

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

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

Student:

Final Grade: Satisfactory/Unsatisfactory

Semester: Spring

Date of Completion:

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

Faculty eSignature:

Teaching Assistant: Rachel Haynes, BSN, RN

DIRECTIONS FOR USE:

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

METHODS OF EVALUATION:

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

ABSENCE (Refer to Attendance Policy)

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

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

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

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

UNSATISFACTORY CLINICAL PERFORMANCE

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

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

OTHER

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

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

Date	Care Map Top Nursing Priority	Evaluation & Instructor Initials	Remediation & Instructor Initials	Remediation & Instructor Initials
1/27/2023	Ineffective Coping	S/NS	NA	NA
2/2/2023	Risk for Infection	S/RH	NA	NA

Note: Students are required to submit two satisfactory care maps over the course of the semester. If the care map is not evaluated as satisfactory upon initial submission, the student may revise the care map based on instructor feedback/remediation and resubmit until satisfactory. At least one care map must be submitted prior to midterm.

Objective

1. Illustrate correlations to demonstrate the pathophysiological alterations in adult patients with medical-surgical problems. (2,3,4,5)*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies:			S	S	S	Na	S	NA	S	S	S	NA					
a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting)			S	S	S	Na	S	NA	S	S	S	NA					
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			S	S	S	Na	S	NA	S	S	S	NA					
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			S	S	S	Na	S	NA	S	S	S	NA					
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			S	S	Na	Na	S	NA	S	S	S	NA					
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	S	S	Na	S	NA	S	S	S	NA					
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			S	S	S	Na	S	NA	S	S	S	NA					
g. Assess developmental stages of assigned patients. (Interpreting)			S	S	Na	S	S	NA	S	S	S	NA					
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		S	S	S	S	S	NA	S	S	S	NA					
	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, 71F, GI Bleed	3T, 78M, UTI/SEPSIS	Infection Control, Digestive Health	ECSC	56, F 3t DKA	SIM #1	Midterm	5T, 62 F, RHABDO	3T, 70M, AMS, ENCEPHALOPOTHY						
Instructors Initials	RH		NS	RH	DW	DW	RH	NS	NS	LM	KA						

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 3 (a-h) – This week you were able to discuss the pathophysiology related to your patient’s primary medical diagnosis of a GI bleed. Nice job correlating her abnormal hgb levels with the symptoms she was experiencing, including lethargy and anxiety. You understood the importance of hgb and its oxygen carrying capacity and discussed potential complications. You were able to discuss the rationale behind the EGD procedure and correlated the cause of the bleed being related to overuse of NSAIDS. Overall nice job this week putting the pieces together to better understand your patient’s diagnoses and care required. NS

Week 7 : remember to include your patient diagnosis in the bottom box . You did well discussing the pathophysiology related to your patient’s current and new diagnoses. RH

Week 9 objective 1(a, b, c)- Natasha, you correctly analyzed the pathophysiology of your patient’s condition of reduced mobility due to Rhabdomyolysis. You correlated your patient’s symptoms and diagnostic tests to her disease process. You understood the creatine kinase (CK) levels as it relates to Rhabdomyolysis. Great job! LM

Week 10 – 1a , b, c, e– You did a nice job discussing on clinical your patient’s disease process and what nursing was doing to help the patient. You were able to discuss symptoms we were monitoring and managing in your patient as well as pertinent labs for your patient’s diagnosis. KA

Week 10 – 1d – You did a nice job reviewing all your medications before you administered them to the patient. You were able to discuss the reason why the patient was taking the medication as well as what we were monitoring the patient for. You also were able to discuss what information was needed to determine if the medication should be administered (i.e. blood pressure, pulse). KA

Objective

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

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

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 2 2(a,d) – Nice work with your assessment this week. Numerous deviations from normal were identified during the physical assessment. You were able to notice 1+ pitting edema in the lower extremities, incision with excessive bruising around the knee/leg, limited mobility, irregular bowel patterns with dark liquid stool, and psychosocial deviations such as increased stress, anxiety, and depression. Good, thorough assessment! I appreciated the level of detail put into your nurses notes to advocate for your patient. You conveyed the situation well and used excellent descriptive details. NS

Week 7: 2(a-f) you did a thorough head to toe assessment as well as a falls/safety assessment on your patient this week. You did great with reporting new findings to the nurse caring for your patient as well as keeping me informed. You were able to access the EHR to learn more about her stay as well as look up her medications. RH

Week 9 objective 2(a, b, c, e)- Natasha, you performed a thorough head-to-toe assessment on your patient identifying the importance of assessing the neurovascular and musculoskeletal systems 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 – 2a, d – You did a nice job thoroughly assessing your patient and notifying your nurse of any pertinent information. KA

