pt. asked questions about surgery.</p> <p>Used proper pronouns.</p> <p>Called HCP promptly, missing some pertinent data.</p> <p>SBAR provided, but missing some information; recognized compartment syndrome; did not write orders or read back information from HCP.</p> <p>Ice &amp; pillow removed from Lt. leg promptly.</p> <p>Thorough explanation was provided to patient about morphine sulfate, reason for administering, and potential side effects.</p> <p>Properly used BMV &amp; confirmed dose.</p> <p>Switched needle to appropriate gauge for IM.</p> <p>Administered morphine sulfate correctly; correct dose given; 4mg (syringe label was 2mg/ 1mL).</p> <p>Pt's partner was called &amp; notified of pt.'s condition &amp; surgery time change.</p> <p>Properly prepped, cleansed, &amp; administered NS flush and primed &amp; connected IV tubing; properly hung primary IV and antibiotic IVPB. Remember to check for blood return prior to NS flush.</p> <p>HCP notified of lab and diagnostic results.</p> <p>Reassessed pain relief.</p> <p>Report given to OR nurse.</p>
<p><b>REFLECTING: (7) *</b></p> <ul style="list-style-type: none"> <li>• Evaluation/Self-Analysis:      E      A      D      B</li> <li>• Commitment to Improvement: E      A      D      B</li> </ul>	<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 a desire to improve nursing performance; reflected on experience; identified strengths and weaknesses.</p>
<p><b>SUMMARY COMMENTS: * = Course Objectives</b></p> <p>Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric.</p> <p><b>E= Exemplary</b></p> <p><b>A= Accomplished</b></p> <p><b>D= Developing</b></p>	<p><b>Lasater Clinical Judgement Rubric Comments:</b></p> <p><b>Noticing:</b> Regularly observed and monitored a variety of subjective and objective data; most useful information was noticed, sometimes prompted by the patient. Recognized subtle patterns and deviations from expected patterns in data such as vital signs &amp; pain. Assertively seeks information to plan intervention; carefully collects data.</p> <p><b>Interpreting:</b> Prioritized data and focused on the most important data, but also at times attended to less pertinent data. Group was able to interpret data patterns with those known to develop intervention plans.</p>

<p><b>B= Beginning</b></p> <p><b>Scenario Objectives:</b></p> <ol style="list-style-type: none"><li>1. Select physical assessment priorities based on individual patient needs. (2)*</li><li>2. Implement appropriate nursing interventions based on patient's assessment. (1,3,6)*</li><li>3. Communicate appropriately with the patient, family, team members, and healthcare providers incorporating elements of clinical judgment and conflict resolution. (4,7)*</li><li>4. Provide patient centered care with consideration to cultural, ethnic, and social diversity. (2,3,6)*</li><li>5. Provide appropriate patient education based on diagnosis. (5)*</li></ol>	<p><b>Responding:</b> Assumed responsibility and delegated team assignments. Assessed the patient appropriately. Generally communicated well with the other team members. Showed some communication ability; communication with patient, patient's partner, and team members were partially successful. Interventions were tailored to the individual patient; monitored progress and was able to adjust at times as indicated by patient response. Showed mastery of necessary nursing skills.</p> <p><b>Reflecting:</b> Key decision points were identified, and alternatives were considered. Demonstrated a desire to improve performance; identified strengths and weaknesses.</p> <p><b>Satisfactory completion of MSN simulation scenario #1.</b></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