

**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	Impaired Physical Mobility	S/KA	NA	NA
2/9/2023	Risk for Thrombosis	S/LM	NA	NA

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

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies:			S	NA	S	S	S	NA	S	NA	NA	S	S				
a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting)			S	NA	S	S	S	NA	S	NA	NA	S	S				
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			S	NA	S	S	S	NA	S	NA	NA	S	S				
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			S	NA	S	S	S	NA	S	NA	NA	S	S				
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			S	NA	S	S	S	NA	S	NA	NA	S	S				
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	NA	S	S	S	NA	S	NA	NA	S	S				
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			S	NA	S	S	S	NA	S	NA	NA	S	S				
g. Assess developmental stages of assigned patients. (Interpreting)			S	NA	S	S	S	NA	S	NA	NA	S	S				
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		S	NA	S	S	S	NA	S	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	3T, 96-years-old, Falls	No clinical	5T, 75-year-old, Stroke	4N, 77-year-old, Fracture	3T, 65-year-old, UTI	No clinical		Digestive Health and Infection Control	ECSC	3T, 90-year-old, CAUTI	5T, 84-year-old, Fractures				
Instructors Initials	KA	KA	KA	DW	LM	NS	RH	DW	DW	DW	RH	RH					

Comments:

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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

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 objective 1(a, b, c, d)- Shyanne, you correctly analyzed the pathophysiology of your patient’s cerebral infarction. You correlated your patient’s symptoms, diagnostic tests, and pharmacotherapy to his disease process, recognizing the importance of the need for therapy and for his specific medication regimen. Great job! LM

Week 6 1(a-h) – Nice job discussing your patient this week and making correlations based on the pathophysiology of her disease process. You identified the importance of assessing the 6Ps as it related to fracture of the leg. You discussed potential complications such as compartment syndrome, including signs and symptoms to watch out for and nursing interventions to implement. You identified her signs and symptoms of severe pain as it related to the unrepaired fracture prior to surgery. You discussed risk factors of her immobility and injuries to both lower extremities. Nice job in your rationale behind each medication as described in your CDG. You were able to discuss the surgical procedure performed to manage the acute process and reviewed the diagnostics to identify the repairs that were made. Overall nice job learning more about your patient and being prepared to expand your knowledge in the clinical setting. NS

Week 7 1(a-h): You did a good job discussing your patient and relating their labs/diagnostic testing to their reason for admission. You also did good research on your medications prior to administration and were able to educate your patient on them. RH

Week 10: 1g This was changed to “S” due to you assessing the developmental changes of the older adult population. RH

Week 11: 1(a-h) Good job discussing your patient this week and making connections between their diagnosis and their labs/diagnostic testing. You did a good job reviewing the medications prior to administration and you explained the purpose of them to your patient prior to her taking them. RH

Objective

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

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

Comments:

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

Week 3 – 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 objective 2(a, b, e)- Shyanne, you performed a thorough head-to-toe assessment on your patient identifying the importance of assessing the neurological system, circulatory status, and musculoskeletal system due to his diagnosis. You properly conducted a fall risk assessment for your patient and instituted proper safety measures to help reduce your patient's risk for falls. Excellent job! LM

Week 6 2(a,b,e) – Nice job with your assessments this week, noticing numerous deviations from normal. Despite the extensive splinting that was in place on her affected extremity, you identified important assessment information to ensure adequate circulation to the lower extremity. You were able to observe the surgeon in his assessment to

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

gather additional data. Despite a limited assessment on day one due to her pain and anxiety, you noted: stress and anxiety related to the procedure and conflict with the consulting surgeon, severe pain and weakness to the LLE, and mild weakness to the RLE, nervousness related to the upcoming procedure, inability to ambulate and perform ADLs due to the injury and pain, bruising, and use of external catheter due to the limited mobility and non-weight bearing status. Due to her fall and injury, you identified her as a high fall risk and ensured all precautions were in place, including the need to apply a yellow wristband, in order to communicate her limitations to all members of the health care team. On day two you observed and participated in her ambulation and education provided on appropriate use of the walker. NS

Week 7 2(a, b, e): You did a thorough head to toe assessment of your patient, on both days, and you were able to identify which systems needed a focused reassessment later in the day. You also noted safety measures and implemented them when needed. RH

