EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2023

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Taylor Fox

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
02/24/23	Impaired Gas Exchange	Satisfactory/MD	NA	NA
03/15/23	Impaired Mobility	S/LM	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: a. Analyze the involved patho-physiology of the patient's disease process. (Interpreting)			S	S	NA	NA	S	NA	**S**	S	S	S					
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			S	S	NA	NA	S	NA	**S**	S	S	S					
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			S	S	NA	S	S	NA	**S**	S	S	S					
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			S	S	NA	NA	S	NA	**S**	S	S	S					
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	S	NA	S	S	NA	**S**	S	S	S					
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			S	S	NA	NA	S	NA	**S**	S	S	S					
g. Assess developmental stages of assigned patients. (Interpreting)			S	S	NA	NA	S	NA	**S**	S	S	S					
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		S	S	NA	S	S	NA	**S**	S	S	S					
Indicate your clinical site as well as your patient's age and primary medical diagnosis in this box weekly.	Meditech, FSBS, IV Pump Sessions		4N: 78 Small Bowel Obstruction	5T: 77 Left Temporal Myocardial Infarction,	NA	Digestive Health and Infection Control	5T: 65 CVA due to left carotid artery occlusion	No clinical		5T: 76 Right Ankle Fracture	3T: 76 Altered Mental Status, SOB	3T: 68 Abdominal Pain, Vomiting, Diarrhea, and					
Instructors Initials	**LM**	**LM**	**NS**	**LM**	**DW**	**DW**	**MD**	**DW**	**DW**	**LM**	**RH**						

Comments:

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

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

Week 3 1(a-h) – Taylor, great job this week discussing your patient's medical condition and correlating the treatments associated with the disease process. You were able to discuss what led to his bowel obstruction and complications that could arise as a result. You correlated his nausea, abdominal distention, and lack of appetite as being related to the obstruction and ileus that were present. You identified the importance of maintaining NPO status and supplementing with IV hydration that included electrolytes and glucose during the NPO period. You were able to discuss the rationale behind the NG tube being in place and demonstrated good preparation for the clinical setting. NS

Week 4 objective 1(a-h) - Taylor, you analyzed the pathophysiology and correlated your patient's signs and symptoms to her disease process. You used this information to provide appropriate nursing care for your patient on the rehab unit. Your patient had a Lt. temporal infarction and correlated her expressive aphasia to her diagnosis. You interpreted lab results, nutritional needs, and medical treatments to guide you in your decision-making process. Great job! LM

Week 9 objective 1(a, b, c, d) – Taylor, you analyzed the pathophysiology of your patient's Rt. ankle fracture. You correlated your patient's symptoms, diagnostic tests, and pharmacotherapy to her disease process, recognizing the importance of the need for therapy and for her specific medication regimen. Great job! LM

Week 10: 1(a-h) Taylor, good job this week connecting your patient's diagnoses with her signs and symptoms. You also related her medications to each of her diagnoses and you were well prepared for medication administration. 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
Competencies: a. Perform inspection, palpation, percussion, and auscultation in the physical assessment of assigned patient. (Noticing)			S	S	NA	NA	S	NA	S	S	S	S					
b. Conduct a fall assessment and implement appropriate precautions. (Noticing)			S	S	NA	NA	S	NA	S	S	S	S					
c. Conduct a skin risk assessment and implement appropriate precautions and care. (Noticing)			S	S	NA	NA	S	NA	S	S	S	S					
d. Communicate physical assessment. (Responding)			S	S	NA	NA	S	NA	S	S	S	S					
e. Analyze appropriate assessment skills for the patient's disease process. (Interpreting)			S	S	NA	NA	S	NA	S	S	S	S					
f. Demonstrate skill in accessing electronic information and documenting patient care. (Responding)	S		S	S	NA	NA	S	NA	S	S	S	S					
	LM	**LM**	**NS**	**LM**	**DW**	**DW**	**MD**	**DW**	**DW**	**LM**	**RH**						

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 2(a,d,e) – You did a nice job prioritizing your focus on both his recent knee procedure as well as his gastrointestinal alterations. You used good assessment skills to notice numerous deviations from normal, including limited movement and abnormal gait as a result of his recent knee procedure, missing teeth that could relate to potential nutritional problems, abdominal distention, hyperactive bowel sounds, and tenderness upon palpation. You focused your assessment on the NG tube ensuring proper placement and monitoring. Overall job well done! Your documentation was thorough. Just make sure to open up all the boxes, specifically in the neuro assessment, to ensure information is not omitted. NS

Week 4 objective 2(a, d, e, f) - Taylor, you performed a thorough head-to-toe assessment on your patient. You communicated your assessment findings to your primary nurse and instructor. You correctly identified assessment skills specific for your patient such as a detailed neuro assessment. You are continuing to become more comfortable with accessing and documenting in the EMR. Keep up the good work! LM

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

Week 9 objective 2(a, b, c, e)- Taylor, you performed a thorough head-to-toe assessment on your patient identifying the importance of assessing the musculoskeletal system and pain due to her diagnosis. You properly conducted a fall risk assessment for your patient and instituted proper safety measures to help reduce your patient's risk for falls. You also performed a thorough skin assessment on your patient, documenting appropriately. Excellent job! LM