Week 10 – 2f – You utilized the EMR to research your patient and determine what care needed to be provided to your patient throughout the day. You also interviewed the patient to gather further information that may not be easily found in the patient's EMR. KA

Objective

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

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

Comments:

Week 3 3(c,d) – You were very well-organized with your time this week. You were able to prioritize your care effectively by ensuring her physical needs were met, then shifted your focus to her psychosocial needs which became the priority of her care. You were able to spend a great deal of time providing support in a time of need. NS

Week 7: 3(c,d) You did great with prioritizing your care and being organized this week. You were sure to have your patient cared for and charting done prior to her testing that was done off the floor, so you were ready to go with her. RH

Week 9 objective 3(a-d, f)- Natasha, 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 applied principles of asepsis during your patient's elbow dressing change. Excellent job! LM

Week 10 – 3b – You did a great job observing your patient's peritoneal dialysis and assisting the nurse when possible in the process. KA

Week 10 -3c & d – You were very organized in the care you provided to your patient on both days and prioritized care based on your patient's assessment. You prioritized pain medication for you patient's pain assessment and advocated for a medication change when the patient wasn't responding to the medication he was ordered. KA

Objective

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

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

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) – Overall medication administration went well this week. On day one your approach was spot on, ensuring the patient had full understanding of the medications she was being administered. You were very well-prepared to discuss each medication including implications, side effects, and assessments. On day 2, we had a good learning experience on how distractions in the room can alter your thought process. While I felt you handled the situation as well as you could, in the future I will be more cognizant of ensuring a quiet space. I thought you reflected well on the experience and it will be a great learning tool for the future. You did an awesome job with your IM injection, using proper technique and needle safety. Job well done. You also gained experience performing a saline flush, reconstituting and administering an IVP medication and multiple PO medications. You were able to monitor the IV site closely for potential complications, maintained the IV flow rate, and maintained a continuous infusion line. Good job with aseptic technique in each skill. Overall a successful week administering medications! NS

Week 7: 3(k-s) Overall you did great with medication administration this week. You were a great advocate for your patient and her pain and you were able to quickly look up any PRN medication that could be given for her pain relief. You also did great with medication administration of her daily medications. You were able to look up her protocols for her insulin and decipher which dose was correct and also injected insulin with proper technique multiple times. Great job! RH

Week 9 objective 3(k, l, m) – Natasha, you administered several PO medications to your patient this week. You also administered a subcutaneous Lovenox injection, correctly following the process for administration. You were knowledgeable about each medication's use, dosage, route, common side effects, classification, and nursing considerations. You observed the rights of medication administration and completed the 3 medication checks appropriately. You ensured patient safety by properly using the BMV system in the EMR. Excellent job! LM

Week 10 – 3k – You did a nice job administering your medications this week. You observed the rights of medication administration and was able to answer all questions about your medications. You had the opportunity to pass PO, SQ, Topical, and IV medications this week. You did not hold the insulin pen at the SQ site long enough during your first injection. After we discussed this and the proper length to hold the SQ injection, you corrected your technique and performed the procedure multiple times. You performed the medication administration process with practiced dexterity. KA

Week 10 – 3p – You did a nice job flushing your patient's IV this week and ensuring patency of the IV line. You were able to document this appropriately in the EMR. KA

Week 10 – 3r – You did a nice job monitoring your patient's IV site this week and documenting your assessment in the EMR. KA

Week 10 – 3s – You did a great job performing the FSBS skill on your patient and reviewing the MAR to determine the need for insulin related to the results. KA

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies:			S	S	S	S	S	NA	S	S	NA						
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	NA						
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	NA						
c. Report promptly and accurately any change in the status of the patient. (Responding)			S	S	S	S	S	NA	S	S	NA						
d. Maintain confidentiality of patient health and medical information. (Responding)			S	S	S	S	S	NA	S	S	NA						
e. Consistently and appropriately post comments in clinical discussion groups. (Reflecting)			S	S	S	S	S	NA	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	NA						
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	NA						
			NS	RH	DW	DW	RH	NS	NS	LM	KA						

Comments:

Week 3 4(a,b) – Communication was a noticeable strong suit of yours this week. You made a therapeutic connection with your patient which allowed her to confide in you the struggles she was going through. You took the time to truly listen to her concerns and made a positive impact on your patient during a difficult time. You also collaborated well with the nurses on the floor, advocating for your patient's needs and ensuring pertinent information was relayed to all members of the health care team. Be proud of these interactions! The bedside RN made it a point to comment on the positive care you provided. NS

Week 3 4(e) – Overall your CDG this week was very well done. I thought you found a relevant article based on your patient’s situation that helped you learn more about your experience. Be cautious when it comes to selecting an article for the EBP project; while this is a very informative article, you may find something with specific nursing implications or interventions that can be performed and the results. Great job succinctly summarizing the information. See my comments on your posts for further detail. Your APA formatting was spot on for your initial post. For your response post to Arabella, the in-text citation can be shorted by follow the APA rules of using et al when three or more authors are involved. Correct in-text citation for your response post is as follows: (Lage et al., 2022). All necessary criteria was met for a satisfactory evaluation, nice job. NS

