

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

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

Student:

Final Grade: Satisfactory/Unsatisfactory

Semester: Spring

Date of Completion:

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

Faculty eSignature:

Teaching Assistant: Rachel Haynes, BSN, RN

DIRECTIONS FOR USE:

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

METHODS OF EVALUATION:

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

ABSENCE (Refer to Attendance Policy)

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

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

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

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

UNSATISFACTORY CLINICAL PERFORMANCE

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

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

OTHER

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

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

Date	Care Map Top Nursing Priority	Evaluation & Instructor Initials	Remediation & Instructor Initials	Remediation & Instructor Initials
2/4/2023	Imbalanced Nutrition	S/NS	NA	NA
3/17/23	Sensory Deficit	S/KA	NA	NA

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

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies:			NA	S	S	S	S	NA	S	S	S	NA					
a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting)			NA	S	S	S	S	NA	S	S	S	NA					
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			NA	S	S	S	S	NA	S	S	S	NA					
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			NA	S	S	S	S	NA	S	S	S	NA					
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			NA	S	S	S	S	NA	S	S	S	NA					
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			NA	S	S	S	S	NA	S	S	S	NA					
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			NA	S	S	S	S	NA	S	S	S	NA					
g. Assess developmental stages of assigned patients. (Interpreting)			NA	S	S	S	S	NA	S	S	S	NA					
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		NA	S	S	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	No clinical	Room 4403: 4N: 2/1-2; age 80; small bowel obstruction	Room 5002: 5T: 2/7-2/8; sepsis and wound care	Room 3029-1: 3T: 2/16; HTN, dizziness	Room 3018-1 and 5021: 3T and Relebs 2/22-2/23; SOB and cont/bankle fractures	No clinical	NA	Room 3024: 3T: 3/15-3/16; vision changes and impaired mobility	Room 5008: 5T: 3/22; hemiplegic migraine	ECSC and IC: 3/29-3/30					
Instructors Initials	MD	MD	DW	NS	LM	KA	MD	KA	KA		MD						

Comments:

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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

Week 4 1(a-h) Mira, You did an awesome job this week making correlations with your patient's disease process. You were able to discuss, analyze and identify the pathophysiological alterations that occurred with your patient experiencing a small bowel obstruction with an open laparotomy. You used previous life experiences and knowledge obtained to discuss the potential complications associated with the disease process. You correlated her symptoms of abdominal distention, nausea, and decreased appetite with her current state of health. You discussed the rationale behind the use of NG tube to suction, identified the importance of PPN in the recovery process, and discussed the importance of the medications that were prescribed. You were clearly well prepared to learn from your clinical experience! NS

Week 5 objective 1(a, b, c, d)- Mira, you correctly analyzed the pathophysiology of your patient's diagnosis of sepsis and decubitus ulcer. 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 6 – 1a , b, c, e– You did a nice job discussing on clinical your patient's disease process and what nursing was doing to help the patient. You were able to discuss symptoms we were monitoring and managing in your patient as well as pertinent labs for your patient diagnosis. You were able to discuss the different patients on your team and prioritize the patients according to their diagnosis and assessment. You utilized your knowledge and change in patient status to reprioritize the patients as the day went on. KA

Week 6 – 1d – You did a nice job reviewing all your medications before you administered them to the patient. You were able to discuss the reason why the patient was taking the medication as well as what we were monitoring the patient for. You also were able to discuss what information was needed to determine if the medication should be administered (i.e. blood pressure, pulse). You were able to discuss the medications of all the patients on your team and was able to work with your team member to determine appropriateness of medication administration. KA

Week 9 – 1a , b, c, e– You did a nice job discussing on clinical your patient's disease process and what nursing was doing to help the patient. You were able to discuss symptoms we were monitoring and managing in your patient as well as pertinent labs for your patient diagnosis. You were also able to identify changes in your patient's assessment from the first day to the second. KA

Week 9 – 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:			NA	S	S	S	S	NA	S	S	S	NA					
a. Perform inspection, palpation, percussion, and auscultation in the physical assessment of assigned patient. (Noticing)			NA	S	S	S	S	NA	S	S	S	NA					
b. Conduct a fall assessment and implement appropriate precautions. (Noticing)			NA	S	S	S	S	NA	S	S	S	NA					
c. Conduct a skin risk assessment and implement appropriate precautions and care. (Noticing)			NA	S	S	S	S	NA	S	S	S	NA					
d. Communicate physical assessment. (Responding)			NA	S	S	S	S	NA	S	S	S	NA					
e. Analyze appropriate assessment skills for the patient's disease process. (Interpreting)			NA	S	S	S	S	NA	S	S	S	NA					
f. Demonstrate skill in accessing electronic information and documenting patient care. (Responding)	S		NA	S	S	S	S	NA	S	S	S	NA					
	MD	MD	DW	NS	LM	KA	MD	KA	KA	KA	MD						

Comments:

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

Week 4 2(a,e) – You did a very nice job with your assessments this week, noting numerous deviations from normal. You focused your priority assessments on her pain, GI system, and NG tube. You noticed tenderness and firmness to the abdomen, and understood the importance of closely monitoring for improved vitals signs. You used appropriate assessments skills based on her disease process to monitor for potential complications. Job well done! NS

Week 5 objective 2(a, c, e)- Mira, you performed a thorough head-to-toe assessment on your patient identifying the importance of assessing the musculoskeletal system, circulatory status, and pain assessment due to her diagnosis. You assessed your patient's skin thoroughly while performing a dressing change on your patient's decubitus ulcer. You measured the open wound accurately and documented your findings appropriately. Excellent job! LM

Week 6 – 2a, d – You did a nice job thoroughly assessing you patient and notifying your nurse of any pertinent information. You were also able to work with your team to keep up on the assessment changes occurring with all patients on the team. KA

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 6 – 2f – You utilized the EMR to research your patient and determine what care needed to be provided to your patient throughout the day. You also used the EMR to research all the patients on your team and to check your classmates charting for accuracy. You were extremely organized and Perficent with checking charting and started without being prompted. KA

Week 9 – 2a, d – You did a nice job thoroughly assessing you patient and notifying your nurse of any pertinent information. KA