Week 9 (2f)- During the Infection Control clinical experience, navigation of the EHR was required to determine the need for and accurate documentation of isolation precautions; therefore, S. DW

Week 11: 2(a, b, e) You did a thorough head to toe assessment of your patient as well as a safety assessment. You were able to identify which systems needed a focused reassessment. You were able to ensure safety measures were in place for your patient. You also charted all your findings appropriately. RH

Objective

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

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

Comments:

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

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 5 objective 3(a-d, e, i, j)- Shyanne, you properly followed standard precautions and demonstrated safe, skillful nursing measures throughout your clinical days, including while providing care to your patient. You were aware of your patient's needs regarding promotion of skin integrity, fall risk, transferring limitations, and hygiene needs. You organized and prioritized your time well, including structuring your medication pass around OT and PT times. As a team leader, you planned your day by prioritizing the needs of your four assigned patients. You collaborated with other members of the health care team by discussing priority needs for each patient and assisted your peers when needed. Great job! LM

Week 6 3(b,c,d) – I thought you did a great job with prioritization and time management. There were numerous important assessment pieces that needed to be performed. While managing her anxiety related to her injury and procedure, you ensured timely administration of medications and surgical preparation. You also prioritized her psychosocial needs and provided therapeutic communication to help reduce her stressors. Great job! NS

Week 7 3(c, d, j) You did well with prioritizing your day and time management. You also did well with collaborating with the other departments in making sure your patient was NPO for his testing. RH

Week 10: 3e you recognized the residents needed assistance with some parts of your activity and you were able to help them. RH

Week 11: 3(a, b, d, g) I changed 3a to “S” because we use standard precautions on all patients, and you did follow this while in clinical this week. You also did a great job with safety measures for your patient. She was able to get up and walk but felt she needed a bedside commode, and you assisted her with that. You also prioritized your care this week and ensured safety was of the utmost importance for her. You did foley care and charted on her catheter. RH

Objective

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

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

Comments:

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

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

Week 5 objective 3(k, l, m, s) - Shyanne, you administered several PO medications to your patient this week. You were knowledgeable about each medication’s use, 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 recognized the importance of obtaining a blood pressure and heart rate on your patient prior to administration due to his antihypertensive medication. You obtained a finger stick blood sugar on your patient following the proper protocol. Excellent job! LM

Week 6 3(k-s) – Good job with medication administration this week! You were well-prepared by reviewing each medication and discussing the implications, side effects, and nursing assessments required. You communicated well with your patient and ensured safety measures were in place and performed, including the 3 safety checks and 6 patient rights. You gained experience administering PO medications using the BMV process appropriately. You utilized the IV spreadsheet to ensure accurate information was communicated regarding IV fluid intake. You gained experience with monitoring an IV site with continuous fluids, administering an IVP following appropriate protocol and procedure, administered a saline flush monitoring for signs of complications, primed and initiated primary continuous infusion and successfully programmed the IV pump. You promoted good infection control measures by accurately labeling your tubing and the IV bag. You also gained further experience with administering a subcutaneous injection. Overall a successful week of med administration! NS

Week 7 3(k, l, m) You did well with your medication administration this week. You were well prepared with your education for the patient for the medications. You used the EMAR to look up and administer the medications. You performed all three checks of your medications as well as the six rights. You were able to monitor the IV site and charted appropriately. RH

Week 11: 3(k-p) You did well with your medication administration this week. You were well prepared with your medication education for the patient. You used the EMAR to look up and properly administer the medications. You performed all three checks of your medications as well as the six rights. You were able to flush the IV prior to administering the IV antibiotic. You programmed the pump with minimal assistance. You also flushed the IV upon completion of the IV antibiotic. You did appropriate medication math to ensure the antibiotic was running at the correct rate. RH

Objective

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

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

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

Week 3 – 4e – Shyanne, you did a great job choosing an appropriate EBP article and answering all the CDG questions related to it thoroughly. When you are referencing your article you only include the year in the parentheses after the author. Also, in the reference when citing the journal title the first letter of all appropriate words is

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

capitalized (International Journal of Environmental Research and Public Health). You did a nice in-text citation. Remember to include the page number or paragraph number (if there are no page numbers) in the in-text citation when using a direct quote. Wonderful job overall sharing information about your EBP article and how it related to your patient this week. KA