Week 5 (4e)- According to the CDG Grading Rubric, you have earned an S for your participation in the Infection Control discussion this week. Your post was detailed, thoughtful and supported by evidence. Nice job with your APA formatting; just one suggestion for future improvement- for your in-text citation, when there are two authors both are included in the citation. For your resource, there were three authors, therefore the the citation should include the first author and “et al.” Ex- (Doenges et al., 2019). DW

Week 6 (4e)- According to the CDG Grading Rubric, you have earned an S for your participation in the Erie County Senior Center discussion this week. Your post was detailed, thoughtful and supported by evidence. Good job with APA formatting. DW

Week 7: 4(b) I know last time you were on 3T you struggled with the PCT and nurses treating you like a coworker rather than a nursing student, and I feel your communication with them this week was great in setting that boundary and taking the clinical day as a day to learn about your patient. Good job keeping it professional RH

Week 9 objective 4(a, b, c, e) – Natasha, you communicated effectively with your patient throughout each clinical day. You explained each task before performing them. Your patient was having a difficult time throughout the day on Thursday, but you remained calm, focused, and empathetic providing encouragement to her throughout the day. You accurately completed a detailed CDG post and completed a peer post this week. Remember for journal references, the journal article has only the first letter of the first word capitalized and the journal name is italicized and each word is capitalized. Please review your peer post citation and the APA formatting examples under the resources tab. Excellent job, overall! LM

Week 10 – 4b, g – You did a nice job keeping your nurse up-to-date on all pertinent information throughout the day. You advocated for your patient and made sure the nurse was always up to date. You also provided the nurse with a concise report at the end of the day before leaving. KA

Week 10– 4e – Tasha, you did a nice job responding to all the CDG questions related to the pathophysiology for your patient’s disease process. You were able to connect all the pieces together related to your patient’s diagnosis, labs/diagnostics, medications, patient treatments, and abnormal assessment findings. You were thoughtful with your response to your classmate and added to the conversation. You included an in-text citation and reference. It looks like the reference has “works cited” in front of it which is for MLA format and therefore your formatting for your reference is a little off. You only capitalized the first letter of the first word of the title in your reference. Also, you only need the year in the parentheses in your reference and it should go between the authors and the title. Lastly, you would label it Reference. Overall you did a terrific job with your post! Keep up the nice work! KA

Objective

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

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

****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: Education related to gastric ulcer and gastrointestinal bleeding risks and prevention was provided to my patient through multiple discussions and patient education pamphlets. This was necessary, as the patient was admitted to the hospital with a GI bleed after combined use of aspirin and ibuprofen. Throughout their hospital stay, the patient continued to display confusion regarding appropriate dosage and medication administration, which was resolved with in depth conversation. A patient education sheet was printed from Dynamic Health and given to the patient. They verbalized understanding of topics, using teachback for medication dosage, and stated the patient education pamphlets would be used to reinforce education at home. **I truly appreciate the time spent with your patient providing education. It was evident that you wanted to her best understand the information provided and used a great approach. Very good use of teaching in your patient care. Awesome job!! NS**

Week 4: My patient initially had very little understanding of his diagnosis, including what it meant, and how it developed. He was very agitated when I first met him, partly due to not truly understanding what was going on. When the doctors entered the room he was abrasive and dismissive. I used the resources on the intranet to print education brochures through Lexicomp for my patient so he could better understand hydronephrosis. Before beginning my education, I highlighted material that was relevant to him, and I waited to provide education until he was emotionally/mentally ready. I used analogies to make it easier to understand, which really seemed to resonate with the patient. He verbalized understanding, and seemed to be in a better emotional state when we were finished, stating that he would be able to share with his wife what was going on. Printed materials were left on the bedside as a reference for the patient and caregivers. **You did a great job educating your patient this week by taking the time to go through and make sure to hit the points that were relevant to him. He was quite grouchy when we were doing medication administration, but by the end of the day you could tell his mood had lightened and he was friendly. RH**

Week 7: My patient required immediate education regarding fall precautions. She was at times forgetful, and attempted to get up or do things on her own, especially in the bathroom, which was concerning given her uneven gait. Throughout her stay, I followed fall precautions, explaining the steps and reasoning as I went to reinforce the education. I provided the patient with the admission folder explaining fall precautions, and why they are put in place. **Good education topic and looking out for your patient. Also, great job using the resources the patient already had! RH**