Week 9 – 2f – You utilized the EMR to research your patient and determine what care needed to be provided to your patient throughout the day. 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		NA	S	S	S	S	NA	S	S	NA						
a. Perform standard precautions. (Responding)	S		NA	S	S	S	S	NA	S	S	NA						
b. Demonstrate nursing measures skillfully and safely. (Responding)			NA	S	S	S	S	NA	S	S	NA						
c. Demonstrate promptness and ability to organize nursing care effectively. (Responding)			NA	S	S	S	S	NA	S	S	NA						
d. Appropriately prioritizes nursing care. (Responding)			NA	S	S	S	S	NA	S	S	NA						
e. Recognize the need for assistance. (Reflecting)			NA	S	S	S	S	NA	S	S	NA						
f. Apply the principles of asepsis where indicated. (Responding)	S		NA	S	S	S	S	NA	S	S	NA						
g. Demonstrate appropriate skill with Foley catheter insertion, maintenance, & removal (Responding)			NA	S	S	NA	NA	NA	S	NA	NA						
h. Implement DVT prophylaxis (early ambulation, SCDs, and TED hose) based on assessment and physicians' orders (Responding)			NA	S	S	NA (SCD were dis.)	NA	NA	NA (requested)	NA (pt refused)	NA						
i. Identify the role of evidence in determining best nursing practice. (Interpreting)	S		NA	S	S	S	S	NA	S	S	NA						
j. Identify recommendations for change through team collaboration. (Reflecting)			NA	S	S	S	S	NA	S	S	NA						
	MD	MD	DW	NS	LM	KA	MD	KA	KA	KA	MD						

Comments:

Week 4 3(b,d,h) – I thought you did a nice job with numerous new nursing skills. You were required to maintain the NG tube, administered your first IVP, administered a subcutaneous injection, and performed new assessments skills for the first time. You were prompt in your care, prioritized appropriately, and helped to promote positive

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

outcomes for your patient. Beyond her priority problem, you focused on personal hygiene and early ambulation which were important nursing measures to be performed. Awesome work! You implemented DVT prophylaxis for a post-operative patient by ambulating her in the halls and administering Lovenox. NS

Week 5 objective 3(a-d, f)- Mira, you properly followed standard precautions and demonstrated safe, skillful nursing measures throughout each clinical day. You organized your time effectively by making sure you had all of the supplies ready for your patient's sterile dressing change. You applied principles of asepsis during the stage 4 sacral pressure ulcer dressing change. You used proper technique throughout the procedure. Great job! LM

Week 9 – 3b – You did a great job with the working with the nurse to perform the bladder scanning and determine the need for Foley placement in your patient. KA

Week 9 – 3g – You did a nice job inserted a Foley for the first time and ensuring sterility. You monitored your patient's Foley after insertion and provided peri care during the insertion process. You documented the Foley in the EMR appropriately in your assessment. 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:			NA	S	S	S	S	NA	S	S	S	NA					
k. Administer PO, SQ, IM, or ID medications observing the rights of medication administration. (Responding)			NA	S	S	S	S	NA	S	S	S	NA					
l. Ensure patient safety through proper use of EHR, IV flow sheet, and BMV. (Responding)			NA	S	S	S	NA	NA	S	S	S						
m. Calculate medication doses accurately. (Responding)			NA	S	S	S	S	NA	S	S	NA						
n. Administer IV therapy, piggybacks, IV push, and/or adding solution to a continuous infusion line. (Responding)			NA	S	NA	NA	NA	NA	S	NA	NA						
o. Regulate IV flow rate. (Responding)	S		NA	S	NA	NA	NA	NA	S	NA	NA						
p. Flush saline lock. (Responding)			NA	S	NA	NA	NA	NA	S	NA	NA						
q. D/C an IV. (Responding)			NA	NA	NA	NA	NA	NA	S	NA	NA						
r. Monitor an IV. (Noticing)	S		NA	S	S	S	S	NA	S	NA	NA						
s. Perform FSBS with appropriate interventions. (Responding)	S		NA	NA	S	NA	S	NA	S	NA	NA						
	MD	MD	DW	NS	LM	KA	MD	KA	KA	KA	MD						

Comments:

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

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

Week 3 3(k-s) – Great job with medication administration this week! You were well-prepared by reviewing each medication and discussing the implications, side effects, and nursing assessments required. You communicated well with your patient and ensured safety measures were in place and performed, including the 3 safety checks and 6 patient rights. You gained experience administering numerous PO medications using the BMV process appropriately. You demonstrated competence in diluting medications and withdrawing from a vial. You performed a saline flush and IVP using appropriate aseptic technique, administering the IVP at the prescribed rate to prevent complications. Great job with your subcutaneous injections, identifying appropriate needle size and injection location in the subcutaneous tissue. You also maintained a continuous IV infusion of PPN, observing for signs and symptoms of complications. Overall a successful week of medication administration! NS

Week 5 objective 3(k, l, m, r, s) - Mira, you administered several PO medications to your patient this week. You were knowledgeable about each medication's use, dosage, route, common side effects, classification, and nursing considerations. You observed the rights of medication administration and completed the 3 medication checks appropriately. You ensured patient safety by properly using the BMV system in the EMR. You monitored your patient's PICC line in her upper Lt. arm, assessing the site properly. You obtained a finger stick blood sugar on your patient following the proper protocol. You administered an insulin injection following the proper protocol for subcutaneous injections. You also correctly calculated the insulin dosage after properly priming the pen. Excellent job! LM

Week 6 – 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, and intranasal medications this week. You performed the medication administration process with beginning dexterity. You also worked with your classmates on your team to determine appropriateness of medication administration for their patients and assist them with following the rights of the medication administration process. KA

Week 6 – 3r – You did a nice job monitoring your patient's IV site this week and documenting your assessment in the EMR. KA

Week 7 Objective 4L-You were able to use the EHR accurately to administer medications. MD

Week 7 – 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 IV, and ophthalmic medications this week. You performed the medication administration process with practiced dexterity. You recognized how the patient became anxious and easily overwhelmed during the medication administration process. You altered your approach with the patient on the second day and were able to decrease the patient feeling overwhelmed as well as decrease the time it took for you to complete the medication pass. KA