Week 5 objective 4(a, b, e) – Shyanne, you communicated effectively with your patient and other members of the health care team throughout each clinical day. You explained each task before performing them. You frequently updated me on the progress made with each patient in your role as a team leader. You identified a SBAR situation that was appropriately communicated utilizing this technique. You accurately completed a detailed team leader CDG post and peer post. You used the TeamSTEPPS task assistance concept for your in-text citation. Excellent job! LM

Week 6 4(a) – I appreciate the time spent communicating with your patient this week. It was evident that she felt comfortable in your care and developed a rapport with her throughout the week. I always encourage students to prioritize time spent talking with patients. That’s what we are here for, to care for them in times of need. Her anxiety related to the procedure and lifestyle changes required during the rehab phase were reduced by the communication provided. Job well done! NS

Week 6 4(e) – You did a nice job with your APA formatting, including an in-text citation and reference with post your initial post and response to a peer. Additional insight was provided in your response post to Jody to further the conversation. I appreciate you looking into and researching information you were unfamiliar with. See my comments on your posts for further information. All criteria we met for a satisfactory evaluation. Nice work! NS

Week 7 4(e): you did a great job educating your patient this week and keeping him calm in a time of stress. Your discussion post described your education well and that your patient appreciated the extra time you took to educate him. Nice work! RH

Week 9 (4b)- During your Infection Control and Digestive Health clinicals this week, communication was utilized when collaborating with the preceptor and other healthcare professionals through each experience; therefore, S. (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. Your APA formatting is nearly spot on, just one suggestion. The in-text citation should never include the title of your source. Two options for corrections to your citation would be: 1. According to Harding et al., C-diff “impairs...damage” (2023, p.1090). or 2. C-diff “impairs absorption by destroying cells, causing inflammation in the colon, and producing toxins that cause damage” (Harding et.al, 2023, p.1090). DW

Week 10: 4a: you used professional communication with the staff at the ECSC as well as the residents that were there, so this was changed to “S” RH

Week 11: 4e- You completed the IAT test and reflected on your results. I liked your response to the last question when you said you would talk to the nurse and ask what they meant by their comment. Some nurses get stressed and say things out of frustration and I thought your example of just having a discussion with that nurse was a good idea. RH

Objective

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

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

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

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

Comments:

Week 3: Education was provided to my patient regarding the use of a walker through discussion. This education was implemented for patient safety due to his unsteady gait and weakness in the lower extremities. This information was provided by Skyscape and was demonstrated by the patient to observe learning. **Nice job. Helping the patient gain strength and improve mobility I know were important goals for this patient. KA**

Week 5: A teaching need of my patient this week was taking his PO medications one at a time with thickened liquids or applesauce. He wanted to take them all at once, but due to a recent stroke and risk for dysphagia, taking them one at a time was necessary. I verbally explained this information to my patient, followed by his demonstration and understanding. I was also able to print an informational sheet from Lexicomp to give to my patient. **Excellent teaching need for your patient this week! LM**

Week 6: This week during clinical I educated my patient on early mobilization. After having surgery on her left ankle and tearing ligaments in her right ankle she is at an increased risk for blood clots. I was able to provide my patient education from Lexicomp. Throughout the day she was interested in moving from her bed to her chair in order to get some activity, as she was aware of the risk factors. **Very good! An essential post-operative teaching topic that often needs encouragement and re-enforcement. She seemed very motivated to get up and move to prevent complications. The education you provided certainly will help promote positive outcomes! The earlier patients can get up and move the better. Not only for their physical health, but their mental health as well. It can be a big hurdle to get over. Nice job! NS**

Week 7: Education regarding coughing and deep breathing, sitting up in bed and other ways to improve oxygenation were provided to my patient this week while utilizing Lexicomp. She was put on oxygen after arriving at the hospital due to her SOB at rest and a low SpO2 reading. When assessing her, I asked about her use of oxygen to which she stated she is "always SOB and does not use oxygen at home". I was unable to print information on the 3T this week, but I was able to verbally educate her, and she was able to demonstrate teach back. **Very good! This is a great tool for her to also use at home. RH**