Week 10: 2(a, b, c, e) you did a thorough head to toe assessment, safety assessment, and focused assessment both days at clinical. You also documented all assessments appropriately. 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
Competencies: a. Perform standard precautions. (Responding)	S		S	S	NA	S	S	NA	S	S	S	S					
b. Demonstrate nursing measures skillfully and safely. (Responding)	S		S	S	NA	NA	S	NA	S	S	S	S					
c. Demonstrate promptness and ability to organize nursing care effectively. (Responding)			S	S	NA	NA	S	NA	S	S	S	S					
d. Appropriately prioritizes nursing care. (Responding)			S	S	NA	NA	S	NA	S	S	S	S					
e. Recognize the need for assistance. (Reflecting)			S	S	NA	NA	S	NA	S	S	S	S					
f. Apply the principles of asepsis where indicated. (Responding)	S		S	S	NA	S	S	NA	S	S	S	S					
g. Demonstrate appropriate skill with Foley catheter insertion, maintenance, & removal (Responding)			NA	NA	NA	NA	NA	NA	NA	NA	NA	NA					
h. Implement DVT prophylaxis (early ambulation, SCDs, and ted hose) based on assessment and physicians' orders (Responding)			S	S	NA	NA	S	NA	S	S	S	S					
i. Identify the role of evidence in determining best nursing practice. (Interpreting)	S		S	S	NA	NA	S	NA	S	S	S	S					

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

j. Identify recommendations for change through team collaboration. (Reflecting)			S	S	NA	NA	S	NA	**S**	S	S	S					
	LM	**LM**	**NS**	**LM**	**DW**	**DW**	**MD**	**DW**	**DW**	**LM**	**RH**						

Comments:

Week 3 3(b,c,d) – overall this week I thought you managed your time very well. You were timely in your assessments and charting, ensuring all members of the health care team were on the same page with the most recent data. You prioritized your care appropriately, meeting his pain control needs and nausea. Your timeliness allowed you to better understand your patient while also allowing you to perform additional nursing skills. In your skills, you demonstrated excellent proficiency and confidence. Job well done! NS

Week 4 objective 3(a-d, i, j) - Taylor, you demonstrated safe, skillful nursing measures throughout your clinical days on the rehab unit. You were aware of your patient's needs regarding promotion of skin integrity, fall risk, transferring limitations, and hygiene needs. You organized and prioritized your time well, including structuring your medication pass around OT and PT times. As team leader, you planned your day by prioritizing the needs of your two assigned patients. You collaborated with other members of the health care team by discussing priority needs for each patient and assisted your peers when needed. You did a terrific job! LM

Week 9 objective 3(a-d, f)- Taylor, you properly followed standard precautions and demonstrated safe, skillful nursing measures throughout your clinical days, including while providing care to your patient. You were aware of your patient's needs. You organized and prioritized your time appropriately. You correctly applied the principles of asepsis when performing a dressing change. Great job! LM

Week 10: 3(a-d) You properly followed precautions for your patient as well as when watching the nurse connect the patient to peritoneal dialysis. You recognized the need for a sterile area and to keep the connection free of contamination. You also clustered your care for your patient to the best of your abilities, even though she was calling out frequently. You showed great patience and I am sure it made her day. RH

*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: k. Administer PO, SQ, IM, or ID medications observing the rights of medication administration. (Responding)			S	S	NA	NA	S	NA	**S**	S	S	S					
l. Ensure patient safety through proper use of EHR, IV flow sheet, and BMV. (Responding)			S	S	NA	NA	S	NA	**S**	S	S	S					
m. Calculate medication doses accurately. (Responding)			S	S	NA	NA	S	NA	**S**	S	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	NA	S					
o. Regulate IV flow rate. (Responding)	S		S	NA	NA	NA	NA	NA	**S**	NA	NA	S					
p. Flush saline lock. (Responding)			S	NA	NA	NA	NA	NA	**S**	NA	S	NA					

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

q.	D/C an IV. (Responding)			S	NA	NA	NA	NA	NA	**S**	NA	NA	NA					
r.	Monitor an IV. (Noticing)	S		S	NA	NA	NA	NA	NA	**S**	NA	S	S					
s.	Perform FSBS with appropriate interventions. (Responding)	S		NA	NA	NA	NA	NA	NA	**S**	S	NA	S					
		LM	**LM**	**NS**	**LM**	**DW**	**DW**	**MD**	**DW**	**DW**	**LM**	**RH**						

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 3 3(k-s) – Very nice job this week with medication administration. You utilized good safety precautions, performing the three safety checks and ensuring all patient rights were met. Although your patient was NPO and did not receive oral medications, you still gained valuable experience with IV route. You were able to demonstrate competence with reconstituting an IVP medication. You accurately performed a saline flush using good aseptic technique while also monitoring the IV site for potential complications. You utilized the EHR for appropriate timing of pain medications which you administered via IVP with good technique. Appropriate dosage calculations were performed. Awesome job priming and hanging your first continuous infusion! You flawlessly primed the tubing without any bubbles occurring and programmed the rate correctly according to physician orders. Lastly, you gained experience with assessing a non-functioning IV site and discontinued the IV appropriately, ensuring that it was intact. Job well done with new medication skills!! NS