Week 9 – 3n – You did a nice job priming your piggy back and connecting your patient to the medication to administer his antibiotic. KA

Week 9 – 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 9 – 3q – You were able to determine the patient was having pain with his IV and notified the nurse who determined the need for a new IV site. You Dc'd the patient's IV with the catheter intact and held pressure before placing a dressing over the site. You recognized the need to hold pressure longer due to his blood thinners. You documented the DCing of the IV appropriately in the EMR. KA

Week 9 – 3r – You did a nice job monitoring your patient's IV site this week and documenting your assessment in the EMR. KA

Objective

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

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

Comments:

Week 4 4(a,b) – I thought you demonstrated professional communication in all your interactions. It was evident that you made a strong connection with your patient. Additionally, your interactions and communications with your team leaders demonstrated great teamwork. Nice job! NS

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 4 4(e) – Overall you did a nice job with your CDG this week, meeting all the necessary requirements for a satisfactory evaluation. See my comments on your posts for further details/comments. APA formatting for your initial post was spot on. I appreciate the insight and additional research provided in your response post. Great use of supplemental resources to enhance your knowledge.. NS

Week 5 objective 4(a, b, c, e) - Mira, 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 communicated any change in your patient's status to your primary nurse and instructor. You accurately completed a detailed CDG post and peer post. Remember to italicize the name of the journal and the volume in your reference. Please review the proper APA formatting guidelines on Edvance360. Excellent job! LM

Week -6 – 4b, g – You did a nice job keeping your nurse up-to-date on all pertinent information throughout the day. You also provided the nurse with a concise report at the end of the day before leaving. You did a nice job working with your team members to stay up-to-date with their patients and to ensure the nurse is notified as needed. KA

Week 6 – 4e – Mira, you did a great job being thoughtful and thorough with your CDG responses to the questions on your team leading experience and your response to your classmate. You included an in-text citation and reference in your response to your peer, however only included an in-text citation without a reference to your original response to the CDG questions. Please remember to include both the in-text citation and the reference in the future to be satisfactory. Also, in your in-text citation include the year. You should also include the page number or paragraph number if there is no page number when in-text citing a direct quotation. KA

Week 7 Objective 4E-This week you met all of the requirements for the CDG rubric. Great job! MD

Week -9 – 4b, g – You did a nice job keeping your nurse up to date on all pertinent information throughout the day. You also provided the nurse with a concise report at the end of the day before leaving. KA

Week 9– 4e – Mira, you did a nice job responding to the CDG questions this week on your patient's SDOH and how they overall impact his ability to manage his health. You thoughtfully responded to your classmate and added to the conversation. You included an in-text citation and reference. In the reference you only need to include the year in the parentheses. Also, remember to include the year in your in-text citation (author, year). Keep up the excellent 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:			NA	S	S	S	S	NA	S	S	NA						
a. Describe a teaching need of your patient.** (Reflecting)			NA	S	S	S	S	NA	S	S	NA						
b. Utilize appropriate terminology and resources (Lexicomp, UpToDate, Dynamic Health, Skyscape) when providing patient education. (Responding)			NA	S	S	S	S	NA	S	S	NA						
	MD	MD	DW	NS	LM	KA	MD	KA	KA	KA	MD						

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

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

Comments:

Week 4- A teaching need for my patient was the ability to hold a pillow on her stomach and splint when she was having any pain in relation to her abdomen such as a cough or clearing her throat. I also taught her how to move slowly when getting up after being in bed for a few days. I was worried about her developing orthostatic hypotension. Education was provided on both as time permitted and when applicable. No resources were printed but patient showed competency by repeating the information back and letting me know when she planned on getting up and requesting to keep an extra pillow on her bed. **Very good, Mira! Your post-operative education to promote comfort and reduce potential negative outcomes was great!! She seemed to really understand and implement the teaching that you provided. Good work!! NS**

Week 5- My teaching this week was based around her condition (spina bifida) which caused paralysis in her legs (meaning she could not feel anything in her waist down). I educated her on the importance of recognizing any abnormalities she could see as she had two wounds on her right leg that we were already monitoring. No resources were printed, however, the patient showed competency in understanding by confirming she would let me or her nurse know if she saw anything new to her and would have her legs elevated when in bed with her braces off. **This is an excellent teaching need for your patient! LM**

Week 6- My teaching this week was related to newfound numbness and tingling in the bilateral toes of my patient and a productive cough. I taught my patient ankle pumps, ankle rotation (clockwise and counterclockwise), and some toe stretches to help with blood flow and nerve action. The patient was day two at the hospital and has been bedbound so we (Megan, Kelly, and myself) thought it would be best to try some movement exercises to help the patient. I also educated the patient on cough and deep breathing techniques such as a “huff” cough and splinting when necessary. The patient demonstrated both techniques (rotation/ankle/toe work and coughing) to me which

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

was satisfactory. No resources were printed. **Great job discussing education provided to your patient. Try to make sure to cite some resource you use in the future to support the education you provide. KA**

Week 7- My teaching this week was broken into two parts. I started on rehab which I educated my patient on fall prevention. She was admitted due to a fall resulting in ankle fractures on her left and right side. So, I printed off the Firelands-Lexicomp fall prevention sheet which outlined how to prevent falls at home and things she can do to help her manage them for the future. She and I talked about it for a while which I think benefited us. Thursday, I was on 3T which led me to educate my patient on her insulin. She was ordered Insulin Aspart to be given at 0800, 1200, 1600, 2000 to cover her meals. For breakfast, she was given her tray earlier than my medication pass time and I had to instruct her on why she had to wait until my med pass to give her insulin so she would be covered for her meals. Both patients demonstrated competency by affirming me they understood and teach-back which I used to have them explain information back to me. Resources were printed for my rehab patient, not for 3T.

