

**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
1/25/23	Risk for Aspiration	S/KA	NA	NA
2/1/2023	Acute Pain	Satisfactory/MD	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	S	n/a	n/a	S	n/a	S	S	S				
a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting)			S	S	S	S	n/a	n/a	S	n/a	S	S	S				
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			S	S	S	S	n/a	n/a	S	n/a	S	S	S				
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			S	S	S	S	n/a	n/a	S	n/a	S	S	S				
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			S	S	S	S	n/a	n/a	S	n/a	n/a	S	S				
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	S	S	S	n/a	n/a	S	n/a	n/a	S	S				
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			S	S	S	S	n/a	n/a	S	n/a	n/a	S	S				
g. Assess developmental stages of assigned patients. (Interpreting)			S	S	S	S	n/a	n/a	S	S	S	S	S				
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		S	S	S	S	n/a	n/a	S	n/a	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 push, IV Pump Sessions	3T, 79, Aspiration Pneumonia	5T, 73, post TKA	4N, 89, duodenal ulcer	5T, 85, cervical fusion	No clinical	n/a	NA	ECSC	Infection Control and Digestive Health	5T, 82, R Hip Fracture	3T, 77, Acute stomach pain				
Instructors Initials	NS	NS	KA	MD	NS	LM	DW	KA	KA	KA	DW	KA					

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. NS

Week 3 – 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. KA

Week 3 – 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

Week 5 1(a-h) – Elaynah, you were well prepared for clinical this week and demonstrated a desire to learn and enhance your knowledge. You did a nice job of researching and discussing your patient’s admitting diagnosis of a GI bleed from a duodenal ulcer. We discussed the signs and symptoms she was experiencing and the potential complications to monitor for. You discussed the EGD procedure to identify the bleed, and also did a nice job of correlating the medications to her disease process. Based on her altered GI system, you correctly identified the rationale behind the GI soft diet and her nutritional needs. We also discussed her new onset afib and potential complications as well as signs and symptoms to monitor for. Overall nice job making correlations with your patient and your findings! NS

Week 6 objective 1(a-h) - Elaynah, you analyzed the pathophysiology and correlated your patient’s signs and symptoms to her disease process. You used this information to provide appropriate nursing care for your patient on the rehab unit. Your patient had multiple fractures due to a fall. You interpreted lab results, diagnostic tests, and medical treatments to help guide you in your decision-making process. Great job! LM

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	S	S	n/a	n/a	S	n/a	n/a	S	S				
a. Perform inspection, palpation, percussion, and auscultation in the physical assessment of assigned patient. (Noticing)			S	S	S	S	n/a	n/a	S	n/a	n/a	S	S				
b. Conduct a fall assessment and implement appropriate precautions. (Noticing)			S	S	S	S	n/a	n/a	S	n/a	n/a	S	S				
c. Conduct a skin risk assessment and implement appropriate precautions and care. (Noticing)			S	S	S	S	n/a	n/a	S	n/a	n/a	S	S				
d. Communicate physical assessment. (Responding)			S	S	S	S	n/a	n/a	S	n/a	n/a	S	S				
e. Analyze appropriate assessment skills for the patient's disease process. (Interpreting)			S	S	S	S	n/a	n/a	S	n/a	n/a	S	S				
f. Demonstrate skill in accessing electronic information and documenting patient care. (Responding)	S		S	S	S	S	n/a	n/a	S	n/a	n/a	S	S				
	NS	NS	KA	MD	NS	LM	DW	KA	KA	KA	DW	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 3 – 2a, d – You did a nice job thoroughly assessing you patient and notifying your nurse of any pertinent information. KA

Week 3 – 2f – You utilized the EMR to research your patient and determine what care needed to be provided to your patient throughout the day. KA

Week 5 2(a,d,e) - Good work with your assessments this week, noticing numerous deviations from normal, including impaired vision, difficulty hearing and the use of hearing aids, missing teeth with dentures, irregular heart beat (nice job!), 1+ pitting edema in the lower extremities, mild weakness, back pain, use of assistive devices, bruising, and urinary frequency. You appropriately prioritized and focused your assessment on his GI system and vital signs. You communicated your findings thoroughly through timely and accurate charting. Nicely done! NS