Week 4 objective 3(k, l, m) – Taylor, 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. Great job! LM

Week 9 objective 3(k, l, m, s) - Taylor, you administered numerous PO medications to your patient this week. You were knowledgeable about each medication. You observed the rights of medication administration and completed the 3 medication checks appropriately. You ensured patient safety by properly using the BMV system in the EMR. You performed a finger stick blood sugar measurement on your patient this week, following the correct protocol. Excellent job! LM

Week 10: 3(k, l, p) Taylor, you did well with medication administration. You were confident in your abilities and when communicating what the medications were for. You also did your three checks for the medications. You almost got to discontinue an IV, but the patient beat us to it. You did well cleaning her up and getting her sheets changed after the fact. You flushed her other IV with proper technique. 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
Competencies: 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	S					
b. Communicate professionally and collaboratively with members of the healthcare team using hand-off communication techniques. (SBAR) (Responding)			S	S	NA	NA	S	NA	**S**	S	S	S					
c. Report promptly and accurately any change in the status of the patient. (Responding)			S	S	NA	NA	S	NA	**S**	S	S	S					
d. Maintain confidentiality of patient health and medical information. (Responding)			S	S	NA	S	S	NA	**S**	S	S	S					
e. Consistently and appropriately post comments in clinical discussion groups. (Reflecting)			S	S	NA	S	S	NA	**S**	S	S	NA					
f. Obtain report, from previous care giver, at the beginning of the clinical day. (Noticing)			S	S	NA	NA	S	NA	**S**	S	S	S					
g. Provide a clear, organized hand-off report to your patient's next provider of care. (Responding)			S	S	NA	NA	S	NA	**S**	S	S	S					
	LM	**LM**	**NS**	**LM**	**DW**	**DW**	**MD**	**DW**	**DW**	**LM**	**RH**						

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

Comments:

Week 3 4(b) – Nice work with your communication and collaboration with other members of the health care team. You provided frequent updates to the assigned RN and collaborated with your classmates to learn additional skills. Nice job! NS

Week 3 4(e) –Overall your CDG this week was well done. I thought you found a relevant article based on your patient's situation that helped you learn more about your experience. Great job succinctly summarizing the information. See my comments on your posts for further detail. Overall APA formatting looked pretty good. Something to consider, for journal articles, the journal title and volume # should be italicized. Proper APA formatting for your initial post would be as follows:
Erbay Dallı, Ö., Ceylan, İ., & Kelebek Girgin, N. (2022). Incidence, characteristics and risk factors of medical device-related pressure injuries: An observational cohort study. *Intensive and Critical Care Nursing, 69*. https://doi.org/10.1016/j.iccn.2021.103180 These are tips for future success. All necessary criteria were met for a satisfactory evaluation, nice job. NS

Week 4 objective 4(a, b, e) - Taylor, 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 frequently updated me on the progress made with each patient in your role as team leader. You collaborated with OT and PT regarding your patient's care and follow up therapy needs. You identified a SBAR situation that was appropriately communicated utilizing this technique. You accurately completed a detailed team leader CDG, including your initial post and peer post. You used the TeamSTEPPS mutual support concept for your in-text citation; however, an in-text citation needs to be placed in quotes because you are retrieving direct information from the source. This was not properly completed in your initial post. Also, remember to place end quotes in your in-text citation for your peer post. Overall, you did a nice job on your CDG posts! LM

Week 6 (4e)- According to the CDG Grading Rubric, you have earned an S for your participation in your Infection Control discussion this week. Your post was detailed, thoughtful and supported by evidence. Suggestions for future improvement with APA formatting- 1. 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- (Surawicz, 2021, para 6). 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 objective 4(a, b, e) – Taylor, you communicated effectively with your patient and other members of the health care team throughout each clinical day. You used the proper SBAR communication technique, when applicable. You provided detailed CDG posts, initial and peer post. Remember to italicize the journal article title if the resource is coming from a website and italicize the journal name if the resource is coming from a journal. Neither was italicized. Also, remember to place quotations around your in-text citations as this is information coming from a direct source. Please be mindful of your publication dates, as well. One of your references was from 2009. Great job, overall! LM

Week 10: 4(a, b, c, e) Taylor, you used professional communication with your peers while on the floor as well as when participating in the CDG this week. You were able to communicate with the staff on the floor as well. You communicated any changes your patient had to both myself and the nurse caring for the patient. RH

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

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

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	NA	NA	S	NA	**S**	S	S	S					
b. Utilize appropriate termino-logy and resources (Lexicomp, UpToDate, Dynamic Health, Skyscape) when providing patient education. (Responding)			S	S	NA	NA	S	NA	**S**	S	S	S					
	LM	**LM**	**NS**	**LM**	**DW**	**DW**	**MD**	**DW**	**DW**	**LM**	**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
5a & 5b Education was given to the patient of what Ondansetron was, he expressed his concerns as to not knowing what the medication use was. Prior to administering I was able to identify by looking the medication up on Skyscape that it is used to prevent nausea and vomiting, I also educated pt on the side effect of constipation. I then was properly able to discuss to him that this medication was being given via IV push to better the nausea he was experiencing from the Small Bowel Obstruction. This was necessary prior to administering the drug so he was aware of the medication and potential side effects to look out for. He was able to express that he had an understanding of the medication after education was given, prior to administering the drug. Very good! Its important to educate our patients on each medication they are receiving, even if it seems like a routine medication for us. The more informed the patient is, the better their experience. Educating him on the potential for constipation is especially important considering his admission for a bowel obstruction. Great job with med education this week! Consider utilizing print outs for the patient to take home in future education opportunities. NS