Wonderful! MD

Week 9- My teaching this week was medications. My patient was intermittently confused and on day one, that presented itself for sure during medication passing. He was confused on why he was receiving so many medications; his eye drops changes from his normal at home, and he had a new IV port for his antibiotics. Knowing my patient was confused and had many questions, I educated him on the medications as we went on. The first day, medication administration spanned over an hour in length. Thinking about my medication pass for day 2, I decided to separate the medications from most or least impactful. Making sure he received his heart medications first, then his PRN pain medications (Tylenol) and nausea (Zofran), rounding out with his eye drops and vitamins, I educated him on the pill he was receiving, one at a time, and allowed him to ask questions. Overall, he seemed much more comfortable and less overwhelmed. I felt satisfactory with this education as his anxiety and restlessness decreased after he learned about his medications. No resources were printed. I used verbal communication. **Good job! Even if you didn't print any resources for the patient state where you found the information (i.e. Skyscape). KA**

Week 10- My teaching this week was related to my patient's new physical therapy regimen in relation to her pain. My patient was dormant for a while, progressing through PT and really striding, however, she liked to sit most of the time when she could, and she was unwilling to wear her TED hose stockings. Knowing this, I educated my patient based on my own knowledge when she started mentioning new hip pain. At least for me, sitting down for a few days, then trying to get up and move again and be more active always hurts more than when I have been moving and get back up. So, I talked to her about this and explained that this pain was more natural to her progression and as she continues to move her joints more again, the pain will lessen. She verbalized understanding to this concept. No resources were printed. **Great! Be sure you are looking up information from a location. You are gaining a lot of knowledge, however, you still need to look up some information. MD**

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	S	NA	NA	NA	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)			NA	S	S	S	S	NA	S	S	S	S					
	MD	MD	DW	NS	LM	KA	MD	KA	KA	KA	MD						

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

Comments:

Week 4: A SDOH that applies to my patient would be her age. She is an elderly adult and with that comes some discrimination. Often, we get an older adult, and we automatically talk louder and call them "pet" names. We may treat them as an older adult and correlate that to actions of a child. I started with this concept, thinking that I needed to baby her, but she was honestly such a strong and healthy woman. I quickly changed that mentality and did what she wanted. We walked when she wanted, and she was so amazing. Never judge a book by its cover. **Good! With age, there are numerous determinants to overall health. Be sure to review the SDOH website to gain a broad understanding of all the could positively or negatively impact her health status. NS**

Week 5: This week, a SDOH that applied to my patient would be that she is disabled for the rest of her life. Disabled individuals are often stared at in society and looked down upon. Not to mention, access can be limited due to increase workload in transportation, discrimination in public from others, financial resources can also be a concern if they cannot find employment. Her disability on its own (spina bifida) influences our care based on the need for maximal assistance with the lower extremities. She cannot walk on her own, and she has limited mobility. With that, helping her while also letting her be independent was a challenge. She wanted to do most of the day herself, but knowing she had no control on bowel or urinary movements was something I made sure I checked up on and helping her get out of bed but letting her move the wheelchair was some work I put into the care I provided. After thinking, I believe I was good with the SDOH care and compensated well by letting her be individualized and helping with what I knew she needed help with. **Mira, your patient has several determinants of health that affect her care and way of life. You mentioned several. Many people do not realize how difficult it is for individuals who are confined to a wheelchair to try and remain as independent as possible. Even simple gestures help such as holding a door open for someone in a wheelchair or assisting them up a ramp. The list is numerous! Great job! LM**

Week 6: A SDOH that applied to my patient this week would be his race. I hate to make comments about this as we should all love each other and appreciate all no matter what they look like or love, but my patient was an African American elderly male which puts him at risk for age related problems from expenses to even discrimination. His race is what I want to focus on. Being an African American, he is at risk of social discrimination (racism). Personally, racism is something that is absolutely disgusting to me and should never be tolerated, but not all people understand this. Some people may be racist. I treated him just like any other patient, to be honest, I could care less about what someone looks like, my mind is going a thousand miles a minute picking up on things that are ABNORMAL. Skin color is something I don't care about unless

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

they are purple or blue. In reflection, I hope he has never faced any disrespect in his life. I can't imagine going through anything like that. I am lucky being white. **Race, ethnicity, and socioeconomic status can all be SDOH that affect a patient's health can access to healthcare. Nice job identifying this as a potential concern for your patient. KA**

Week 7: This week, a SDOH which applied to my patient would be income. Both of my patients were retired and living off what they had saved for their retirement and using Medicare. Both factors can influence the care we provide because with income, we can judge too quickly resulting in unfair equity or poor services. I made sure to give my patients the upmost respect they deserved and gave the care I would give a patient who could have been a millionaire. **Great observation! MD**

Week 9- This week I chose a few SDOH for my patient including, safety, employment, physical activity, and disabilities. My patient is visually impaired (blind right eye and altered left eye), which puts him in the categories of safety and disabilities. He also is retired, affecting his employment, and not much physical activity with his infection (UTI). All these factors influence the care we provide for him. He needs maximum assistance with feeding and drinking, as he has trouble seeing, he needs assistance with movement, and he is on Medicare and was previously a military personal. Knowing this, I made sure to be as accommodating as he needed me to be with his nutrition. I organized his trays and plates to keep it consistent to my care, I moved drinks to his mouth as he needed water, I washed him up using a bag bath and he assisted as he wanted, and I brushed his teeth for him and applied deodorant. This hygiene and normal nutritional care seems normal and simple for us, but for him this is a struggle right now. I stood on his left side so he could see me partially, I spoke loudly so he could hear me, and I maintained eye contact. These simple things helped him a lot and I think they went well. **Nice thoughts! KA**

Week 9 – 6a – You satisfactorily completed your second care map. Please see comments in the rubric for details. KA

Week 10- This week, my SDOH was my patient's family structure. When I first met her, I asked about her family, I knew she had 3 kids, and if they had visited her much since she has been in the hospital and who else visits her, she mentioned that she is a single mom raising 3 kids, 13, 10, and 7 respectively. She is a 34-year-old woman raising 3 kids on her own, working before and after her job to help take care of other parents' children, that is a lot. I made sure knowing this information that I praised her and congratulated her whenever the topic came up, I did not ask about a father or anything of the matter. I was trying to be present for her and understand her struggles with raising 3 kids. To be honest, I don't think I could raise 3 kids, let alone on my own. It really shows me a lot to try and be in someone else's shoes working hard to care for kids all the time and being their number one, no matter what. **Great observation! MD**