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 6 objective 2(a, c, d, e, f) – Elaynah, you performed a thorough head-to-toe assessment on your patient. You communicated your assessment findings to your primary nurse and instructor. You correctly identified assessment skills specific for your patient such as a detailed musculoskeletal, pain, and skin assessment. You are becoming comfortable accessing the EMR and documenting in the EMR. Keep up the good work! LM

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	n/a	n/a	S	n/a	S	S	S				
a. Perform standard precautions. (Responding)	S		S	S	S	S	n/a	n/a	S	n/a	S	S	S				
b. Demonstrate nursing measures skillfully and safely. (Responding)	S		S	S	S	S	n/a	n/a	S	n/a	n/a	S	S				
c. Demonstrate promptness and ability to organize nursing care effectively. (Responding)			S	S	S	S	n/a	n/a	S	n/a	S	S	S				
d. Appropriately prioritizes nursing care. (Responding)			S	S	S	S	n/a	n/a	S	n/a	n/a	S	S				
e. Recognize the need for assistance. (Reflecting)			S	S	S	S	n/a	n/a	S	S	S	S	S				
f. Apply the principles of asepsis where indicated. (Responding)	S		S	S	S	S	n/a	n/a	S	S	S	S	S				
g. Demonstrate appropriate skill with Foley catheter insertion, maintenance, & removal (Responding)			S (maintenance)	n/a	n/a	n/a	n/a	n/a	S	n/a	n/a	n/a	n/a				
h. Implement DVT prophylaxis (early ambulation, SCDs, and TED hose) based on assessment and physicians' orders (Responding)			S	S	S	S	n/a	n/a	S	n/a	n/a	S	n/a				
i. Identify the role of evidence in determining best nursing practice. (Interpreting)	S		S	S	S	S	n/a	n/a	S	n/a	n/a	S	S				
j. Identify recommendations for change through team collaboration. (Reflecting)			n/a	S	S	S	n/a	n/a	S	S	n/a	S	S				
	NS	NS	KA	MD	NS	LM	DW	KA	KA	KA	DW	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

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 3 – 3b – You did a great job with the new skill of administering medications through a PEG tube. You reviewed information about the PEG tube before administering the medications to ensure the proper procedure was performed. KA

Week 5 3(h) – This week you gained experience with implementing DVT prophylaxis measures by initiating SCDs that were ordered by the provider. We discussed the importance of initiating SCDs as soon as possible, especially since her anticoagulant was on hold due to her GI bleed. With the assistance of a peer you located the equipment and set up the SCDs appropriately. Education was provided to the patient and her family member. Nice work initiating interventions to prevent complications! NS

Week 6 objective 3(a-d, h) – Elaynah, you demonstrated safe, skillful nursing measures throughout your clinical day on the rehab unit. You were aware of your patient's needs regarding promotion of skin integrity, fall risk, and hygiene needs. You organized and prioritized your time around the therapy schedule and medication pass. You recognized the importance of implementing DVT prophylaxis by applying SCDs to your patient on Wednesday. During report Thursday morning, you learned that your patient may have a DVT; therefore, you followed the proper protocol to place all therapy sessions on hold, maintain bedrest for your patient, and remove the SCD's until further orders were received from the physician. You did a nice job! LM

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

Comments:

(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 – 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, PEG, and IV medications this week. You performed the medication administration process with beginning dexterity. KA

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 3 – 3n – You did a nice job priming your piggy back and connecting your patient to the medication for the first time. KA

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

Week 5 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 earned some independence through demonstration of competence. You gained experience administering PO medications using the BMV process appropriately. You performed a saline flush using appropriate aseptic technique, monitoring the site for complications. A FSBS was performed accurately to determine appropriate dosing of insulin. Great job with your subcutaneous insulin injections, reading the protocol appropriately, and monitoring for signs of hypoglycemia. While there was an incident of the patient dropping a pill on the floor, you responded appropriately by discarding the medication and discussing the need to obtain a new one. Experience was gained in how to look up a medication on Lexicomp to identify the correct pill - a good learning experience! Overall a very successful week! NS