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 11: A teaching need of my patient this week was on hygiene, and how to care for a follow to prevent CAUTIs and UTIs in general. Due to being diagnosed with bladder prolapse, she has been left with an intermittent foley catheter for a few months now. I was not able to print an informational sheet out for my patient on 3T this week to take back with her to her assisted living facility but was able to educationally inform her via Lexicomp. **RH**

Week 12: Education on ways to prevent falls was provided to my patient. Through discussion with my patient, it did not seem as though she utilizes any assistive devices at home to ambulate. With a leg immobilizer on her leg and weakening muscles, she benefited from a wheelchair while on the floor. She also lives at home alone, so there is no one to assist her if something were to happen, such as her previous fall. Lexicomp was used in order to provide education to my patient.

Objective																	
6. Implement patient-centered plans of care utilizing the nursing process, clinical judgment, and consideration for cultural, ethnic, and social diversity. (2,3,4,5)*																	
Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
a. Develop and implement a priority care map utilizing the nursing process and clinical judgment. (Noticing, Interpreting, Responding, Reflecting)			S	NA	S	NA	NA	NA	S	NA	NA	NA	NA				
b. Identify factors associated with Social Determinants of Health (SDOH) &/or cultural elements that have the potential to influence patient care.** (Noticing, Interpreting, Responding, Reflecting)			S	NA	S	S	S	NA	S	NA U	S	S	S				
	KA	KA	KA	DW	LM	NS	RH	DW	DW	DW	RH	RH					

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

Comments:

See Care Map Grading Rubrics below.

Week 3: A social determinant of health that influenced my patient's care was a support system. While a family member was visiting one day, she mentioned that she is the only individual at home to help take care of the patient. The need for extra assistance required to help move him around at home has led to the decision to move him to a nursing home/hospice facility. **Support or lack thereof is definitely an important SDOH to consider when planning discharge for a patient. KA**

Week 3 – 6a – You satisfactorily completed your Care Map. See comments below in the rubric for full details. KA

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

Week 5- This week during clinical, my patient refused insulin before his meals because he thought it may “raise my blood sugar” based on what his doctor told him from a previous incident. When offered, he would reply with “My doctor told me not to take it”. I made sure to listen to his concerns as well as educate him on why insulin is utilized and what it does for the body. **This is an appropriate example of a cultural element that influences patient care. The patient should have a conversation with his doctor so the doctor can clarify the misconceptions. Great job! LM**

Week 5 – 6a – You satisfactorily completed your Care Map. See comments below in the rubric for full details. LM

Week 6- In clinical this week, my patient had quite a few family members visiting her, but she mentioned that at home, she is the one who does everything from cooking to cleaning. She also touched on how her husband gets up to leave a five in the morning and comes back around eleven or midnight every day. A social determinant of health for her could be support systems. While she has kids and grandchildren, they do not live with her, they have things to do themselves in their day-to-day lives. She put it as though she “lives alone” and is “independent”. **Good! Social context can certainly impact our health, both positively and negatively. She seemed to have great support from her husband, but he is also an older adult with limitations. While she has been independent throughout her life, the severity of her injuries will require her to depend on others. This is a good identification of SODH and how it can impact your patient! NS**

Week 7- A social determinant of health that could potentially have an influence on my patient’s care is access to healthcare. In the handoff report, the nurse reported that her SpO2 was dipping down into the 70s which led to them putting her on 3 liters of NC. In my assessment when asking about the use of oxygen, my patient communicated that at home she has never used oxygen, but she is always short of breath, even when sitting. While lying in bed conducting my assessment, I was able to observe her SOB. Not being able to be seen by a doctor for this could be the leading factor as to why it has been left untreated. **Did your patient have a primary healthcare provider? Or was she just not making appointments? Some patients who are always short of breath avoid doing much or leaving their house because of their immense shortness of breath. Maybe she needs a pulmonary function test to see if she qualifies for oxygen use at home. RH**

Week 9 (6b)- According to the yellow and green highlighted directions above, a comment associated with SDOH must be included for all clinicals; DH, IC and ECSC are no exception. Unfortunately, failure to do so will result in a U for this competency. Please be sure to read the directions on page 1 of this tool. Be sure to comment on how you will or have improved in this area when submitting your tool for week 10. Failure to do so will result in a continued U regardless of your performance. Let me know if you have any questions. DW