Week 11- A SDOH for the older adults I met at the ECSN would be transportation. Many of them either were unable to drive, could not drive safely, or did not have the financial stability to afford a car to drive. Knowing this, it is great how the ECSN helps with transportation of seniors to the activities held at the center, but how do they get to other places such as a grocery store, pharmacies, check-ups, and family gatherings? Some good tools that are available in our areas are monetary transportation services like taxis and busses which run at night and during the day. Some seniors, I'm sure, have family around the area who can help, but there are others who simply cannot get around. It is troubling to think about that. Not being able to get around and be where I needed or wanted. It was more of a reflection piece for me. One senior we met, she has glaucoma that impairs her ability to drive, and she walks to the senior center and her kids and grandkids help her get to her appointments and the store. I really tried to applaud the older adults when I met them and listened to their life stories. It is hard for me to not empathize with them and try and feel their pain and agree, I needed to use sympathy and understand their hardships.

See Care Map Grading Rubrics below.

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

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

Comments:

Week 1 Strength: My area of strength this week I think is NG tube insertion. I made sure to review my checklist, but I demonstrated the procedure to Tabitha and really took my time to do it correctly and really did not need my checklist too much to accomplish this. **Awesome! MD**

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week I Weakness: My weakness this week is my confidence. Coming back into school, I was very nervous that I lost all my skills I have built on which made me very shaky and nervous during labs. To help with this, I am going to try to instill more self-care and self-love into my routines. Say one nice thing to myself in the mirror before school. **This is a great goal! I love the saying one nice thing to yourself every morning! Self-care and self-love are so important! MD**

Week II Strength: This week, I feel my strength was my tediousness of assuring proper tracheostomy care. I ran through the checklist so many times and made sure to do it precisely in lab for checkoffs which I thought went well. **Awesome job! MD**

Week II Weakness: My weakness this week would be my nervousness. I was very nervous for lab and lecture this week. I knew I was prepared but my nerves do get the best of me sometimes. Especially during checkoff, my hands did not stop shaking once! To help with this I am going to try to cut back on my caffeine. It sounds silly but it does make my anxiety worse so trying to cut back on that may help my brain relax a bit. **Nerves are great to have! It keeps you wanting to do more to succeed! I do agree though maybe a little less caffeine would help 😊. Let me know if you need anything even if it is an encouraging word! You got this! MD**

Week IV Strength: This week, I think my strength was giving the IV medications. I made sure to maintain aseptic technique and hold onto the saline lock and I also remembered to replace the Curoc (may have spelled that wrong) cap. **This was one of many strengths that you portrayed this week! It was a pleasure to work with you in the clinical settings to see you demonstrate all the knowledge you have obtained. You have a lot to be proud of!! NS**

Week IV Weakness: My weakness this week would be pace. I was taking my time for most of my assessment on day one and this put me behind for her 0900 medications, luckily, she only needed 4 but had I moved faster, I would have been able to give them faster. I think to help me plan my care easier, when I open the chart before I go in, also checking the medication time for administration instead of only writing down the medication itself would help. **Excellent reflection! You learned from your day one experience and demonstrated improvement. Your patient had quite a bit going on, so I can chalk the pace of your early assessment as being thorough to avoid missing important data. Overall I thought you did very well, and will improve in your time management with each experience. Great plan for improvement in the future! NS**

Week V Strength: My strength this week would be the wound change I performed on day one of this week. I remained sterile in the applicable areas and cleaned the wound to the best of my ability. **Mira, you did a superb job with the sterile dressing change for your patient this week! You were very methodical and calm throughout the procedure! LM**

Week V Weakness: My weakness this week would be assertion. I knew that the technique was questionable and wrong from what the RN said and looking back, I should have spoken up, but going against the RN seemed wrong considering she has a degree which I am still in school for. For the future, I will just input what makes me feel comfortable. Saying, “wearing the sterile gloves during the procedure feels comfortable for me.” **Mira, please do not be rough on yourself. You did an excellent job and you will make a great nurse! The action plan you stated is very appropriate to say if you are ever in this position again. LM**

Week VI Strength: My strength this week would be my questioning. I asked my patient a lot of assessment questions which gave me more information on him including his broken glasses and partial dentures, the numbness and tingling he felt in his toes, his use of stool softeners at home, and his daily Metamucil use. **You did a great job researching your patient and knowing about him. I also feel your organization and ability to stay on task as team leader this week were great strengths as well. KA**

Week VI Weakness: My weakness this week would be professionalism. Being a teamlead showed me a different side of the nursing profession which I had no idea I would enjoy! I liked the behind the scene patient care which was pretty cool, however, when it came down to comfort with educating my peers, I let my emotions and empathetic side control me. I was afraid to comment and give that constructive criticism which was unprofessional of me. For the future, I may try and just practice some constructive criticism at home with my younger brother. Instead of just telling him to fix it, maybe ask what he thought and correct it and help him see what was wrong. Then, next time I lead, I may be better prepared and more comfortable. **You were not unprofessional in any way. How ever you could have been more assertive in your communication in relation to providing constructive feedback. When feedback is constructive not criticizing its intentions are meant to aid and improve practice which is also more likely to make it well received. KA**

Week VII Strength: My strength this week would be responsiveness. My patient on day two was insulin dependent. So I checked her morning blood sugar and saw it was 132 which meant insulin coverage could not be given. Before lunch, the PCT informed me her blood sugar was 345 which was very high for her and unusual. I quickly located my team leader and instructor and we gave the insulin she needed right away. **Great job! MD**

Week VII Weakness: My weakness this week would be shyness. I am normally shy, but I felt very shy this week around my patients. Once I warmed up I was okay, but I was very uncomfortable with talking. I think a lot of it came down to me being tired. To help with this, I plan on sleeping more the night before clinical. I also plan on doing some confidence training which would include posture, speech, etc. to help with my assertion and comfort. A lot of my nerves come down to me being bossy or making my patient angry, but when I need them to respect me, I need to speak up. To explain, a patient was confused and kept hitting his call light while he was on the bedpan. Instead of explaining, one of my other peers helped with the situation. I want to make sure I work on this by being more confident and sleeping more to avoid this. **This is a great goal! Being shy is ok when you are first starting out in clinical. You will find that you will warm up a lot faster the more you go to clinical. MD**