WEEK 9: My patient requested education regarding her Lovenox injections. It was a medication that was new and unfamiliar, and she was aggravated that it was an injection. We discussed the importance of DVT prevention, and the reasoning behind its administration while in the hospital. I used Lexicomp brochures to reinforce my teaching, and as a reminder at the bedside regarding our conversation. My patient stated understanding, and when asked, was able to provide the reasoning behind the medication administration. Due to her cognitive delays, it was at times difficult to education, and for her to retain information. **Excellent job, Natasha! LM**

WEEK 10: My patient required education regarding his positive orthostatic hypotension. This was a new diagnosis, and we believe was a contributing factor into his increased recent falls. He was completely unaware of the cause behind orthostatic hypotension, so he needed a lot of education, and reminders, on changing positions slowly, and listening to his body. He was also unaware of the possibility of vasovagal, so he was educated on this process before using the bedside commode. My patient was not interested in Dynamic Health or Lexicomp education brochures, so I instead used consistent positive reinforcement and explanation throughout clinical, sourcing my information from research on PubMed. **Tasha, you did a great job sitting with him and educating him on this. I think the information you provided to him was very beneficial. KA**

Objective

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

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

****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: Lack of transportation, Inadequate support systems, Advanced age and lack of mental health support. My patient showed high levels of anxiety, often expressing a lack of reliable support systems, the fear of not being able to drive, fear of advanced age and new health concerns as well as developing mental health concerns. **Very good! As you learned while caring for your patient, there is some hesitancy related to her support system. While she relied on her private pay home health service, there are certainly factors that could influence her care. NS**

WEEK 4: Advanced age, inability to perform ADL, lack of available resources (no hooyer/equipment at home), education level leading to resistance of medical intervention (refusing therapy placement), impaired mobility **Great observations! Part of his resistance to medical intervention could have been because of the lack of knowledge of his diagnosis, which you helped him with by taking the time to educate him. He may be more open to medical interventions now due to better understanding. RH**

Week 5: Education level leading to resistance of medical compliancy. Repeated interventions due to noncompliance in plan of care. Lack of transportation to scheduled appointments. A patient in digestive health was non compliant for the bowel prep instructions, eating food prior to the surgery that was not allowed. They had also missed scheduled appointments leading to a higher frequency of interventions such as colonoscopy to monitor the reoccurrence of their colon cancer. **Good observation and reflection! DW**

Week 6: Advanced age, impaired mobility, inability to perform ADL, lack of transportation. Many of the visitors at the ECSC were unable to drive, and arrived via bus. Some of them were very anxious regarding missing the bus time and being stranded. The majority of people were of advanced age, with quite a few experiencing impaired mobility, requiring the use of a walker or cane. One person in particular struggled to perform ADL, they required their lunch to be served to them, and they struggled with

parts of the activity due to tremors and left sided deficiencies. Sandusky is fortunate to have services such as the senior center, to help reduce some of the SDOH that the older adult population experiences. Good reflection, Natasha! DW

Week 7: Impaired mobility, inability to perform ADL, lack of available resources, lack of reliable transportation, lack of mental health support. My patient had a new diagnoses, and frequent re admissions due to a chronic condition. Her lack of resources regarding Type 1 diabetes lead to her most recent hospitalization, where a new diagnosis was discovered. Mobility, transportation, and ADL were all affected by this new diagnosis, and will continue to decline as her condition progresses. My patient's family was also concerned of their mental health, a psychiatrist suggested outpatient therapy with no referral. Given the new diagnosis, I don't believe my patient will prioritize their mental health, which will continue to affect their daily life. Good observations! I hope that is not the case, but I can also see it being true. Mental health is something that is usually put on the back burner when one is ill, but really it should be addressed sooner. RH

WEEK 9: Impaired mobility, inability to perform ADL, lack of reliable support system, education level leading to resistance of medical intervention, impaired and delayed cognitive function. My patient was high functioning MRDD, which impacted her care due to her not understanding interventions, such as her walker, to keep her safe. She was very frustrated with the walker, at one point throwing it, because she had difficulty grasping why it was important to use. She was at times agitated and/or tearful, because she felt like her caregiver was mad at her, and that her support system wasn't visiting. Due to her recent falls and rhabdomyolysis, she had impaired mobility, and even more difficulty with her ADL. These are all factors influencing your patient's care this week. You did an excellent job remaining calm and supportive throughout the clinical days. LM

WEEK 10: Impaired mobility, lack of mental health support, inability to perform ADL, recent hospitalization, and reoccurring interventions, resistance to medical care due to lack of education. My patient was struggling with the changes taking place in his body, and the need to slow down and recognize when he was getting dizzy, to prevent a fall. He has had many recent hospitalizations, and has required multiple stays in rehab, all stemming from a singular fall which resulted in a T9 fracture, concussion, and intubation. He had a history of mental health diagnosis, including anxiety and depression, but was struggling with new feelings related to his recent hospitalizations. Medication was being provided, but I think he would have also benefitted from the use of outpatient therapy to help cope with these recent changes. The recent inability to perform ADL, such as standing for long periods of time to cook or clean were a newer struggle for my patient. Overall, he was having a hard time adjusting and understanding the changes taking place. What a great overview of all the different pieces that impact his overall health and his ability manage it. KA