Week 6 objective 3(k, l, m) – Elaynah, 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. Excellent job! LM

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:			N/I	S	S	S	n/a	n/a	S	S	S	S	S				
a. Integrate professionally appropriate and therapeutic communication skills in interactions with patients, families, and significant others. (Responding)																	
b. Communicate professionally and collaboratively with members of the healthcare team using hand-off communication techniques. (SBAR) (Responding)			S	S	S	S	n/a	n/a	S	n/a	n/a	S	S				
c. Report promptly and accurately any change in the status of the patient. (Responding)			S	S	S	S	n/a	n/a	S	n/a	n/a	S	S				
d. Maintain confidentiality of patient health and medical information. (Responding)			S	S	S	S	n/a	n/a	S	n/a	S	S	S				
e. Consistently and appropriately post comments in clinical discussion groups. (Reflecting)			S	S	S	S	n/a	n/a	S	n/a S	S	S	S				
f. Obtain report, from previous care giver, at the beginning of the clinical day. (Noticing)			S	S	S	S	n/a	n/a	S	n/a	n/a	S	S				
g. Provide a clear, organized hand-off report to your patient's next provider of care. (Responding)			S	S	S	S	n/a	n/a	S	n/a	n/a	S	S				
	NS	NS	KA	MD	NS	LM	DW	KA	KA	KA	DW	KA					

Comments:

Week -3 – 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

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 3 – 4e – Elaynah, you did a great job reviewing your EBP article and responding to the CDG questions. You did a great job relating the research to your patient. When in-text citing your article make sure not to just include the first author. Since you have over 4 authors you would state them as Bergbower et al. Keep up the nice work! KA

Week 5 4(b,c) – Good work in your communication and collaboration with other members of the health care team. You stayed in contact and provided updates with your team leader. During week you communicated and collaborated with your peers and team leader to ensure all aspects of care were provided for your patient. Great teamwork was on full display!. NS

Week 5 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. I appreciate the insight and additional research provided in your response post to Tabitha. Great use of supplemental resources to enhance your knowledge. Some tips for APA formatting in the future: in your response post, be sure to be sure to *italicize* the journal title and volume as well as capitalize the first letters of each word in the journal - *Indian Journal of Orthopaedics*, 54(1), 69–74. Just some tips for future success. Nice job! NS

Week 6 objective 4(a, b, c, e) – Elaynah, you communicated effectively with your patient 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 medication story CDG post and completed a peer post this week. Excellent job! LM

Week 9 – 4e – Elaynah, you did a nice job completing your CDG on your Erie County Senior Center clinical experience. You responded appropriately to all the questions and included both a reference and in-text citation to support your ideas. Keep up the great work! KA

Week 10 (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. Good job with APA formatting. DW

Week 11 – 4e – Elaynah, you did a nice job responding to the CDG questions on your patient this week on Rehab. You were thoughtful and considerate with your responses to th original questions and your response to your classmate. You include both an in-text citation and a reference. Keep up the great 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	S	S	n/a	n/a	S	S	S	S					
a. Describe a teaching need of your patient.** (Reflecting)			S	S	S	S	n/a	n/a	S	S	S	S					
b. Utilize appropriate terminology and resources (Lexicomp, UpToDate, Dynamic Health, Skyscape) when providing patient education. (Responding)			S	S	S	S	n/a	n/a	S	S	S	S					
	NS	NS	KA	MD	NS	LM	DW	KA	KA	KA	DW	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:

A: I educated my patient on the importance of coughing and deep breathing to fully expand/ use lungs in the hospital setting and at home. The patient engaged in the discussion and performed coughing and deep breathing demonstration to show full understanding. **KA**

B: I used Lexi comp to look up my patient's diagnosis on an aortic stenosis to fully understand where his SOB/ difficulty breathing stemmed from. The teach back method was used to ensure patient understood importance of coughing and deep breathing. **This was great information to your patient and I am sure he appreciated it before he was discharged. KA**