Mira, unfortunately, you have received a “U” for competency 7f due to failing to submit the clinical tool in a timely manner. This was due by Saturday at 2200. You did complete the tool as soon as you realized you had forgotten to submit it. Please address the “U” in a comment below stating why it is no longer a “U”. If you do not address the “U” then you will continue to receive a “U” until it is addressed. LM

Comment for week 5 U: This is no longer a “U” as I am submitting this tool on time and I plan on correcting that by making sure I double check again Friday and Saturday for clinical. I overlooked that last week. Won’t happen again. **KA**

Midterm – Mira, you have had a great first half of the semester. You have had many opportunities to demonstrate your IV skills, FSBS skills, medication administration skills, and assessment skills. You are well organized and provide holistic care to all the patients you interact with. You have a good foundation for clinical judgment and grow every day in your nursing skills and abilities. All competencies you had opportunity to demonstrate are satisfactory at midterm. You have an NA for the DCing an IV competency. Try to seek out opportunities to achieve this competency during the second half of the semester. You received a satisfactory for your first care map before

midterm. Be sure to complete your second care map satisfactorily before the end of the semester. Keep up the excellent! Be proud of all you have accomplished during the first half of the semester. KA

Week 9 Strength: My strength this week would be patient. My patient was very confused and had a lot of questions and concerns however, I talked him through a lot of his care and worked with him better than I thought I could, and I think I did well. You did very well managing his care and providing interventions for him while he remained confused. KA

Week 9 Weakness: My weakness this week would be my clarity. He was confused and sometimes, I just talked too much or too fast and really overwhelmed him. I think this week has taught me little is more with some patients and how to speak slowly and clearly with easier to comprehend works such as, heart medications rather than beta blocker which helps with BP management. Ways I could practice this would be on my nonmedical family members and explaining concepts in ways that they understand rather than how I do. Even though you identified this as a weakness. I thought you learned for caring for him on day one and was able to adapt and improve your approach with him to decrease his feelings of being overwhelmed and anxious by procedures such as medication administration. KA

Week 10 Strength: My strength this week would be helpfulness. 2nd day of clinical, I was a team lead, and I tried to be as helpful as I could be to my team and Lora's team by checking on everyone, helping Megan, Roni, Paige, and Ashley with their needed tasks from med pass to catheter insertions. I thought I did well be there for my team. Sadly, I could never find Lindsey to help her too, but I tried my best. You did amazing as a team leader this week! I am proud of you! MD

Week 10 Weakness: My weakness this week would be my hesitancy. My own patient on the 1st day of clinical was ordered a BP medication called verapamil which had very specific parameters such as BP above 100 SBP and any associated hypotensive symptoms such as dizziness etc. Knowing this, my patient's 1st BP of the day during my VS and head to toe was 103/78. This was extremely close to the SBP mark, and she did not have any associated symptoms with it, however, I was so nervous and hesitant to give it. I think I can be hesitant a lot during my clinicals, and I think that BP med really showed me how hesitant I really am. To help with this, I want to try to just work on my confidence that I know what I am doing, I have experience, maybe just hyping myself up or telling myself more often that I am smart and I know things may help, more self-love overall. You did great! You were able to identify the hesitation and work through it! MD

Week 11 Strength: My strength this week would be my attitude. At the ECSN, I was super positive and engaged with the seniors any chance I could. I remained happy and praised them when they finished the project. I think I did well with that.

Week 11 Weakness: My weakness would be discomfort. During my IC clinical this week, when observing patient isolation rooms, I saw mostly RNs going into the rooms neglecting the proper PPE. During one exchange in the ICU, two nurses were in a patient's room which was an isolation room, and they asked if I was going to write them up for neglecting their PPE. They said they were fine since they were only charting in the room, not touching the patient. This made me feel so uncomfortable. Knowing they would be touching other patients that day and providing care, how could they touch a monitor and keyboard when they cannot prove another nurse did not handle that equipment dirty, let alone be in an infection room without feeling safe. I know when I see this on the floor when I work, I will pull whoever aside I have to and tell them to wear the appropriate PPE to keep everyone safe.

Student Name: Mira Sweat			Course Objective:				
Date or Clinical Week: Week 4							
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	A detailed, thorough list of 16 abnormal assessment findings were provided based on the care performed during the week. Sixteen lab and diagnostic findings were identified and appropriately correlated with the priority problem on imbalanced nutrition. Nine risk factors were identified, each appropriate to the situation and descriptive of the patient and her past medical history. Nice 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	Five high priority nursing problems were identified, each appropriate and relevant to the patient care provided. Based on the assessment findings and risk factors, imbalanced nutrition was appropriately determined to be the priority problem. Relevant data that was noticed was highlighted as it pertained to the priority problem. Great job with your potential complications! This can be challenging to interpret and understand. Three potential complications were listed, with specific signs and symptoms to monitor for each provided. Nice work.
	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	An extensive, thorough, and well thought out list of 20 interventions was listed. Great use of clinical judgment and critical thinking to identify numerous pertinent interventions. Interventions were appropriately prioritized with assessment interventions taking highest priority. One point was deducted for "10" due to medication interventions not including a frequency and also from "11" for not all being individualized. When listing medications, be sure to provide the specific order for your patient, including the time, route, dose, etc. Otherwise, job well done!
	9. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	10. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	2	
	11. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	2	
	12. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
Ref	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	Nice job evaluating the progress your patient has made based on the interventions performed!