Week 4:
5a & 5b: While caring for my patient I noticed the need for teaching about Incentive Spirometry. She was unsure of how often to use it, or when the best time is. I was able to utilize Lexicomp, along with knowledge I learned throughout lecture to educate my patient. I was able to let her know that she could set a goal of using it 10 times an hour, while awake. She was able to teach back to me how often she should use it, along with when. I also made sure it was within reach on her bedside table, I feel as though the location before was out of reach so she wasn't able to utilize it as much. As I moved it, the patient began to pick it up and use it! I also passed on to the next student nurse about the possible education on coughing and deep breathing, and the benefits she could gain doing it often. Both are excellent ways to expand the lungs, along with strengthening them. This is an excellent teaching topic for your patient! You correctly taught her the process for using an incentive spirometer. Great job! LM

Week 7:
5a & 5b- A teaching need for my patient was the need to improve impaired gas exchange while suffering from COPD. I included teaching on the importance of coughing and deep breathing every 2 hours, encouraged patient to increase fluid intake to thin secretions since she has developed a productive cough. Lastly, I encouraged the use of an incentive spirometer 10 times while awake, since she lacked the knowledge on when or how often to use device. I used Lexicomp as a resource and printed a copy of how to correctly use the incentive spirometer to my patient. To make sure she understood the information given, I used the teach back method and had the patient repeat how often to use it and when. Wonderful! Great job with education this week! MD

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

Week 9:
5a & b- A teaching need for my patient was to be able to understand why she has to be non-weightbearing to her right ankle after her internal fixation of her fracture. She also had to be explained the importance of ambulating and participating in all therapy sessions. The first day I was with my patient she was very uncomfortable with the boot implemented on her right foot. She hadn't gotten much sleep the night before because of the pain that came along with the boot. With time I was able to explain to her how being non-weightbearing is giving the time needed to heal her ankle, and how putting weight on that foot could be very harmful in the healing process. While explaining the importance of not applying pressure to the ankle, I also wanted to explain how important ambulating is and how it can help prevent serious complications; such as pressure injuries and DVT's. I used the teach back method to make sure the patient understood what I had explained to her. She also has been participating to her fullest capabilities during therapy sessions. She is extremely driven and excited to work towards getting to go home. I was able to use Lexicomp as a resource during teaching. Excellent, Taylor! LM

Week 10:
5a & b- A teaching need for my patient were interventions to improve gas exchange since she had been experiencing exacerbation of COPD. She was prescribed Prednisone to improve her breathing, as she was experiencing wheezes along with a nonproductive intermittent cough that was beginning to occur frequently. On top of these interventions I felt the need to teach about the incentive spirometer, since Wednesday she did not have one and had not been told how to use one in any previous stays. I explained the importance of using it frequently (10x per hour while awake) during her hours awake and how it improves lung capacity and should help with her breathing. She seemed to be a little forgetful of how to use it on Thursday so I made sure to explain again, to clarify in case of discharge later that day. She also was educated on taking her morning medications in increments, as she had trouble swallowing them Wednesday. Thursday I was able to separate her morning medications up so she did not have a coughing spell and have trouble getting them down properly. I used Skyscape as a resource when reviewing the importance and how to use the incentive spirometer correctly! Great observation and implementation! RH

Week 11:
5a & b- A teaching need for my patient was teaching the importance of turning and repositioning at least every 2 hours. My patient was at high risk for developing pressure injuries and skin breakdown. She also has been experiencing pain and discomfort in her back along with her coccyx due to laying supine without implementing pillows. I was able to explain to her how turning and repositioning at least every 2 hours is often used to lessen pressure and friction on the skin. With being dehydrated, it makes it even more important to protect the skin. I was able to utilize Lexicomp and print an article on the importance of repositioning. I gave this to my patient while having her go through the document with me. This allowed her to be actively engaged in her own learning and allowed her the ability to ask questions afterward. To validate her learning I asked her to repeat back to me how often to be repositioned and to use pillows. She was very actively engaged and thankful for the additional information that was provided for her.

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
a. Develop and implement a priority care map utilizing the nursing process and clinical judgment. (Noticing, Interpreting, Responding, Reflecting)			NA	NA	NA	NA	S	NA	**S**	S	NA	NA					
b. **Identify factors associated with Social Determinants of Health (SDOH) &/or cultural elements that have the potential to influence patient care.**** (Noticing, Interpreting, Responding, Reflecting)			S	S	NA	S	S	NA	**S**	S	S	S					
	LM	**LM**	**NS**	**LM**	**DW**	**DW**	**MD**	**DW**	**DW**	**LM**	**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:
6b: My patient is a Veteran that is visually and hearing impaired, because of his 3 years in service he has been given the opportunity to go to through the VA clinic for health needs. This has tremendously helped him financially and medically. Through conversation I learned that they have paid for a set of hearing aids for my patient and even some medications that aren't fully covered by his primary insurance. My patient has been able to live with a better quality of life because of this, which is fantastic!
Awesome!! It sounds like you were able to learn a lot about your patient and the potential for determinants of health! I encourage you to review SODH online to learn a little bit more about what can negatively impacts one's health, weather its low education status, lack of support, etc. Great job identifying his positive influences to his care. NS

