EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2023

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Allison Martin

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/-1/26/2023	Stress Overload	S/RH	NA	NA

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

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies: a. Analyze the involved patho-physiology of the patient's disease process. (Interpreting)			S	NA	S	NA	S	NA	**S**	S	NA	S	S				
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			S	NA	S	NA	S	NA	**S**	S	NA	S	S				
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			S	NA	S	NA	S	NA	**S**	S	NA	S	S				
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			S	NA	S	NA	S	NA	**S**	S	NA	S	S				
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	NA	S	NA	S	NA	**S**	S	NA	S	S				
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			S	NA	S	NA	S	NA	**S**	S	NA	S	S				
g. Assess developmental stages of assigned patients. (Interpreting)			S	NA	S	NA	S	NA	**S**	S	NA	S	S				
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		S	~~NA~~ S	S	S	S	NA	**S**	S	NA	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, 64F Transient global amnesia	Erie County Senior Center	4N, Team Leader 4N, 92F, R Shoulder Injury	Infection Control 2/15 Digestive Health 2/16	Rehab, 96F Rib Fractures	Simulation #1	MIDTERM	Rehab, 55M Stroke	No clinical	Rehab, 72F – T7/T12 fx. Rehab, Team Leader	3T, 32M Bronchiectasis				
Instructors Initials	**MD**	**MD**	**RH**	**DW**	**NS**	**DW**	**LM**	**MD**	**MD**	**MD**	**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. MD

Week 1 (1h)- You prepared for the ECSC clinical by preparing an activity for the older adults to complete during your clinical experience; therefore, S. DW

Week 5 1(a-h) – As team leader you sat down with me and discussed each patient's disease process to identify priority problems. You discussed the symptoms and treatments related to each, and sought further clarification in areas you were unfamiliar with. During your patient care on day 2, you reviewed the diagnostics and identified the humorous fracture on x-ray. You discussed the pathophysiology involved in fractures and contributed to the conversation related to important neurovascular assessment (6 Ps) and potential complications (fat embolism). You correlated the rationale behind an ORIF and the medications ordered for your patient to promote bone healing. In doing so, you demonstrated preparedness for clinical and a desire to learn. NS

Week 7 objective 1(a-h) – Allison, you analyzed the pathophysiology and correlated your patient's signs and symptoms to her disease process. You used this information to provide appropriate nursing care for your patient on the rehab unit. Your patient had a fracture of her 5th and 6th ribs on her Lt. side. You interpreted lab results, diagnostic tests, and medical treatments to help guide you in your decision-making process. Please add the clinical site, your patient's age, and primary diagnosis to the bottom of the week 7 column just above the faculty initials. Refer to the highlighted box to the left of the table. Great job! LM

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

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies: a. Perform inspection, palpation, percussion, and auscultation in the physical assessment of assigned patient. (Noticing)			S	NA	S	NA	S	NA	S	S	NA	S	S				
b. Conduct a fall assessment and implement appropriate precautions. (Noticing)			S	NA	S	NA	S	NA	S	S	NA	S	S				
c. Conduct a skin risk assessment and implement appropriate precautions and care. (Noticing)			NA	NA	S	NA	S	NA	S	S	NA	S	S				
d. Communicate physical assessment. (Responding)			S	NA	S	NA	S	NA	S	S	NA	S	S				
e. Analyze appropriate assessment skills for the patient's disease process. (Interpreting)			S	NA	S	NA	S	NA	S	S	NA	S	S				
f. Demonstrate skill in accessing electronic information and documenting patient care. (Responding)	S		S	NA	S	S	S	NA	S	S	NA	S	S				
	MD	**MD**	**RH**	**DW**	**NS**	**DW**	**LM**	**MD**	**MD**	**MD**	**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 5 2(a,c,e) – Although you had not learned about the musculoskeletal system up to this point, you were able to identify appropriate assessment skills for your patient's disease process. You understood her risk for skin breakdown as a result of her immobility due to the fracture and pain. You discussed the important 6P assessment related to M/S trauma. You noticed numerous deviations from normal, including impaired urinary elimination with abnormal urine characteristics, pain and limited mobility to the affected extremity, neurological changes as a result of her UTI, and numerous additional findings. Nice job with important assessment skills related to her admitting diagnosis! NS

Week 7 objective 2(a, b, c, e)- Allison, you performed a thorough head-to-toe assessment on your patient identifying the importance of assessing the musculoskeletal system and pain due to her diagnosis. You properly conducted a fall risk assessment for your patient and instituted proper safety measures to help reduce your patient's risk for falls. You also performed a thorough skin assessment on your patient, documenting appropriately. Excellent job! LM

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

Objective

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

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

Comments:

Week 5 3(c,d) – As team leader this week, you were tasked with enhancing your time management and prioritization skills by overseeing the care of four patients. I thought you demonstrated good clinical judgement in your discussion of priority patient problems. You appropriately identified the patient s/p AAA repair as your priority patient,

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

including assessment of the femoral incision site and perfusion to the lower extremities. You then prioritized your patient originally admitted with a GI bleed that was resolved, however had developed hypotension that was corrected overnight. Lastly you prioritized the pain management of a patient with cellulitis and renal stones. Nice job! Good thought process in your discussion of each. You also did well managing your time and prioritizing medication administration based on the medications ordered for each patient.   Overall you did well with your first experience of managing the care of multiple patients in the acute care setting. NS

Week 7 objective 3(a-d, f) – Allison, 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, transferring limitations, and hygiene needs. You organized and prioritized your time around the therapy schedule and medication pass. You applied principles of asepsis during the dressing change on your patient's coccyx area. You used proper technique throughout the procedure. 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: k. Administer PO, SQ, IM, or ID medications observing the rights of medication administration. (Responding)			S	NA	S	NA	S	NA	S	S	NA	S	S				
l. Ensure patient safety through proper use of EHR, IV flow sheet, and BMV. (Responding)			S	NA	S	NA	S	NA	S	S	NA	S	S				
m. Calculate medication doses accurately. (Responding)			S	NA	S	NA	S	NA	S	S	NA	S	S				
n. Administer IV therapy, piggybacks, IV push, and/or adding solution to a continuous infusion line. (Responding)			S	NA	NA	NA	NA	NA	S	NA	NA	NA	S				
o. Regulate IV flow rate. (Responding)	S		NA	NA	S	NA	NA	NA	S	NA	NA	NA	S				
p. Flush saline lock. (Responding)			S	NA	NA	NA	NA	NA	S	NA	NA	NA	S				
q. D/C an IV. (Responding)			NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	S				
r. Monitor an IV. (Noticing)	S		S	NA	S	S	NA	NA	S	NA	NA	S	S				
s. Perform FSBS with appropriate interventions. (Responding)	S		NA	NA	S	NA	NA	NA	S	NA	NA	NA	NA				
	MD	MD	RH	DW	NS	DW	LM	MD	MD	MD	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 (3s)- You were able to demonstrate understanding of the rationale of FSBS and the use of the glucometer.   You were able to perform a Quality Control check of the glucometer as well as demonstrate skills and knowledge required of proper sample ID, collection, and handling of blood. DW

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

Week 5 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, both as the primary student nurse and as team leader. You communicated well with your patient and ensured safety measures were in place and performed, including the 3 safety checks and 6 patient rights. You gained experience administering numerous PO medications using the BMV process appropriately. You also gained experience with performing a FSBS for the first time. Nice job! Overall a successful week of medication administration! NS

Week 7 objective 3(k, l, m) – Allison, you administered several PO medications to your patient this week. You were knowledgeable about each medication's use, dosage, route, common side effects, classification, and nursing considerations. You observed the rights of medication administration and completed the 3 medication checks appropriately. You ensured patient safety by properly using the BMV system in the EMR. You correctly applied lidocaine patches to your patient's back (rib area) and correctly instilled Restasis eye drops to your patient. Excellent job! LM

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

Objective

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

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

Comments:

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

Week 4 (4a)- The ECSC clinical required you to interact and communicate with older adults in a therapeutic manner; therefore, S. (4e)- According to the CDG Grading Rubric, you have earned an S for your participation in the Erie County Senior Center discussion this week. Your post was thoughtful and supported by evidence. Nice job with APA formatting as well. DW

Week 5 4(a,b) – As team leader, it was important that you maintained professionalism in all communications. I thought you did a great job of collaborating with your fellow classmates, communicating findings in their charting, and ensuring everyone stayed on task. Your communication was thorough and professional throughout the week. NS Week 5 4(e) – Nice work with your CDG this week related to your team leading experience. I appreciate the thought and insight provided in your initial post and your response post to Elizabeth. See my comments on your posts for further details and comments related to your thoughts. According to the CDG grading rubric, all criteria were met for a satisfactory evaluation. APA formatting looked good. Overall very well done! NS

Week 6 (4e)- According to the CDG Grading Rubric, you have earned an S for your participation in your Infection Control discussion this week. Your post was detailed, thoughtful and supported by evidence. Nice job! Suggestions for future improvement with APA formatting- 1. When you directly quote something from your resource, the citation should include either the page number that the quote is found on, or a paragraph number if there are not page numbers. Ex- (Centers for Disease Control and Prevention, 2021, para 2). 2. In scholarly writing, the expectation is that there will be little to no direct quoting of information and that paraphrasing of information will be used whenever possible. DW