	14. Evaluation includes one of the following statements: <ul style="list-style-type: none"> • Continue plan of care • Modify plan of care • Terminate plan of care 	Complete			Not complete	3	
<p>Total Possible Points= 42 points 42-33 points = Satisfactory 32-21 points = Needs Improvement* < 21 points = Unsatisfactory* *Total points adding up to less than or equal to 32 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.</p> <p>Faculty/Teaching Assistant Comments: Mira, you are satisfactory with your first care map of the semester related to imbalanced nutrition. Overall you did an excellent job with this care map. Be sure to review my comments provided in the feedback, review your care map guidelines, and don't hesitate to reach out for assistance as you move forward with care map development. I appreciate the level of thought and independent research put into the development of this care map. Great use of clinical judgement. You are only required to complete one more satisfactory care map for the semester. Don't hesitate to reach out with any questions. Keep up the hard work!</p>						Total Points: 40/42 - Satisfactory	
						Faculty/Teaching Assistant Initials: NS	

Student Name: Mira Sweat		Course Objective:					
Date or Clinical Week: 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	Mira, you did a nice job completing the noticing section and including all the pertinent assessment findings, lab/diagnostics, and risk factors for your patient. KA
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)	3	
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	Mira, terrific job identifying your patients nursing priorities. You identified three complications associated with your chosen nursing priority and the signs and symptoms nursing would assess for. You did a great job highlighting pertinent information related to your nursing priority in the noticing section. KA
	5. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	6. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	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	Mira, you were very thoughtful with this section and included all pertinent interventions related to your patient's nursing priority. KA
	9. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	10. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	11. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	12. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
Refl	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	Mira, nice job reassessing all your patient's positive assessment findings and comparing them to the previous

ecting	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	assessment in the evaluation section. KA
<p>Total Possible Points= 42 points 42-33 points = Satisfactory 32-21 points = Needs Improvement* < 21 points = Unsatisfactory* *Total points adding up to less than or equal to 32 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.</p> <p>Faculty/Teaching Assistant Comments: Mira, terrific job on satisfactorily completing your second care map. See comments above. Congratulations! KA</p>						<p>Total Points: 42/42</p>	
						<p>Faculty/Teaching Assistant Initials: KA</p>	

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

Student name: Mira Sweat								
Skills Lab Competency Evaluation	Lab Skills							
	Week 1	Week 1	Week 1	Week 1	Week 1	Week 2	Week 2	Week 9
	IV Math (3,7)*	Assessment (2,3,4,5,7)*	Insulin (2,3,5,7)*	Lab Day (1,2,3,4,5,6,7)*	IV Skills (2,3,5,7)*	Trach (1,2,3,4,5,6,7)*	EBP (3,7)*	Lab Day (1,2,3,4,5,6,7)*
	Date: 1/11/23	Date: 1/10/23	Date: 1/10/23	Date: 1/11/23	Date: 1/13/23	Date: 1/18/23	Date: 1/18/23	Date: 3/13 or 3/14/23
	Evaluation:	S	S	S	S	S	S	S
Faculty/Teaching Assistant Initials	MD	MD	MD	MD	MD	MD	MD	KA
Remediation: Date/Evaluation/Initials	NA	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 1/18/2023) - During this lab, you satisfactorily demonstrated competence with tracheal airway suctioning and tracheostomy care. Awesome job with your skills check-off! You were very well-prepared. Your communication with the patient was strong, helping to ensure comfort. You were very observant of the

sterile field, identified that sterility was broken when putting on sterile gloves, and verbalized the proper steps to follow if that were to occur in the clinical setting. Overall job well done! 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

Week 9 (Lab Day- Skills Review)- You satisfactorily participated in lab on 3/13/2023 by practicing two skills of your choosing. KA

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

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

* Course Objectives

Comments:

3/2/23 - Simulation #1- Please review the comments placed on the Simulation Scoring Sheet below. In addition, please review the individual faculty feedback placed on your prebrief assignment that was returned to you during the debriefing session and the faculty comments placed within the simulation #1 reflection journal drop boxes. Great job! KA

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Part 1: Elaynah Noftz (A), Mira Sweat (M) Part 2: Katelyn Elmlinger (M) & Mira Sweat (A)

GROUP #: 5

SCENARIO: MSN Scenario #1 - Part 1 and Part 2

OBSERVATION DATE/TIME(S): 3/2/2023 0800-0930

CLINICAL JUDGMENT COMPONENTS	OBSERVATION NOTES
<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><u>Part 1</u></p> <p>Did not obtain VS immediately.</p> <p>Performed focused pain assessment immediately upon pt. stating of pain; assessed pain scale along with associated factors.</p> <p>Partial assessment completed on Lt. leg immediately; began checking Lt. foot for 6Ps; attempted to view site under Lt. leg dressing, but did not remove sock on Lt. foot (omitted pallor/cyanotic color).</p> <p>Obtained VS after performing focused pain assessment.</p> <p>Recognized abnormal BP & HR, but did not recognize temperature change in Lt. foot, even after prompted.</p> <p>Began performing head to toe assessment.</p> <p>Constant prompting needed throughout scenario regarding recognition of compartment syndrome.</p> <p>Sought information regarding pain level and allergies.</p> <p>Sought information about pts fall.</p>
	<p><u>Part 2</u></p> <p>Did not ask about proper pronouns.</p> <p>Performed full pain assessment for both legs by promptly asking about pain level (6/10-Rt. leg) and associated symptoms.</p> <p>Performed focused M/S and neurovascular assessment on both lower extremities.</p> <p>Did not remove socks but asked about pulses.</p> <p>Recognized redness in Rt. leg.</p>

	<p>Identified DVT.</p> <p>Performed a focused respiratory assessment upon pt. coughing and stating chest pain; asked about dyspnea.</p> <p>Recognized DVT & PE.</p> <p>Delay in obtaining VS.</p> <p>Sought information about pain level.</p> <p>Recognized elevated labs, ABGs, pt. non-compliance by not wearing SCDs, reddened calf, pain, & abnormal VS.</p> <p>Did not seek information about allergies.</p> <p>Sought information about ambulation & SCDs.</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><u>Part 1</u></p> <p>Delay in prioritizing neuro assessment of 6Ps.</p> <p>Did not expose Lt. foot by removing sock.</p> <p>Prioritized pain medication of morphine sulfate for Lt. leg pain.</p> <p>Delay in calling HCP regarding compartment syndrome, but recognized as emergent once realizing compartment syndrome.</p> <p>Gathered complete data prior to calling HCP.</p> <hr/> <p><u>Part 2</u></p> <p>Prioritized focused pain, M/S, and respiratory assessments.</p> <p>Recognized decreased pulse oximeter reading.</p> <p>Recognized patient exhibiting signs of DVT and potential PE.</p> <p>Prioritized pain relief with morphine sulfate given IM.</p> <p>Prioritized pt. education regarding DVT & PE signs and non-compliance of SCDs.</p> <p>Prioritized physician orders, recognizing need for promptness with obtaining CT, labs, and ABGs.</p> <p>Prioritized full data collection prior to calling HCP.</p> <p>Understood dosage of IM medication and reason for enoxaparin.</p>
<p>RESPONDING: (2,3,4,5,6) *</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B 	<p><u>Part 1</u></p> <p>Roles were clearly defined.</p>