Objective

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

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

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

Comments:

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 1 7a: I felt very comfortable with FSBS and insulin administration. I have a lot of experience with FSBS, and was surprised with the ease of math once I got the hang of it. RH 7b. My area for strength was definitely my self confidence, I was easily rattled, and had a hard time thinking clearly when I was stressed over something small. I will try to work on this by keeping a positive mindset. The first week is overwhelming as there is a lot of information thrown at the students. Try and relax, as impossible as that may seem right now, and know that confidence comes with practice. As we go along through the semester you will build on your skills and confidence through practicing in the clinical setting as well as lab/simulations. Confidence does not appear overnight. Remember when writing goals, we are looking for what you want to improve, how you will do that, and when you will do it by. RH

Week 3 7a: An area of strength this week was the emotional support I offered to my patient. I was able to build a strong sense of rapport, providing the patient with a sense of security by assisting with patient centered care and advocacy. Given the information that was provided to me, I did an excellent job advocating for my patient and trying to meet their needs. Absolutely! You took the time to truly listen to her concerns and made her felt heard. You utilized your time as a student to connect with her, which made a positive impact on her stay. I thought you did a great job advocating for her and providing her with resources to utilize on discharge. Great strength to note!! NS

Week 3 7b: An area of growth would be the time management needed to adequately research my patient and read reports from the physicians. Due to the amount of time spent in the patient room, I felt behind in my research, and was fearful that my charting was sloppy. As a student, I will always encourage you to put the patient first, which you did. She had some important needs that you were able to address and made her feel comfortable in your care. While this may have thrown your time management off some, the impact you made on her is far more important. I do appreciate the fact that you made it a priority to gather more information even when your clinical experience was over. When reflecting in this section, be sure to include a specific plan for improvement. What can you do in future clinicals to help with time management? Great job this week!! NS

Week 4 7a. An area of strength this week was my firm yet courteous manner in which I interacted with my patient. I feel that I did a good job of remaining professional and calm, while still providing the necessary level of care that my patient needed. Medication pass was a bit tedious due to patient reluctance, but we got through it and I feel that it went a lot better than med pass last week, which was my area of weakness. Med pass was a little difficult with your patient this week, but you did well communicating with him to get through. You were patient and understanding while also being firm that he needed to take them rather than just ignore you. Great job! RH

Week 4 7b: An area of weakness definitely consisted of my inability to set boundaries with the staff on the unit. I felt like I was being pulled in a million different directions, and was being approached by a lot of floor nurses asking/telling me to do PCT work, even though either they or a PCT were available to do the task. I definitely felt like it affected my clinical experience and what I was able to take from it from the perspective of a student. I find it difficult to make a plan to amend this, because I don't want to get in trouble with work for seeming like I'm not a team player. In the future I could try and explain that I am busy, but I don't think this would go over especially well, so I'm a bit reluctant to try. I think this is a good plan. These conversations may be difficult because it can seem like you are not being a team player, but you could have missed out on educational activities due to being pulled in so many situations. I agree this probably impacted your learning this week, which is not fair to you. If you need to sit down and brainstorm ways to address it, let me know! Learning to say "no, I cannot do that right now" is hard, but in this case I feel it would benefit your learning experience as a student. RH

Week 5 7a: An area of strength this week was my willingness to learn and explore different clinical settings that I was not used to. I learned a lot, and felt comfortable asking a lot of questions in both clinical experiences to really capitalize on the experience and to learn as much as possible. The digestive health clinical was initially a bit intimidating, but Dr. Ditty made me feel comfortable and did a good job explaining what he was looking for and doing with the colonoscopy. His nurse was also very helpful and answered all of my questions. Thank you for taking an active approach to your learning. DW

Week 5 7b: An area of weakness was my time management. I am typically very good at balancing everything, but this week I obviously struggled and submitted my Clinical Tool late. I typically remember when things are due on a weekly basis simply because of the repetition, but each week I have forgotten something, with this week being school related. I need to do a better job of listing every single deadline/appointment out and following my schedule more closely so I don't continue to forget things. (7f)- Thank you for addressing your U in your opportunity for improvement. I know you are giving your best. Sometimes things slip through the cracks. Enhancing your to-do list should do the trick. I am confident in you and trust that this will not become a pattern. DW