Week 4:
6b: My patient explained to me to me that she lives with her sister in a condo, her support system is consisted of her sister and kids. She gets around the house very well, with the use of her glasses and prosthetic right eye, she is still very mobile. She still enjoys to make herself breakfast and is very excited to be going home soon to her sister. My patients strength is very good, she did very well with both Occupational and Physical Therapies, she has also been advanced to thin liquids from nectar thick, by passing her swallow evaluation. My patient states that she has no worries as to going home or being able to get around her home as there are not many obstacles, such as stairs. Her

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sister is still able to drive so they go to the grocery store together often to get their needs. You identified several SDOH for your patient. What would be some examples of the negative impacts on health that would be specific to your patient? Nice job! LM

Week 6:
6b: One of Arabella and I's patients explained to me that her support system was her boyfriend. He was the one that takes her to appointments and drives her around. She is diagnosed and living with COPD, and is a current smoker. She uses oxygen continuously at home, and also was on 6 liters nasal cannula during her Endoscopy followed by Colonoscopy. DW

Week 7:
6b: My patient lives with her boyfriend in Fremont, they have stairs in their home. She is usually accompanied by her son most days, and he is her transportation for doctors' appointments, he also works night shift while her boyfriend works dayshift, often times meaning he cannot take her to appointments. She is a current smoker in which she smokes 1 pack a day, along with being a chronic alcoholic and consuming around 6 alcoholic beverages a day. She now suffers from COPD and has frequent spells of SOB during rest and exertion. These are significant findings for her SDOH. MD

Week 9:
6b: My patient lives in a single level home by herself, she has 3 steps leading into her home that has just recently been transformed into a ramp to make it more easily accessible with her walker that she uses at home. She has an amazing support system consisting of three daughters and a part time caregiver. She is living with Diabetes Mellitus so her lifestyle has been altered in ways such as what she eats, so she can keep her sugar within limits. She checks her blood sugar daily to make sure it is within normal limits and does not need the use of insulin. She does inject her own insulin when indicated by her levels. She also has a life alert necklace that she utilizes if she has a fall or emergency at home alone. She is not a current smoker and has never been one. These are appropriate SDOH that affect your patient's health and continued care. Excellent! LM

Week 9 – 6a – You satisfactorily completed your Care Map. See comments below in the rubric for full details. LM

Week 10:
6b: My patient lives at the Ohio Veterans Home in Sandusky, and has enjoyed living there for the past 6 years. She has 3 children, 2 boys along with 1 girl, all living in the surrounding area. When my patient has appointments or needs to travel anywhere the OVH provides her with transportation. She is a current smoker, and has smoked since she was 16 about a half a pack a day. My patient suffers from COPD and occasionally receives supplemental oxygen at the OVH when her oxygen saturation goes below recommended level. She was married for 13 years and has since been divorced. That is amazing that OVH offers transportation for their residents, not many homes do this and it can cause issues with compliant care. RH

Week 11:
6b: My patient lives with her boyfriend in a trailer park in the area. Her boyfriend does not drive, however my patient does. He also was the one that found her prior to being transferred to the hospital, and had to go to their neighbors to call 911 due to not having a cellphone. She is a current smoker in which she smokes less than a pack a day of cigarettes, along with marijuana. She is retired and has 3 kids, in which she is close with her two boys and unfortunately is not close with her daughter. None of her children live in the surrounding areas. While doing her physical assessment I noticed she had upper and lower dentures, I asked her how long she has had to use them and she stated she has used the same pair for over 30 years, and wished she could afford new. I also noticed she used glasses and stated she has had bad eyesight for quite some time, she has now developed diabetic retinopathy and needs surgery.

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
a. Reflect on an area of strength. ** (Reflecting)	S		S	S	NA	S	S	NA	**S**	S	S	S					
b. Reflect on an area for improvement and set a goal to meet this need.** (Reflecting)	S		S	S	NA	S	S	NA	**S**	S	S	S					
c. Demonstrate evidence of growth, initiative, and self-confidence. (Responding)	S		S	S	NA	NA	S	NA	**S**	S	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	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	S	S					
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (Responding)	S		S	S	NA	S	S	NA	**S**	S	S	S					
g. Demonstrate the ability to give and receive constructive feedback. (Responding)	S		S	S	NA	NA	S	NA	**S**	S	S	S					
h. Actively engage in self-reflection. (Reflecting)	S		S	S	NA	S	S	NA	**S**	S	S	S					
	LM	**LM**	**NS**	**LM**	**DW**	**DW**	**MD**	**DW**	**DW**	**LM**	**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**

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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: 7A: An area of strength this week was being able to successfully complete a head to toe assessment, change a wound dressing, and give an IM injection, while maintaining patient comfort and privacy. Great job! LM