This competency is no longer a U because I have thoroughly looked over the directions and have identified a social determinant of health that has the potential to influence patient care for the Erie County Senior Center this week, week ten. In the future, I will also make sure to read the directions carefully to ensure that I do not miss these details. **RH**

Week 10 (6b): A social determinant of health that has the potential to influence patient care is transportation. Being that the population of people that attend the senior center are seniors, they may have difficulty getting to and from the facility. While some individuals may still have the ability to drive, others may not and this can cause conflict as to how they are going to get there. **The Sandusky transit system is a great blessing for the area, but often times people have to walk to the bus stop, which is not ideal for some of the older adult population. RH**

Week 11: A social determinant of health that had the potential to influence my patient's care was stress. My patient informed me that she has Parkinson's and that it can cause your bowels to slow. The off-going night shift nurse mentioned that she had a bowel movement two days ago (Tuesday), but the patient stated that the last one that she could remember was Sunday. This was causing her to worry that she might be constipated or have fecal impaction. She

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

mentioned this to me and several other doctors multiple times. She did not want to go home and have an impaction or bowel obstruction and have to come back. We reassured her that we were able to hear her bowel sounds and her doctor was able to prescribe her an additional laxative. **She was very concerned about this and you did a great job advocating for your patient this week. I am sure she appreciated your thoughtfulness. RH**

Week 12: A social determinant of health that could potentially influence the care of my patient was safety. In the notes on her chart, it was reported that she had a fall a few days prior to being admitted to the hospital. She lives alone, so after falling, she had to wait on the floor for several hours before her family was able to get to her. At the time of the fall, she did not believe that she needed to seek medical attention, but her ability to move and ambulate was completely restricted.

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

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

Comments:

Week 1 (7a): An area of strength this week was when priming the primary and secondary IV lines, I was able to do so with the absence of air bubbles. **You did a nice job during this lab demonstrating your skills and actively participating in the lab. KA**

Week 1 (7b): An area of improvement that I would like to work on prior to clinical in two weeks is becoming comfortable with insulin pens. In order to meet this goal, I am going to review the insulin pen administration video provided in the resources tab of the course. **Great idea. You can also use the open lab to practice this skill if you would like. KA**

Week 3 (7a): An area of strength this week was upon answering a call light, I was able to learn about reconnecting and EKG to the correct patches on a patient's chest. **Wonderful! I am glad you were able to learn this new skill. KA**

Week 3 (7b): I had trouble remembering how to reset an IV infusion pump in order for it to stop beeping. In preparation for my next clinical, I am going to rewatch the IV infusion pump video on Edvance to become more comfortable with handling a pump. **If you ever want extra practice in the lab using the IV pump just let me know and we can set something up. KA**

Week 5 (7a)- During clinical this week as a team leader, I was able to assist another student in getting her patient changed and cleaned up after an episode of incontinence, as well as observing and helping with a dressing change. **Excellent! LM**

Week 5 (7b)- When preparing my patient's medications this week, I had gotten him a cup of water to be able to take his medications but afterward, in his room remembered that he was only allowed to take pills with applesauce or thickened liquids. This required me to have to go and get some from the fridge. For clinical next week, 2/12, I would like to work on focusing on important orders that way I am prepared for the situation. This includes medication with applesauce/thickened liquids, measuring intake/output, pills crushed or whole. **This is an appropriate area for improvement! LM**

Shyanne, unfortunately a "U" was given for competency 7f due to submitting the wrong clinical tool. The correct one was submitted after the assigned deadline. Please address the "U" with your next clinical tool submission explaining why it is no longer a "U" and what you will do to avoid a "U" in the future. If this is not addressed, you will continue to receive a "U" until it is addressed. LM

This competency is no longer a "U" because I have submitted the correct clinical tool. To avoid a "U" in the future, I will double-check to make sure that I am submitting the correct clinical tool on time and not after the due date.

Week 6 (7a): An area of strength this week during clinical was having the confidence to go and administer my patients medications, including an Enoxaparin injection independently.

Week 6 (7b): An area for improvement is the maintenance of external catheters. My patient had a PureWick this week and it was my first time working with one. I was unsure of how to place it and turn the suctioning on for it. I am going to re-read notes and the section over catheters from my Potter and Perry textbook to become more familiar with these devices.