<ul style="list-style-type: none"> • Clear Communication: • Well-Planned Intervention/ Flexibility: • Being Skillful: 	<p>E E E</p>	<p>A A A</p>	<p>D D D</p>	<p>B B B</p>	<p>Both nurses were calm and confident throughout the scenario.</p> <p>Communicated immediately to med nurse to administer pain med; communicated effectively and clearly with each other throughout scenario.</p> <p>Communicated effectively with the patient throughout the scenario but needed some prompting at times.</p> <p>Did not address pronouns.</p> <p>Delay in calling HCP; verbalized all 6Ps to HCP.</p> <p>Full SBAR provided; recognized compartment syndrome; did not write orders or read back information from HCP.</p> <p>Ice removed from Lt. leg due to time-frame on leg, not due to compartment syndrome.</p> <p>Pillow was not removed under Lt. leg.</p> <p>Thorough explanation was provided to patient about morphine sulfate, reason for administering, and potential side effects.</p> <p>Properly used BMV & confirmed dose.</p> <p>Switched needle to appropriate gauge for IM.</p> <p>Administered morphine sulfate correctly; correct dose given; 4mg (syringe label was 2mg/ 1mL).</p> <p>Pt's partner was called & notified of pt.'s condition & surgery time change.</p> <p>Did not use proper pronouns; referenced as "he" when talking to physician.</p> <p>Properly prepped, cleansed, & administered NS flush and primed & connected IV tubing; properly hung primary IV and antibiotic IVPB. Remember to check for blood return prior to NS flush.</p> <p>HCP notified of lab and diagnostic results; wrote new orders and read back orders to HCP.</p> <p>Reassessed pain relief.</p> <p>Report given to OR nurse.</p>
<p><u>Part 2</u></p> <p>Roles were clearly defined as medication nurse and assessment nurse.</p>					

	<p>Reassured patient during scenario.</p> <p>Each nurse remained calm and confident throughout scenario.</p> <p>Displayed caring throughout scenario.</p> <p>Communicated effectively with other team member during scenario, deciding on plan of care & which pain med to administer.</p> <p>Used proper pronouns.</p> <p>Called HCP, but not immediately when pt. was experiencing resp. distress; full SBAR communicated confidently by assessment nurse; read back orders after writing each order.</p> <p>Promptly responded to dyspnea by applying oxygen at 2L/NC and raising HOB.</p> <p>Med nurse properly used BMV, switched to appropriate needles for both injections; did not aspirate before injecting IM.</p> <p>Administered correct dose of morphine sulfate of 4mg IM.</p> <p>Administered enoxaparin subcutaneously in abdomen using correct technique & administering correct dosage.</p> <p>Educated patient on DVT, SCDs, crutches, ambulation, incentive spirometer, and enoxaparin.</p> <p>Reassessed pain and explained enoxaparin med.</p>
<p>REFLECTING: (7) *</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p><u>Part 1</u></p> <p>Evaluated and analyzed clinical performance after being prompted, overall. Key decision points were identified, and alternatives were considered; discussed conflict resolution.</p> <p>Demonstrated a desire to improve nursing performance; reflected on experience; identified strengths and weaknesses.</p> <p><u>Part 2</u></p> <p>Evaluated and analyzed clinical performance after being prompted, overall. Key decision points were identified, and alternatives were considered; discussed conflict resolution.</p> <p>Demonstrated a desire to improve nursing performance; reflected on experience; identified strengths and weaknesses.</p>
<p>SUMMARY COMMENTS: * = Course Objectives</p>	<p><u>Part 1</u></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: Regularly observed and monitored a variety of subjective and objective data; most useful information was noticed but missing some important information until prompted by the patient. Recognized most obvious patterns and deviations such as vital signs & pain; at times unsure of how to properly continue prioritized assessment. Actively sought additional information; at times unsure of what information to seek and/or pursue.</p> <p>Interpreting: Prioritized data and focused on the most important data, but also at times attended to less relevant or useful data. Group was able to compare data patterns with those known to develop intervention plans.</p> <p>Responding: Displayed leadership and confidence but lacking in assessment role, at times; delegated team assignments. Generally communicated well; communication with patient, patient’s partner, and team members were successful; could be more effective in establishing a rapport. Developed interventions on the basis of relevant patient data; monitored progress regularly. Showed mastery of necessary nursing skills.</p> <p>Reflecting: Key decision points were identified, and alternatives were considered. Demonstrated desire to improve performance; identified strengths and weaknesses.</p> <p>Satisfactory completion of MSN simulation scenario #1.</p>
	<p><u>Part 2</u></p> <p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Focused observation appropriately; regularly observed and monitored objective and subjective data. Recognized most obvious patterns and deviations from expected patterns in data such as vital signs, GPs, & pain; made some effort to seek additional information and occasionally did not pursue important leads.</p> <p>Interpreting: Prioritized data by focusing on the most relevant and important data useful for explaining the patient’s condition. Group was able to compare data patterns with those known to develop intervention plans.</p> <p>Responding: Displayed leadership and confidence, assuming responsibility. Generally communicated well; communication with patient, patient’s partner, and team members were successful. Developed interventions specific to the patient; monitored progress</p>

	<p>regularly. Showed mastery of necessary nursing skills.</p> <p>Reflecting: Key decision points were identified, and alternatives were considered. Demonstrated a desire to improve performance; identified strengths and weaknesses.</p> <p>Satisfactory completion of MSN simulation scenario #1.</p>
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EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2023

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

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

Student eSignature and Date:

12/9/2022