7B: An area of improvement would be to better understand how to figure out IV infusion rates. To better understand how to calculate them I plan to take 3 practice quizzes from the website found under Dosage Calculation resources on Edvance. I plan to do these quizzes before the quiz on January 17th. This is an excellent area for improvement and you provided a specific plan on how you are going to achieve this goal. Great job! LM

Week 3:

7a: An area of strength this week for me was being able to successfully administer multiple IV flushes, give 2 IV push medications, and hang/properly spike a new bag of replacement fluids and started running them properly. Excellent strengths to note! These were all new skills for you in the clinical setting. You were confident in your approach, asked appropriate questions, and performed each skill very well. Numerous strengths to be proud of this week! NS

7b: An area of weakness that I experienced this week was figuring out where everything was on the IV monitor screen. To better familiarize myself with it I plan on going in the Skills Lab this upcoming week and practice starting replacement fluids at least 3 times. I think this will take some getting used to since it is so new and we aren't working with them everyday. As we discussed in debriefing, familiarity and comfort with skills and equipment comes with experience. The more you see and do the more comfortable you will be. I think you have a very solid plan in place for improvement that will allow you to feel comfortable with the IV equipment. Nice reflection! Keep up the hard work. NS

Week 4:

7a: An area of strength this week for me was being able to use my time management skills to prioritize the needs of my patient. With OT, PT, and ST all morning, I was able to prioritize a half hour break my patient had between OT and PT to attain a set of vitals, do a safety assessment, pain assessment, complete a full head to toe, while still being able to pass her PO medications that were due at 0900. Because of this my patient was able to get the benefit of all therapy sessions and was able to take correct medications at the proper time per doctor orders. You did an excellent job coordinating care for your patient this week on the rehab unit! LM

7b: An area of weakness this week for me was documentation. I had forgot to put nursing notes in q2 hours, along with a few mistakes on my physical reassessment. To remind myself each clinical to do nursing notes every 2 hours I plan to make a reminder sheet on my clipboard of the documentation that needs to be done every clinical along with the times it should be addressed. As to better familiarize myself with the physical reassessment, I plan to go in the Computer Lab this week, and practice going through the assessment twice on the Meditech "Test." I do think practice and time will help me better document, as this week I was unsure as to how to document patients prosthesis, or what all should have been documented with it. This is an appropriate area for improvement. You also provided a detailed plan of action. Great job! LM

Week 6:

7a: An area of strength for me this week was being able to take one of my patients safely to the bathroom after his procedure. I was able to help him use proper body mechanics, while providing privacy to him by holding his gown together. Excellent! This is a very important skill to have…prevention of back injuries and safety for both you and the patient. DW

7b: An area for improvement would be to better know the correct PPE for Contact, Droplet, and Airborne precautions. I had trouble remembering the proper PPE for different infection processes. In order to better understand the proper PPE for the different infections I plan to go over the precaution handout that was provided under clinical resources and quiz myself 3 times on them before next week's clinical experience on 5 tower. Great idea! May I also suggest that you add this quick reference guide to your clipboard for all future clinicals. DW

Thank you Dawn, I now carry that with me on my clipboard!

Week 7:

7a: An area of strength this week was being able to identify my patients Rhonchi while doing her head to toe assessment. I also provided my patient with information on incentive spirometry, coughing and deep breathing, along with increasing intake. Wonderful! Great job! MD

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Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

7b: An area for improvement would be to better plan my day of care while on Rehab clinicals. Wednesday there was only about a half hour of time to do all assessments after therapy to be able to make it to therapeutic dining group on time. Thursday I did a better job of this by doing her safety and falls assessment, along with pain assessment before going down for therapy. To get better at time management I plan to make an hourly checklist of things holding high priority after report in the morning, before heading to therapy. I plan to do this each clinical to improve the care and efficiency of my patients by the end of this semester. Wonderful goal! Rehab is a difficult clinical because it really makes you plan your day. And every day is different with clinical so you never know how it will go. I think this is definitely an achievable goal for you! MD

Midterm- Taylor, 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 1 of the 2 required care maps for this semester. At midterm, you are satisfactory for all clinical competencies within this tool, except for (1) NA-3g Foley care. 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 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:
7a: An area of strength this week was being able to perform my first Dry Sterile dressing change in the clinical setting. I was able to perform this skill both on 03/15 along with 03/16, which made me feel very confident in the skill. My nurse was very helpful as to showing me where the correct supplies were in the PAR room, along with assisting me when I had questions. Great job, Taylor! LM
7b: An area of weakness for me was not being very present during Occupational and Physical Therapies with my patient on the second clinical day. I felt as though I wasn't much help to the patient during this time along with the therapists. I feel as though I was more worried of being in the way, than allowing myself to ask questions or ask why some exercises were done with my patient, rather than others. To improve on this, I plan to engage myself more during every therapy session my patient has during each day of clinicals and allow myself the opportunity to ask questions, so I can better feel connected and useful to my patient. I will have this accomplished by week 15 of the Medical Surgical Nursing course. While learning ways to implement ways to do daily activities safely when my patient has impaired mobility. You recognized this and provided an appropriate plan for improvement. Great job! LM