Week 6 7a. This week my area of strength was my time management. The activity for the senior center was very involved, and I had a lot of tasks to complete behind the scenes to make it successful. I was adamant to not repeat the same mistake as last week, so I have been actively trying to manage things better, plotting out my week in advance. It seemed like everyone had a really good time, which made the entire experience really rewarding. Natasha, I am so glad that you've been able to see the fruits of your labor and that a previous opportunity for improvement is now a strength. Well done! DW

Week 6 7b: My area of growth this week would be my social skills. My partner, Kennedy, is very bubbly and outgoing, very easily able to strike up a conversation with anyone. I on the other hand am more reserved and detail oriented, which I think sometimes makes me a bit awkward. I was uncomfortable in the new environment and had a hard time making small talk. I would like to improve on this by purposefully putting myself in uncomfortable social situations to work on my conversation skills. I can totally relate to this. It is often much easier to see when you are partnered with an extrovert that can talk to anyone about anything. I like your plan. How many times will you do this and by when? Please make sure you include these details in future goals to avoid an NI or U. DW I will work on my social skills by putting myself in uncomfortable situations at least once a day in normal environments, but three times each shift I work. I will re-evaluate this in a month, and make a new goal based on my re-evaluation.

Week 7a: This week my strength included my ability to set boundaries with co-workers. A co-worker asked me to intervene with my classmates regarding a policy, and I referred her to speak with my clinical instructor and the unit director if she had any concerns. This was uncomfortable because I did not appreciate being put in that situation, as it was inappropriate, but I was proud of myself for improving a previous weakness I had. I am so proud that you were able to do this! I know that was hard for you, as we discussed it previously. Great job! RH

Week 7b: An area of growth this week would be my comfort level with helping patients through a difficult diagnosis. I was uncomfortable at times around my patient and their family, as there were a lot of emotions regarding the new diagnosis. I wanted to be there for my patient, but didn't always know the right thing to say. I remained empathetic, and did not provide false hope, but it still felt awkward. I will improve on this by reading first hand accounts of people with chronic or debilitating diseases, and methods caregivers provided to them that were helpful. I will read three first person accounts before clinical next week. I have found a good thing to say is "I don't know what to say, but I am here if you need something." We will not always know what our patient is going through, but lending them an ear or someone to lean on in difficult times is something we can do. It will most definitely feel awkward for a while, but it does get easier. RH

Midterm Comment – Natasha, great job throughout the first half of the medical-surgical nursing semester. I appreciate your ability to self-reflect and set goals for yourself. You think outside of the box when reflecting and demonstrate a desire to improve yourself, keep it up! It appears that you have had the opportunity to perform numerous skills, enhance your clinical judgement, provide patient care, and reflect on your experiences. You are satisfactory in all competencies at this point of the semester, awesome work! Continue to seek out opportunities for the competencies presented in objective 3 related to medication administration. The more experience you can get the better! You have satisfactorily completed both required care maps for the semester, a demonstration of your good prioritization and time management. Continue to work hard as we enter the second half of the semester, you are doing a great job! NS

WEEK 9 7A: An area of strength this week was my ability to support my patient and turn around their “very bad day.” I did an excellent job with my time management, which provided extra time for me to support my patient and do activities that made them happier. We were able to work on word searches, color, and I provided a manicure, which really brightened my patient’s mood. You provided distractions to assist in improving your patient’s mood. Great job! LM

Week 9 7B: This week I struggled with over analyzing and being super critical with my performance. This is an area of growth that I really struggle with. Some weeks I do a great job, and other weeks I self-reflect to the point that it is degrading and affects my confidence. I will continue to work on improving this by thinking of a positive aspect for every negative situation that I am mulling over. For example, during clinical I was upset that I was unaware of my patients DVT scan, but a positive thing I did was research the scan and reading peer reviewed journal articles to better understand the diagnostic testing once I was aware of the scan. I would like this to be an area that I can resolve, but realistically I will have to work on this for quite a long time in my career, until my confidence grows. I agree that you have a long time yet in your career. Your knowledge will continue to evolve. We learn new things every day; it’s how we choose to gain insight. You are doing an excellent job at this point in your education! LM

Week 10 7a: This week I was honestly proud of my improvements and the growth I have had this semester in regard to clinical. The first day, I encountered a nurse that I believed to be highly unprofessional, and I still provided excellent care to my patient, not allowing her comments and negative behavior to affect my confidence as much as it would have in the past. Med administrations were at times hectic, with the number of people in the room talking, but I was overall comfortable and was able to tone out the distractions to ensure I was being safe and methodical with med administration. In the past I have struggled with not getting overwhelmed with distractions during med administration, and letting small things affect my confidence, so it was really nice to reflect on growth in these areas. Tasha, I agree with this reflection of your skills and behaviors this week. I felt you did a nice job with your assertive communication and ensuring your patient received the best care even with multiple distractions occurring at once. I know we discussed working with individuals that we do not always see eye to eye with on clinical this week and how we have to overcome these personality conflicts. I know you discussed the extent of the unprofessionalism of the nurse during post-conference and I am sorry I did not realize how unprofessional the nurse was acting towards you while on clinical and that it extended past a simple personality conflict. I agree you handled the situation extremely well and ensured any concerns between you and the nurse did not impact the overall care of the patient. On day two you worked extremely well with a different nurse to help him receive the medication he needed for his neuropathy. KA