Week 4:

A: I educated my patient on the importance of early ambulation following a TKA and how it will help the healing process and result in a faster recovery time. The patient understood the importance and has followed through will all of PT/ OT to ensure she will recover quicker and completely. **Awesome! MD**

B: I looked up the effects of early ambulation on patients post operation on Lexicomp prior to communicating with and educating my patient on the benefits post TKA. **Great! MD**

Week 5: A: This week my patient needed to be educated on the purpose of SCDS. She was hesitant when we explained to her the use for the SCDs but once she had them on, she thought that the intermittent pressure was relieving.

B: I looked up on Lexicomp the importance/ purpose of SCDs prior to placing them on my patient. This made it easy for me to educate to her why we were implementing them during her stay. I explained that they are helping with her blood flow/ circulation while she was in bed/ sedentary. **Awesome!! As I noted earlier, I appreciate you educating your patient on their purpose. Its funny, patients either hate them, or think they feel like a massage. Anyway, a very important teaching topic related to compliance to prevent complications. I am glad to see that you used a reputable resource to support the information. Nice job!! NS**

Week 6: This week my patient needed educated on her DVT. When I entered the room, she was not aware of the blood clot or the reasoning behind her being on bed rest. I educated my patient on the importance of immobility to prevent the DVT from dislodging and traveling to her lungs. I also researched on Lexicomp the location of her DVT and became concerned that they had not stopped applying SCD's. After talking to the charge nurse and my instructor, I educated my patient on the reasoning for the

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

removal of her SCDs. We did not want the pressure to dislodge the clot. **You did an excellent job educating your patient on the DVT protocol and measures to maintain patient safety. Great job! LM**

Week 9: A: This week we created an activity for seniors at ECSC and one teaching need for the some of the seniors were step by step instructions on how to create the leprechaun out of the materials given. Some were able to do this on their own however, some needed to be sat with and told what to do for each step-in order to finish the activity. B: We found this craft online and made our own examples to help the seniors navigate this activity as independently as possible while assisting any who needed it. **What a great activity idea. You helped with hand-eye coordination, muscle strengthening, and short term memory all in one fun activity. Great job! KA**

Week 10

A: One teaching need of a patient this week was a middle-aged man during my digestive health clinical. He was one of the first scheduled patients for a colonoscopy, however the morning of he was only to drink clear liquids and he had coffee with creamer and sugar, which is not a clear liquid. They then had to hold off the procedure longer than expected. He needed to be educated on what clear liquid options were and that if he were to drink coffee, it should not have sugar or creamer. B: I was able to utilize Lexicomp when looking up the procedure and requirements for a colonoscopy, which educated me on the fact that patients are to be NPO and only having clear liquids prior to the procedure. **DW**

Week 11: A: This week a teaching need of my patient was how to properly use the incentive spirometry. She had said it was left in her room, but she wasn't sure if she was using it properly. Just after using it properly for the 2 days I had her, her SpO2 went from 88-92% to 95-96% by the second day on room air. B: I used Lexi comp to appropriately teach her how to use the incentive spirometry and she felt a huge difference just by the second day. She was less SOB on exertion as well. **Good job! KA**

Week 12: A: A teaching need of my patient this week was how to appropriately take his BP and monitor his sugar at home. B: The nurse and I were able to utilize Lexicomp to print him off step by step instructions. Kelly and I also educated him on how to use the sliding scale since he was now going home on fast acting insulin as well. He had never used one before and just had a few questions that we were able to explain based off our experience in the MAR and how it would be similar for him.

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	n/a	n/a	n/a	n/a	S	n/a	n/a	n/a	n/a				
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	n/a	n/a	S	S	S	S	S				
	NS	NS	KA	MD	NS	LM	DW	KA	KA	KA	DW	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.** See Care Map Grading Rubrics below.