Week 10:
7a: An area of strength for me this week was being able to identify the need to discontinue one of my patients IV sites. On Wednesday I noticed it had begun bleeding heavily and causing discomfort to my patient. I felt as if there was no use in the IV site as she had another IV site that was working well. I also did a good job examining her IV site in her right ac; as there was a small bruise beginning to appear but was still patent and intact without causing any discomfort. While monitoring the right ac site on Thursday I noticed the bruise had not grown and was still not causing any discomfort to the patient. RH
7b: An area of weakness for me was having difficulty identifying my patients adventitious lung sounds on the first day of clinical (Wednesday). My patient has a history of COPD and while doing my head to toe assessment I was able to identify that her breath sounds were diminished along with an unusual sound, but couldn't quite pinpoint that they were wheezes. To improve on this I plan to go over the different lung sounds using my foundations of nursing book along with video resources. I plan to do this at least 3 times by next Wednesday (clinical). Sometimes wheezes are combined with other lung sounds, or can be "wet" which can be difficult to identify. RH

Week 11:
7a: An area of strength for me this week was being able to prime primary tubing, spike a new bag of Lactated Ringers, and reconstitute an IV push medication. I felt as though I did well with these skills and feel even more confident about doing them in future clinicals.
7b: An area of weakness for me this week was giving a subcutaneous Insulin injection. I had difficulty maneuvering the excess subcutaneous tissue on my patients anterior side of her arm while pinching the skin to give the injection at a 90 degree angle. To improve on this I plan to watch videos on Insulin administration 3 times before my next clinical. I also would like to practice the skill in the skills lab the next time we have one.

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

Student Name: Taylor Fox	**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: 02/22/23 – 02/23/23 Week 7		

	Criteria	3	2	1	0	Points Earned	Comments
Noticing	1.Identify all abnormal assessment findings (subjective and objective); include specific patient data.	**(lists at least 7*) *provides explanation if < 7**	**(lists 5-6)**	**(lists 5-7 but no specific patient data included)**	**(lists < 5 or gives no explanation)**	3	All requirements met. MD
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	**(lists at least 3*) *provides explanation if < 3**		**(lists 3 but no specific patient data included)**	**(lists < 3 or gives no explanation)**	3	
	3. Identify all risk factors relevant to the patient.	**(lists at least 5*) *provides explanation if < 5**	**(lists 4)**	**(lists 3)**	**(lists < 3 or gives no explanation)**	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	All requirements met. MD
	5. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	6. Identify all potential complications for the top nursing priority problem.	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**	3	
	7. Identify signs and symptoms to monitor for each complication.	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**	3	
Responding	8. List all nursing interventions relevant to the top nursing priority.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	All requirements met. MD
	9. Interventions are prioritized	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	10. All interventions include a frequency	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	11. All interventions are individualized and realistic	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	12. An appropriate rationale is included for each intervention	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
Refl	13. List all of the highlighted reassessment findings for the top nursing priority.	**>75% complete**	**50-75% complete**	**<50% complete**	**0% complete**	3	All requirements met. MD

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

	14. Evaluation includes one of the following statements: • Continue plan of care • Modify plan of care • Terminate plan of care	**Complete**			**Not complete**	3	
Total Possible Points= 42 points 42-33 points = Satisfactory 32-21 points = Needs Improvement* < 21 points = Unsatisfactory* ***Total points adding up to less than or equal to 32 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.** **Faculty/Teaching Assistant Comments:**						**Total Points: 42/42 Satisfactory MD** **Faculty/Teaching Assistant Initials:** MD	

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

Student Name: Taylor Fox				**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: 03/15/23 – Week 9							
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**	**Taylor, you provided 14 abnormal assessment findings. Great job! You also provided detailed abnormal lab and diagnostic findings along with identifying risk factors. Excellent job!**
	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 correctly highlighted the assessment findings and lab/diagnostic findings pertaining to your patient's top priority problem. I would also highlight tingling of fingertips because this could affect mobility in terms of difficulty with the use of assistive devices.**
	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**	**You identified potential complications and appropriate signs and symptoms to monitor. Excellent job!**
	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 listed several nursing interventions relevant to your patient's top nursing priority. You were very specific, prioritizing the interventions appropriately. Each intervention included a frequency and was individualized. You also provided a rationale for each intervention. Excellent job, Taylor!**
	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**	
Refl	13. List all of the highlighted reassessment findings for the top nursing priority.	**>75% complete**	**50-75% complete**	**<50% complete**	**0% complete**	**2**	**You addressed/reassessed highlighted assessment and diagnostic findings; however, when**

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

ecting	14. Evaluation includes one of the following statements: • Continue plan of care • Modify plan of care • Terminate plan of care	**Complete**			**Not complete**	**3**	**you are reassessing, you want to be very specific. An example would be: No improvement with ROM Rt. lower extremity; what type of fall precautions were maintained; no change in pitting edema +2 left lower ankle. You need to make sure that the evaluation provides measurable information. How do we know if findings are improved or worsening? You noted to continue the plan of care.**

Total Possible Points= 42 points
42-33 points = Satisfactory
32-21 points = Needs Improvement*
< 21 points = Unsatisfactory*
***Total points adding up to less than or equal to 32 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.**

Faculty/Teaching Assistant Comments: **Taylor, you did an excellent job on your care map! You provided a specific, individualized plan of care for your patient. Keep up the great work! LM**