Week 10 7b: This week I could have worked on better managing my time. I was extremely busy with my patient due to his multiple med passes, and unresolved pain requiring frequent position changes. At times I let my charting slip by, and needed to chart large sections at a time, when I prefer charting smaller sections more frequently. I also did not find the time to research my patient as deeply as I like and typically do. I tried gathering the most pertinent information, but I really wanted to gather all the lab values from the length of stay like I typically do, as well as read each note and physician report fully. In the future, I will try to cluster care more appropriately, which would lead to an increase in time where I can be researching my patient and gathering all the data that I would like. Tasha, this sounds like an excellent plan. However, the weaknesses you highlighted were not as evident to me and I found you were very organized and efficient with the care you provided. KA

Week 10 – 7e – You did a great job ACEing it this week and advocating for your patient. You recognized the measures we were doing was not helping your patient’s neuropathy pain and interviewed him to determine what works best for him before letting the nurse know so the doctor could be contacted. Wonderful job! KA

Student Name: Natasha Doughty		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 3 (1/26-27/2023)							
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	Very thorough list of assessment findings provided. Great work with your physical and psychosocial assessments to identify deviations from normal. Twelve abnormal assessment findings were listed. I appreciate you researching and providing a thorough list of lab findings and diagnostics. While these aren't directly related to her ineffective coping, they are still important to note. Very good use of thinking outside of the box for risk factors. It appears that you were able to learn a great deal about your patient to identify her priority problem. NS
	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)	0	

Responding	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	A list of 5 nursing interventions was provided, each pertinent to the priority problem. Consider some interventions related to assessment. Such as assessing current coping mechanisms, identifying support system, encouraging open communication, etc. Overall a good, individualized list of interventions was provided with rationale. Points were deducted for not including a frequency for all interventions. Simply stating daily, as needed, etc would be sufficient as a frequency. Be sure to include one with each intervention. NS
	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	1	
	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	Good job evaluating the current status of your patient as it related to the priority problem. You appropriately determine that you will continue the plan of care based on your evaluations. Nice work! NS
	14. Evaluation includes one of the following statements: <ul style="list-style-type: none"> • Continue plan of care • Modify plan of care • Terminate plan of care 	Complete			Not complete	3	
<p>Total Possible Points= 42 points 42-33 points = Satisfactory 32-21 points = Needs Improvement* < 21 points = Unsatisfactory*</p> <p>*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: Tasha, I thought you did a great job of thinking outside of the box to determine your priority problem. Although she came in with more complex medical problems, the priority during your time caring for her was certainly her mental health as it related to her coping with increasing medical problems and lack of social support. Be sure to review the comments provided while utilizing the guidelines and rubric for continued success. Let me know if you have any questions! NS</p>						<p>Total Points: 37/42</p> <hr/> <p>Faculty/Teaching Assistant Initials: NS</p>	

Student Name: Natasha Doughty		Course Objective: Implement patient-centered plans of care utilizing the nursing process, clinical judgment, and consideration for cultural, ethnic, and social diversity. (2,3,4,5)*					
Date or Clinical Week: 2/1/2023-2/2/2023							
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. Great job breaking down each abnormal lab and diagnostic test. This made it easy to read and see how your thought process was working.
	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	4. Great list of nursing priorities. Very thorough list! 6. You can list more than 3 complications if there are more for your patient
	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	Overall just a reminder that you should use a reference for your rationales. The reference can be listed as an in-text citations (Author, year) then the full reference can be at the end of the interventions box. This is not on the rubric so no points were deducted, but for next time please include a reference
	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	

	14. Evaluation includes one of the following statements: <ul style="list-style-type: none"> • Continue plan of care • Modify plan of care • Terminate plan of care 	Complete			Not complete	3	
<p>Total Possible Points= 42 points 42-33 points = Satisfactory 32-21 points = Needs Improvement* < 21 points = Unsatisfactory*</p> <p>*Total points adding up to less than or equal to 32 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.</p> <p>Faculty/Teaching Assistant Comments:</p> <p>Good job finishing two care maps in two weeks! You did a great job determining your patient's priority problem. Your list of abnormal labs and diagnostic tests were very thorough. Remember we do like to see references in the rationales, but since that is not on the rubric, no points were deducted. Great job this week. RH</p>						<p>Total Points: 42 Satisfactory</p>	
						<p>Faculty/Teaching Assistant Initials: RH</p>	