Comments:

1/25/2023- One of the SDOH I noticed with my first patient on 3T was that he had a significant amount of family support. He had children and his spouse advocating for him and helping him through this health crisis. They helped to ensure he was receiving the care he needed while supporting him through the illness and promoting positive attitudes towards health for my patient. **I agree your patient had a wealth of support and resources available to him to manage his health. KA**
Week 3 – 6a – You satisfactorily completed your Care Map. See comments below in the rubric for full details. KA

2/1/23- One of the SDOH that my patient on 5T demonstrated this week was that she has support at home with her husband who is healthy and able to take care of household tasks while she is recovering. Another thing I noticed was that she was improved right away with insurance, so she is able to receive plenty of care from PT/OT prior to returning home. This will really benefit her and her health post TKA. **Great job identifying SDOH! MD**

2/9/23- One of the SDOH that I learned was affecting my patient was that she lived at home alone at the age of 89 and was having difficulty remembering/taking her medications and that she also has a very sedentary lifestyle. Her children expressed concern and are having her go to a nursing care facility until they feel more confident in her ability to take care of herself on her own. **Very good reflection and identification of a SODH that could impact her health. Fortunately, this was identified by case management, and she was discharged to a nursing home facility to assist with her care! NS**

2/15- One social determinant of health I noticed was affecting my patient was that she was a widow, and her children live in different states. She is usually alone in her home and is struggling to care for herself and her dog on her own at the age of 85. She decided to give her dog to a close friend and move into an assisted living facility close to her home so that she can receive help when needed with ADL's. **This is an excellent example of a SDOH! LM**

3/15/23- One social determinant of health I noticed at ECSC was community. All the seniors who attended had community with the other people there. They were able to communicate with each other and create friendships with anyone who walked through the door. This is very important for emotional health when you are older, and you could tell that no one was left out. They all were laughing and enjoying the games and crafts together. This was a great social opportunity for them to feel a part of something and have others to lean on. **What a resource the senior center is. Having ample support is a SDOH that can affect patients. The ECSC helps provide social interaction as well as a support system for those they serve. Great job identifying this as an important aspect of SDOH for these individuals. KA**

3/23/23- A social determinant of health I noticed while having the digestive health clinical was that in order to be able to receive a colonoscopy you needed to have someone present with you to provide you transportation there and back and be present in your room after the procedure due to the anesthesia. If someone lacks community, they may be declined to receive a colonoscopy due to this requirement. **DW**

3/30/23- A social determinant of health I noticed with my patient on 5T this week was her housing. She had stated she lived in a single level ranch styled house however, there are 3 stairs to go up in order to enter the house. She mentioned that she may have to put in a ramp since she is non weight bearing on her right foot and is currently hopping around to ambulate. **Great job identifying potential concerns with housing related to potential fall hazards. KA**

04/06/23- A social determinant of health I saw in my patient this week was that he was a 77-year-old male who lived alone. His wife had passed away from cancer last month. With him being alone there are more risks for his safety however, he stated that he had children who were able to help when needed.

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	U	n/a	n/a	U	S	S	S	S				
b. Reflect on an area for improvement and set a goal to meet this need.** (Reflecting)	S		S	S	S	U	n/a	n/a	U	S	S	S	S				
c. Demonstrate evidence of growth, initiative, and self-confidence. (Responding)	S		S	S	S	U	n/a	n/a	U	S	S	S	S				
d. Follow the standards outlined in the FRMCSN Student Code of Conduct Policy. (Responding)	S		S	S	S	U	n/a	n/a	U	S	S	S	S				
e. Incorporate the core values of caring, diversity, excellence, integrity, and “ACE”- attitude, commitment, and enthusiasm during all clinical interactions. (Responding)	S		S	S	S	U	n/a	n/a	U	S	S	S	S				
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (Responding)	S		S	S	S	U	n/a	n/a	U	S	S	S	S				
g. Demonstrate the ability to give and receive constructive feedback. (Responding)	S		S	S	S	U	n/a	n/a	U	S	S	S	S				
h. Actively engage in self-reflection. (Reflecting)	S		S	S	S	U	n/a	n/a	U	S	S	S	S				
	NS	NS	KA	MD	NS	LM	DW	KA	KA	KA	DW	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:

Week 1: a: This week I felt like my strength was when we were working with IV math and drip rate. I felt like I did a good job picking up on when to use each equation and what numbers to plug in. **Awesome! This type of math, especially in practice, takes more critical thinking to promote safety of the patient. Its great that you are feeling comfortable with this process! NS**

B: This week I felt like my weakness was with insulin injections. I felt like I did not pick up a lot of information from the video initially, so the steps really confused me in lab. I will rewatch the video 2 times before our first quiz Tuesday. I will also take notes over the steps and the process while watching the video so that I feel more comfortable with insulin injections and the steps I need to take. **Very good and detailed reflection! I appreciate the specifics provided in your plan for improvement. This is content that will be re-introduced in the endocrine unit and an area that you will get plenty of opportunities to implement in the clinical setting. I think your plan for improvement will help you get comfortable with this process! Keep up the hard work. NS**

Week 3: This week I thought a strength of mine was being comfortable with taking on a bit of a challenge with a type of patient I had never had before. Although I was nervous, I was really proud of myself for taking it as a tremendous learning experience rather than avoiding it because I was scared. **You did a great job and rose to the challenge! KA**

I felt like one of my weaknesses this week was hanging IV antibiotics and priming the tubing. I plan to look at the videos on advance a few more times before next clinical so that I will be more confident when priming tubing. **Great idea for review. KA**

Week 4: This week I felt like my strength was time management. On 5T we are really forced to figure out a schedule that is going to work for us and our patient based off therapy times. I feel like I adjusted quickly and was able to get everything I needed done, in a short time frame. **You did awesome with time management! MD**
Something I feel like I could improve upon would be interpreting what each medication is used for after looking them up. I feel like I am looking them up to know what I am administering, but after I administer them, I do not know the meaning of the medications without looking at my paper. I want to start reviewing patient's med lists after clinical to start having an idea of what medications are used for prior to looking them up on skyscape. In order to improve upon this I will start paying closer attention to these medications and looking up more information on them and actually studying them after each clinical. **This is a great goal! MD**

Week 5: This week I felt my strength was passing medications. I think I gained confidence this week that I had been lacking in previous clinicals. I gained confidence getting a FSBS for the first time and as the day went on, it felt like second nature. I also think that I was confident giving insulin for my first time and really appreciated the help of my team leaders. **Elaynah, you had a very productive week! These are great strengths to note. Numerous positive qualities were on full display throughout the week. Be proud of the hard work you are putting in! NS**

Something I could have improved upon this week would be looking up more information about my patient to understand the disease process better. I did not know much about GI bleeds prior to this patient so I wish I would've taken more time to research her type of ulcer and other components based on her history and active problems. Next clinical I plan to dive deeper into my patients chart and research the disease process and look at lab values to try to connect the dots better. **Each experience is a learning opportunity! You spent time providing great care to her, and we were able to find time to discuss her diagnosis and patho involved. You were also active in discussing her situation during debriefing. Great plan for improvement, keep up the hard work! NS**

Week 6: This week I felt like my strength was acknowledging the need for assistance. I think some weeks I am so worried about getting things done the way that I want them done and I try to take on every task on my own. This week I was really forced to ask for help in certain circumstances whether I was in a time crunch or needed multiple hands. I was super thankful to have so many people willing to help when it was needed. **Elaynah, you did a great job trying to organize your time. You were somewhat stressed on Thursday but you maintained your composure and sought help when needed. Great job! LM**

This week an area for improvement was time management and positive attitude. I became overwhelmed very quickly with the limited amount of time and a patient with several needs. I think to improve upon my anxiety and felling of anxiousness I can research different relaxation techniques so that next week in clinical, if I become overwhelmed, I have better strategies to calm myself down and figure out what I need to do. **This is an appropriate area for improvement. LM**

Elaynah, unfortunately, you have received a "U" for the objective 7, week 6 column. You did not self-evaluate for this objective. Please address the "Us" by placing one comment below stating why they are no longer "Us". If you do not address the "Us" then you will continue to receive "Us" until it is addressed. LM