Total Points: **41/42 = Satisfactory care map**

Faculty/Teaching Assistant Initials: **LM**

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

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

Student name: Taylor Fox								
Skills Lab Competency Evaluation Performance Codes: **S**: Satisfactory **U**:Unsatisfactory	**Lab Skills**							
	Week 1	**Week 1**	**Week 1**	**Week 1**	**Week 1**	**Week 2**	**Week 2**	**Week 9**
	IV Math (3,7)*	**Assessment** (2,3,4,5,7)*	**Insulin** (2,3,5,7)*	**Lab Day** (1,2,3,4,5,6,7)*	**IV Skills** (2,3,5,7)*	**Trach** (1,2,3,4,5,6,7)*	**EBP** (3,7)*	**Lab Day** (1,2,3,4,5,6,7)*
	Date: 1/12/23	**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 1/19/2023) – During this lab, you satisfactorily demonstrated competence with tracheal airway suctioning and tracheostomy care. You explained each step to your patient and made sure they were tolerating the procedure well. You did a great job of maintaining the sterile field. Keep up the good work! RH
(EBP Lab)- You actively participated in the online searching process for evidence-based practice literature, as well as reviewing example articles to determine appropriate selection and information needed when summarizing a research article. LM/LK

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

Simulation Evaluation Performance Codes: **S**: Satisfactory **U**: Unsatisfactory	**Student Name: Taylor Fox**							
	vSim- Vincent Brody (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	**vSim**- Juan Carlos (Pharmacology) (*1, 2, 3, 4, 5, 6)	**vSim**- Marilyn Hughes (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	Simulation #1 (Musculoskeletal & Resp) (*1, 2, 3, 4, 5, 6, 7)	Simulation #2 (GI & Endocrine) (*1, 2, 3, 4, 5, 6, 7)	**vSim**- Stan Checketts (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	**vSim**- Harry Hadley (Pharmacology) (*1, 2, 3, 4, 5, 6)	**vSim**- Yoa Li (Pharmacology) (*1, 2, 3, 4, 5, 6)
	Date: 1/30/23	**Date: 2/13/23**	**Date: 2/24/23**	**Date: 3/1 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	NS	DW	MD	DW				
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA				

* Course Objectives

Comments:
Week 3 Vincent Brody – All requirements were completed by the assigned due date and time. NS

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

STUDENT NAME(S) AND ROLE(S): Taylor Fox (M)
GROUP #: 6
SCENARIO: MSN Scenario #1 - Part 2
OBSERVATION DATE/TIME(S): 3/2/2023 0930-1100

CLINICAL JUDGMENT COMPONENTS	OBSERVATION NOTES
NOTICING: (2) * • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B	Asked about medication administration (How patient takes pills). Asked about allergies. Consider asking patient about injection location preference. Did not address social diversity by asking preferred pronouns. Focused observation on patient pain, Noticed pain (6/10) to non-surgical extremity. Did not collect associated data related to pain (description, radiating pain, aggravating factors, etc.).
INTERPRETING: (1) * • Prioritizing Data: E A D B • Making Sense of Data: E A D B	Prioritized Percocet administration for complaint of pain. Made sense of resp. distress being related to PE. Did not make sense of DVT due to non-compliance. Prioritized morphine for continued pain relief. Prioritized enoxaparin for PE.
RESPONDING: (2,3,4,5,6) * • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B	Had to take over communication with provider, did her best to relay information that was obtained by assessment nurse while also focusing on her assigned role. Good team player. Remained composed. Med nurse assumed team leading role providing directions to the team to ensure interventions are performed timely. Unsure how to perform dosage calculation for enoxaparin. Having to assume different role for patient safety notably altered thought process. Discussed and remediated in debriefing. Good job with IM and subcutaneous injections. Appropriate needle size selected. Used BMV to confirm physician orders.
REFLECTING: (7) * • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.

SUMMARY COMMENTS: * = Course Objectives

Satisfactory completion of the simulation scenario is a score of "Developing" or higher in all areas of the rubric.

E= Exemplary

A= Accomplished

D= Developing

B= Beginning

Scenario Objectives:

1. Select physical assessment priorities based on individual patient needs. (2)*
2. Implement appropriate nursing interventions based on patient's assessment. (1,3,6)*
3. Communicate appropriately with the patient, family, team members, and healthcare providers incorporating elements of clinical judgment and conflict resolution. (4,7)*
4. Provide patient centered care with consideration to cultural, ethnic, and social diversity. (2,3,6)*
5. Provide appropriate patient education based on diagnosis. (5)*

Lasater Clinical Judgement Rubric Comments:

Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Makes limited efforts to seek additional information from the patient and family; often seems not to know what information to seek and/or pursues unrelated information.

Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. In most situations, interprets the patient's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse.

Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Shows some communication ability (e.g., giving directions); communication with patients, families, and team members is only partly successful; displays caring but not competence. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. Is hesitant or ineffective in using nursing skills.

Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.

Satisfactory completion of MSN Scenario #1.

EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2023

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

I was given the opportunity to review my final clinical ratings in each course competency. I was given the opportunity to ask questions about my clinical performance. I have the following comments to make about my clinical performance/final clinical evaluation:

Student eSignature and Date:
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`12/9/2022