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

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

*Course Objectives

Comments:

Week 1

(IV Math)-You satisfactorily participated in the IV Math learning session on 1/10/23 as well as the assigned IV Math practice questions and the IV Math Application lab on 1/11/23 or 1/12/23. KA/DW

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

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

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

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

Week 2:

(Trach Care & Suctioning 1/19/2023) - During this lab, you satisfactorily demonstrated competence with tracheal airway suctioning and tracheostomy care. Overall you did very well. A good, thorough respiratory assessment was performed. You had strong communication with the patient throughout to promote comfort. You did a great job with sterile technique. You were clearly well-prepared. One prompt as needed during the tracheal airway suctioning related to remembering to return the oxygen to previous setting after hyper-oxygenating the patient. Keep up the hard work! NS

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

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

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

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): *Natasha Doughty (M), Lyndsey Sitterly (A)*

GROUP #: **1**

SCENARIO: *MSN Scenario #1 - Part 1*

OBSERVATION DATE/TIME(S): *3/1/2023 0800-0930*

CLINICAL JUDGMENT COMPONENTS	<u>OBSERVATION NOTES</u>
<p>NOTICING: (2) *</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 	<p>Asked patient about preferred pronouns and preferred name related to social diversity Noticed patient's pain to affected extremity Sought information related to patient's home medications Focused observation on patient's complaint of pain Noticed pallor, noticed absent pulse, noticed pain (10/10), did not complete full 6P assessment (paresthesia, paralysis, pressure) Noticed delayed cap refill. Focused pain assessment (rating, description, radiating) did not complete full pain assessment (aggravating factors, associated symptoms). Asked about patient preference for injection location. Asked about patient allergies.</p>
<p>INTERPRETING: (1) *</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 	<p>Prioritized neurovascular assessment based on patient's complaint of pain. Removed sock. Prioritized notifying the physician. Prioritized medications after notifying the physician. Prioritized initiating fluids and antibiotics. Prioritized pain relief first with morphine. Made sense of findings being related to compartment syndrome and need for emergent surgery. Important to have all pertinent data collected prior to calling physician for SBAR.</p>
<p>RESPONDING: (2,3,4,5,6) *</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 	<p>Introduced self and roles in communicating with the patient. Good teamwork and collaboration. Good communication amongst team members. Called provider related to assessment findings. Be sure to gather all pertinent data prior to calling the physician. SBAR report provided, some information missing. Removed ice but not pillow after suspecting compartment syndrome. Appropriate dosage calculation for morphine order. Wasted excess amount with a witness. Watch patient safety leaving the bed up and siderail down when exiting the room. Full head to toe assessment is not relevant at this time. Focus your assessment on the problem at hand, this will provide you time for education and patient reassurance through communication regarding the emergent surgery. Remember to communicate with the patient related to emergent findings and need for emergent surgery. Patient prompted further information. Nice job reassuring patient. IM injection performed. Remember to aspirate prior to injecting. Appropriate needle size selected, needle safety performed.</p>

	<p>Communicated with significant other. Be careful in describing the situation to not induce panic (stated foot was blue). Discussed in debriefing about the approach and wording, however, informing the significant other was appropriate.</p> <p>Saline flush performed with aseptic technique to confirm patency of the IV. Nice job priming tubing. Confirmed physician order for appropriate rate in the mar. Piggyback infusion set up correctly.</p> <p>SBAR report to OR nurse. Most pertinent data communicated. Be sure to communicate last dose of pain medication (dose, route, time).</p> <p>Addressed patient's concerns related to the procedure. Some education provided related to the ORIF.</p>
<p>REFLECTING: (7) *</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered.</p> <p>Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.</p>
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p> <p>Scenario Objectives:</p> <ol style="list-style-type: none"> 1. Select physical assessment priorities based on individual patient needs. (2)* 2. Implement appropriate nursing interventions based on patient's assessment. (1,3,6)* 3. Communicate appropriately with the patient, family, team members, and healthcare providers incorporating elements of clinical judgment and conflict resolution. (4,7)* 4. Provide patient centered care with consideration to cultural, ethnic, and social diversity. (2,3,6)* 5. Provide appropriate patient education based on diagnosis. (5)* 	<p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Attempts to monitor a variety of subjective and objective data but is overwhelmed by the array of data; focuses on the most obvious data, missing some important information. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Actively seeks subjective information about the patient's situation from the patient and family to support planning interventions; occasionally does not pursue important leads.</p> <p>Interpreting: Focuses on the most relevant and important data useful for explaining the patient's condition. 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.</p> <p>Responding: Assumes responsibility; delegates team assignments; assesses patients and reassures them and their families. Generally, communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. Displays proficiency in the use of most nursing skills; could improve speed or accuracy.</p> <p>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.</p> <p>Satisfactory Completion of Scenario #1.</p>

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