I received U's last week for objective 7, week 6 because I did not self-evaluate. They are no longer U's because I made sure to go through each column and self-evaluate for week 7. **Thank you! DW**

Midterm – Elaynah, you have done a great job during the first half of the semester. Congratulations on completing both of your care maps satisfactorily before midterm. You have had multiple opportunities to demonstrate your abilities and skillfulness while providing care to your patients on clinical. You provide excellent care that is both holistic and well thought out. You research your patients to ensure you can provide them with the best care possible and display a good foundation of clinical judgment. The majority of your competencies are satisfactory at midterm. You have received an NA for the DCing an IV competency at midterm. Please seek out opportunities to complete this competency during the second half of the semester. You are receiving an unsatisfactory for competencies 7a through 7h related to the fact they were left blank during week 6 and have not had the opportunity to complete them satisfactorily since. Please be mindful not to leave any competencies blank in the future to prevent this from occurring during the second half of the semester. Keep up the good work and dedication during the remainder of the semester. KA

Week 9: A: This week an area of strength was adaptability. I was unsure of what to expect going to a new clinical site with no clinical instructors, but I felt like my partner, and I worked well together to deliver the seniors a fun craft and help as much as possible with other events taking place at the time. KA
B: An area for improvement would be, being more outgoing with individuals that I am not familiar with. It was hard for me initially to just jump right in and talk to people who I have never met before. I think I need to work on being more confident with my communication moving forward and I will try to be more outgoing, even in situations that I feel shy or out of place. Great self reflection. Make sure to include a specific goal on how you will work on achieving this in the future. One thing that helped me when I first started working with patients and families was to have a few general topics of discussion I felt comfortable talking about. It helped me develop rapport with my patients and helped me feel comfortable and confident in talking to others about things I knew. KA

Week 10:

A: A strength this week was being comfortable in uncomfortable situations. I was exposed to a lot of new areas of the hospital that I was unfamiliar with and only one other nursing student with me and I felt like I was put in situations that I am not used to but I enjoyed the experiences rather than being nervous or shy around the new environment and new people. That is wonderful to hear, Elaynah! This shows growth in your role as a healthcare professional. DW

B: A weakness this week was that I wish I would have asked more questions during the procedures and to the nurses on the floor. I didn't realize until towards the end of my clinical that the physician's really enjoy explaining what they are seeing on the screen during the procedures and that they were very open to questions. At my next clinical I am going to try to be more comfortable asking nurses and other staff questions rather than sitting back and just observing. I am going to try to put myself into situations where I can learn about something I have not yet experienced. Excellent! This makes you an active learner, as opposed to passively hoping you will grow in knowledge and skill by observation alone. May I suggest that you consider a few scripted starter questions or statements that you can use to initiate communication. Having something in mind, may make it easier for you, especially if you are like me and your mind blanks in unfamiliar situations with others you don't know. DW

Week 11:

A: This week a strength of mine was being very involved with PT and OT. I asked several questions with OT in the room, and I was lucky to have an OT that was very open to teaching! I feel like I was able to learn a lot about their individual's goals with patients and how they work towards them. She also taught me about the different dressings my patient had and was very helpful when I was changing them! Great job learning about this interdisciplinary team members role in the patient's care! KA

B: A weakness of mine this week was my confidence going into doing the dry-sterile dressing. I was very nervous and shaky because this was my first time. In order to be more confident with this procedure I will make sure to review the steps to a dry sterile dressing and become more familiar with what all is required of me going into it. It is always good to know your resources and review skills you do not get to perform often. KA

Week 12: A- A Strength of mine this week was that I thought I did very well feeling comfortable with d/c three IVs for the first time. I was able to ask for assistance when needed, but I felt more confident in myself when doing something new!

B- A weakness of mine this week was my confidence in myself when calling lab for the first time. Although I eventually did it, I felt like I could have been more straight to the point and have all the information that I would need ready prior to calling them. Next time I have to call lab I want to make sure that I have the patient's name and room number ready to communicate so that I am not scrambling my words.