Week 7 (7a): My patient in clinical this week was to undergo a TEE test. He allowed me to go and watch the procedure where I was able to learn about the process of the test and even assist the doctors with setting up equipment.

Week 7 (7b): After my patient came back on the floor from his TEE, I did not assess his vitals every 15 minutes like I should have. While I know that he was given medication to sedate him in order to do the procedure, he had to wait thirty minutes after to assess and ensure that his vitals were stable, and he there were no adverse effects. This prompted me to believe that he was in the clear. For future instances, I am going to read medical articles regarding sedation, medication, and vitals. **Another helpful place to look would be in the Policy and Procedure area of the intranet. This would be where policies regarding protocols would be located. RH**

Midterm- Shyanne, what a great first half of the semester you've had so far. It is evident that you are making great strides in the MSN course. Your tool demonstrates your ability to provide patient-centered care, prioritize and make appropriate clinical judgments. Your skills and communication have been consistently satisfactory. You have satisfactorily completed both of your required care maps for this semester. At midterm, you are satisfactory for all clinical competencies within this tool, except for (1) NA-3q D/C IV. Please be sure to actively seek out opportunities to perform this skill over the next few weeks of clinical. The skills lab day scheduled for week 9 may be an additional opportunity for you to continue practicing any skills you haven't done in a while. Lastly, use this time over spring break to regroup so you can finish strong for the remainder of the semester. I am confident in you! Please let us know if you have any questions or need further clarification. Keep up the hard work and effort. DW

Week 9 (7a): In digestive health this week, there were numerous things that the doctors would mention that I was unfamiliar with which prompted me to ask questions and learn more about some of the disease processes that patients had. **Nice! Way to be an active participant in your learning. DW**

Week 9 (7b): While I have reviewed the contact sheet to determine what illnesses require which precautions, I still have not completely got it down. This week during infection control was very helpful with seeing and learning what types of cases go with what precautions. Over the next few weeks, I am going to continue to review the

sheet and familiarize myself with them more that way I get more comfortable with them all for my upcoming clinicals. **Great idea! One other suggestion would be to keep the quick reference guide on your clipboard for easy access when its needed. DW**

Week 10 (7a): A strength of mine during clinical for the ECSC was leading and guiding an arts and crafts activity with the other student nurse. We were able to guide the clients and work with them. It was nice to see how excited they were to see us student nurses and do a craft.

Week 10 (7b): An area for improvement would be becoming comfortable and confident enough to walk up to patients/clients and interact and start a conversation with them. For me it is weird because it is difficult to sit down and talk with someone. I find it difficult to gauge if it acceptable to have a seat and talk with patients, but I also believe it is awkward or even strange to stand and tower over the patient while trying to talk. For my last two clinical's this semester, I would like to work on engaging in conversations with my patient's and making it less awkward for me and even the patient. I would like to relax and even seem more interested in the conversation by having a seat and speaking with them.

Week 11 (7a): On clinical this week, I have finally become completely comfortable and confident with going and answering call lights. Previously, I have been anxious going in, especially with different patients. **You answered so many call lights this week, it was a great help to the staff and good teamwork. RH**

Week 11 (7b): An area of weakness that I could work on is finding things to do in downtime. After looking through my patient's chart and getting the information that I need, I feel as though I could potentially see if there is anything that I can help with on the floor. I try to keep busy with answering call lights when there are some, but sometimes, there are not many. I think there are times when I could be more productive. For my last clinical next week, I would like to ask around and help out where it may be needed, even with my classmates. **I think the staff and your classmates would think this is very helpful. Good idea. RH**

Week 12 (7a): A strength from the beginning to end of clinical was gaining confidence and independence in comparison to last semester. From my first med pass at the end of last semester to having med passes just about every clinical this semester, I have been able to gain a great deal of knowledge and am much more comfortable and efficient with the process.

Week 12 (7b): This semester on clinical I did not have the opportunity to discontinue an IV. I would like to complete this skill next semester. In order to be prepared for this skill, I will review the video resources from this course.

Student Name: Shyanne Phillips		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	Shyanne, you did a nice job completing the noticing section with the patient's assessment findings, lab findings, and risk factors. 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 for your patient and complications related to your chosen priority of impaired physical mobility. You did a nice job highlighting the appropriate areas. What are your thoughts about highlighting skin tears? Are these not related to the fall? Also the risk factor of the CVA could be highlighted and associated with your priority. You did a nice job with identifying signs and symptoms of pressure injuries an fall risk however urinary retention could be clarified better. What am I looking for with kidney function? What are signs and symptoms of an infection I am looking for with the complication of urinary retention? What am I assessing for if the patient has bladder damage? Just remember signs and symptoms should focus on what you are looking for in the patient or assessing. 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)	2	
Responding	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	2	Shyanne you did a nice job completing the nursing interventions and ensuring the interventions are all timed, prioritized, and individualized. What about inventions related to monitoring fall risk, consulting PT/OT to assist with mobility and ADLs, and ambulation? 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	
Reflecting	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	0	I am slightly confused by the re-evaluation. They are written like goals and not actually evaluating what was previously assessed. Remember this section is not to set goals for the patient on how to improve the highlighted areas, but to reassess what they are now versus what they were on initial assessment. You did a nice job identifying that you would continue your plan of care. 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*</p> <p>*Total points adding up to less than or equal to 32 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.</p> <p>Faculty/Teaching Assistant Comments: Shyanne, you satisfactorily completed your care map. Please see the above comments to identify areas you can improve on for your second care map. KA</p>							<p>Total Points: 37/42</p> <p>Faculty/Teaching Assistant Initials: KA</p>

Student Name: Shyanne Phillips		Course Objective: Implement patient-centered plans of care utilizing the nursing process, clinical judgment, and consideration for cultural, ethnic, and social diversity. (2,3,4,5)*					
Date or Clinical Week: 2/9/2023							
Criteria		3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)	3	Shyanne, you did an excellent job identifying the abnormal assessment findings for your patient. Is there anything else that places your patient at risk for thrombosis? Sitting in wheelchair? Lying in bed? Think of mobility. You did an excellent job identifying lab results/diagnostics and risk factors specific to your patient!
	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 listed all potential nursing priorities and highlighted the top problem. I would also highlight rhonchi in Rt. lobes as noticing adventitious lung sounds can pose a risk for thrombosis. You identified specific signs and symptoms to monitor related to your patient's priority problem. Great job!
	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	You identified 7 nursing interventions. I would add to assess circulation by checking upper and lower extremities for temperature, color, and pulses as warmth/hot, redness, and tachycardia may be signs of thrombosis. You prioritized the nursing interventions correctly and added rationale to each intervention. Great job!
	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	1	You reassessed 2 of the original assessment findings and lab results that were listed at the top of the care map. As

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	stated in the comments under your first care map rubric, remember that you are not setting goals for the patient on how to improve the highlighted areas, but reassessing what they are now versus what they were on initial assessment. An example under the reassessment/evaluation section would be: “Denies Rt. sided weakness” or “gait steady with stand-by assistance”. You stated to continue the plan of care. Excellent job!
	<p>Total Possible Points= 42 points 42-33 points = Satisfactory 32-21 points = Needs Improvement* < 21 points = Unsatisfactory*</p> <p>*Total points adding up to less than or equal to 32 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.</p> <p>Faculty/Teaching Assistant Comments: Shyanne, you did a great job on your care map! You were very detailed in each section. Please review my comments throughout the care map rubric.</p>						<p>Total Points: 40/42 Satisfactory care map!</p> <hr/> <p>Faculty/Teaching Assistant Initials: LM</p>

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

Student name: Shyanne Phillips								
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: 1/11 or 1/12/23	Date: 1/10/23	Date: 1/10/23	Date: 1/11 or 1/12/23	Date: 1/13/23	Date: 1/18 or 1/19/23	Date: 1/18 or 1/19/23	Date: 3/13 or 3/14/23
Evaluation:	S	S	S	S	S	S	S	S
Faculty/Teaching Assistant Initials	KA	KA	KA	KA	KA	KA	KA	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 1/11/23 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. You were very thorough throughout your check-off and clearly well-prepared. Good communication with your patient. You had excellent pace to ensure sterility was maintained. You independently identified a broken sterile field when re-assessing the patient's lung sounds and properly verbalized how to continue. You were able to remind yourself about returning the oxygen to previous settings when suctioning is complete. No prompts were needed. 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: Shyanne Phillips							
	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	RH	DW				
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! DW