Student Name: Elaynah Noftz		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: 1/25/23							
Criteria		3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)	3	Elaynah you did a nice job identifying pertinent assessment, lab, and risk factors for your patient. You highlighted appropriate assessment findings and risk factors. I am curious why you highlighted the patient's RBC, Hgb, and Hct in relation to the Risk for Aspiration? What are your thoughts about dementia and generalized weakness being highlighted related to your nursing priority as well? Overall you did well with this section. KA
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)	3	
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	You did a nice job identifying nursing priorities and complications. I had two suggestions. What are your thoughts about Impaired Airway Clearance as a nursing priority? Also, what are your thoughts on respiratory arrest as being a potential complication? Nice job with this 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	2	Elaynah, you did a nice job with your nursing interventions. Remember Assessments should always be prioritized first. So turning the patient would not be the first intervention on your list. Also. Make sure to think about all priority assessments. For this patient assessing respiratory and vital signs would be pertinent. Lastly am sure to individual the care map by not just say the type of medication, but actually list the name and frequency ordered for the medication. KA
	9. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	2	
	10. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	11. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	12. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	

Reflecting	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	2	You did a nice job evaluating your care map. Remember to include all highlighted areas from your assessment and lab sections in your re-evaluation. KA
	14. Evaluation includes one of the following statements: <ul style="list-style-type: none"> • Continue plan of care • Modify plan of care • Terminate plan of care 	Complete			Not complete	3	
<p>Total Possible Points= 42 points 42-33 points = Satisfactory 32-21 points = Needs Improvement* < 21 points = Unsatisfactory* *Total points adding up to less than or equal to 32 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.</p> <p>Faculty/Teaching Assistant Comments: Elaynah, you did a nice job. You satisfactorily completed your care map. Please see above comments for areas to improve on for your next care map. KA</p>							Total Points: 39/42 Faculty/Teaching Assistant Initials: KA

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

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

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

Student name: Elaynah Noftz								
Skills Lab Competency Evaluation	Lab Skills							
	Week 1	Week 1	Week 1	Week 1	Week 1	Week 2	Week 2	Week 9
	IV Math (3,7)*	Assessment (2,3,4,5,7)*	Insulin (2,3,5,7)*	Lab Day (1,2,3,4,5,6,7)*	IV Skills (2,3,5,7)*	Trach (1,2,3,4,5,6,7)*	EBP (3,7)*	Lab Day (1,2,3,4,5,6,7)*
Performance Codes: S: Satisfactory U: Unsatisfactory	Date: 1/12/23	Date: 1/10/23	Date: 1/10/23	Date: 1/12/23	Date: 1/13/23	Date: 1/19/23	Date: 1/18/23	Date: 3/20/23
Evaluation:	S	S	S	S	S	S	S	S
Faculty/Teaching Assistant Initials	KA/DW	KA/RH	MD	LM/NS	NS	DW	LM	DW
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 1/12/23. **KA/DW**

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

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

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

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

Week 2

(Trach Care & Suctioning 1/19/2023) - During this lab, you satisfactorily demonstrated competence with tracheal airway suctioning and tracheostomy care. You have a strong understanding of sterility and maintaining a sterile field. You were confident in the steps and therefore, both skills were performed efficiently and thoroughly. Keep up the good work! **DW**

(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 3/20/2023 by practicing two skills of your choosing. NS

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

<u>Simulation Evaluation</u>	Student Name: Elaynah Noftz							
	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	KA	LM	DW	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): Elaynah Noftz (A), Mira Sweat (M)

GROUP #: 5

SCENARIO: MSN Scenario #1 - Part 1

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>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>INTERPRETING: (1) *</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 	<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>

<p>RESPONDING: (2,3,4,5,6) *</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 	<p>Roles were clearly defined.</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>REFLECTING: (7) *</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Evaluated and analyzed clinical performance after being prompted, overall. Key decision points were identified, and alternatives were considered; discussed conflict resolution.</p> <p>Demonstrated a desire to improve nursing performance; reflected on experience; identified strengths and 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: 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>
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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