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Sela Berry(M), Shyanne Phillips(A)

GROUP #: 6

SCENARIO: MSN Scenario #1 - Part 1

OBSERVATION DATE/TIME(S): 3/2/2023 0930-1100

CLINICAL JUDGMENT COMPONENTS	<u>OBSERVATION NOTES</u>
<p>NOTICING: (2) *</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 	<p>Focused pain assessment. Noticed 10/10 pain, noticed constant pain, noticed pressure, asked about previous medications for pain (seeking information). Noticed pallor, noticed absent pulse, noticed paresthesia, noticed paralysis.</p> <p>Focused assessment on vital signs. Noticed HTN (156/84).</p> <p>Used “they” as pronouns in communicating the health care team to support social diversity. Did not address preferred pronouns with patient. Consider asking the patient preference.</p> <p>Sought safety information related to med administration (Name/DOB, allergies). Asked about preferred injection location.</p> <p>Sought information related to patient’s knowledge regarding procedure.</p>
<p>INTERPRETING: (1) *</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 	<p>Prioritized focused assessment on patient’s leg based on complaint of pain. Removed sock.</p> <p>Prioritized vital sign assessment.</p> <p>Interpreted findings as related to increased pressure and possible compartment syndrome. Prioritized notifying the physician. Data collection prioritized prior to contacting physician.</p> <p>Made sense of assessment findings as being related to compartment syndrome.</p> <p>Prioritized pain relief with morphine, prioritized fluid and antibiotic administration prior to surgery.</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>Did not remove ice or pillow for suspected compartment syndrome.</p> <p>SBAR provided to physician, consider being more organized and detailed in delivering information.</p> <p>Good communication among team members to provide all aspects of care.</p> <p>Re-assessed pain prior to medication administration.</p> <p>Communicated with significant other for patient support. Re-assured patient related to communicating with significant other. Provided updates.</p> <p>Education provided related to ORIF procedure.</p> <p>Good job with dosage calculation. Excess dose wasted and witnessed with RN. Excellent technique with IM injection. Appropriate needle size selected. Good needle safety.</p> <p>Confirmed IV site patency with saline flush using aseptic technique. Nice job priming the IV tubing. Good job programming the IV pump with teamwork and collaboration. IV piggyback set up correctly. Labeled IV tubing for infection control.</p> <p>Consider re-assessing pain and vital signs after morphine administration.</p>

	SBAR provided to OR nurse related to assessment findings and medications administered.
<p>REFLECTING: (7) *</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered.</p> <p>Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.</p>
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p> <p>Scenario Objectives:</p> <ol style="list-style-type: none"> 1. Select physical assessment priorities based on individual patient needs. (2)* 2. Implement appropriate nursing interventions based on patient’s assessment. (1,3,6)* 3. Communicate appropriately with the patient, family, team members, and healthcare providers incorporating elements of clinical judgment and conflict resolution. (4,7)* 4. Provide patient centered care with consideration to cultural, ethnic, and social diversity. (2,3,6)* 5. Provide appropriate patient education based on diagnosis. (5)* 	<p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful information. Recognizes subtle patterns and deviations from expected patterns in data and uses these to guide the assessment. Actively seeks subjective information about the patient’s situation from the patient and family to support planning interventions; occasionally does not pursue important leads.</p> <p>Interpreting: Focuses on the most relevant and important data useful for explaining the patient’s condition. Even when facing complex, conflicting, or confusing data, is able to (a) note and make sense of patterns in the patient’s data, (b) compare these with known patterns (from the nursing knowledge base, research, personal experience, and intuition), and (c) develop plans for interventions that can be justified in terms of their likelihood of success.</p> <p>Responding: Assumes responsibility; delegates team assignments; assesses patients and reassures them and their families. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Develops interventions on the basis of the most obvious data; monitors progress but is unable to make adjustments as indicated by the patient’s response. Shows mastery of necessary nursing skills.</p> <p>Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.</p> <p>Satisfactory Completion of MSN Scenario #1.</p>

EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2023

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

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

Student eSignature and Date:

12/9/2022