Week 7 objective 4(a, b, c, e) – Allison, 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 instructor. You accurately completed a detailed CDG post and completed a peer post this week. Remember to use quotation marks for your intext citations when you are citing direct information from another source. Excellent job! LM

Week 11 – 4e – You did a nice job reflecting on your weight implicit bias quiz results in your CDG response this week. You were thoughtful and contemplative in your responses and supported your thoughts with an in-text citation and reference. Remember to include a page number or a paragraph number if there are no page numbers when in-text citing a direct quotation. Nice job overall. Keep up the good 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: a. **Describe a teaching need of your patient.** (Reflecting)			S	NA	S	NA	S	NA	S	S	NA	S	S				
b. **Utilize appropriate termino-logy and resources (Lexicomp, UpToDate, Dynamic Health, Skyscape) when providing patient education. (Responding)**			S	NA	S	NA	S	NA	S	S	NA	~~S~~ NI	S				
	MD	MD	RH	DW	NS	DW	LM	MD	MD	MD	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:

Week 3 5a & b – My patient was in need of being educated on stress relief while in the hospital setting. She tended to get very upset when thinking about test results possibly coming back with poor news and would rather not know. I educated my patient to stay calm and positive throughout her stay and showed her breathing techniques to help. She utilized the deep breathing method when beginning to get upset and I was able to be there and listen to her concerns. She was very anxious and you did well by listening to her concerns and providing some stress relief techniques for her. RH

Week 5 5a & b – My patient needed education on the importance of changing positions every few hours. She did not want to move because of the pain she was in but I was able to help her understand why pressure in the same area for long periods of time can cause further damage. She agreed and let me boost her up in bed and place a few pillows under her sides to relieve some of the pressure and she communicated that she felt more comfortable. Good teaching topic! Due to her confusion, it can be difficult to gauge how well she understood the education provided. Also, considering the pain she was in, her mental state was not adequate for extensive education. How did you confirm that she understood the reasoning behind repositioning? Something to consider. NS

Week 7 5a & b – My patient was in need of being educated on how to care for herself and for the lifestyle changes she would have to make when going home. Education was provided on specific care needed at home, dietary changes, when to call the doctor, and why it is important to go to follow-up appointments. I printed off 2 teaching packets from Lexicomp, one teaching about the basics of a rib fracture and what to expect, and two teaching about discharge instructions. Excellent! LM

Week 9 5a & b – I knew my patient was being discharged within the next few days and I wanted to educate him about going home with a stroke. I used Lexicomp and printed out a packet and we were able to go over it between his therapies and he communicated that he would utilize the information from the packet when he returned home. He also stated he would go over the packet with his wife. Awesome! MD

Week 11 5a & b – My patient this week was in need of being taught about the use of laxatives. This was needed because she refused to take them. Before the laxatives she had very serious stool compaction that caused her a lot of pain. Even though she was beginning to have bowel movement she could easily fall back into being compacted again. I taught the patient by talking to her and explaining this situation, she understood but still refused and said she would think about taking them later in the day. Nice

Week 12 5a & b – My patient this week was in need of being educated on the importance of smoking cessation due to his lung condition. He had multiple breathing issues since he had been a kid and still chose to smoke often. I used skyscape to educate him on alternative routes of nicotine without the use of inhaling it into his lungs. He took the education well and stated he is trying to stop smoking and currently is using chewing tobacco.

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	NA	NA	NA	NA	S	NA	NA	NA	S				
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 U	S	S	S	NA	S	S	NA	S	S				
	MD	MD	RH	DW	NS	DW	LM	MD	MD	MD	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.

Comments:

See Care Map Grading Rubrics below.

Week 3 6b – My patient's biggest social determinant was not having the financial income to have a primary healthcare provider therefore not visiting annually for a regular check-up RH

Week 4 (6b)- Unfortunately, this competency requires weekly commenting for all clinicals. Your experience at the ECSC would provide opportunities to observe and identify potential SDOH that may impact an older adult's overall health. A couple SDOH that could impact these individuals is food insecurities or transportation. Please be sure to read the directions on page 1 of this tool. This U must be addressed in the comments below with the submission of your week 5 tool. Failure to do so will result in continued U evaluations, regardless of your performance. Please let me know if you have any questions. DW

Addressing Week 4 (6b) – Last week I failed to identify a SODH for the ECSC. I did not clearly read the directions below that were highlighted for completing this competency. I believe this competency should not be considered a U anymore because in the future I will take the time and read more carefully and complete this for all the upcoming clinicals. Thank you for addressing this competency, Allison! NS

Week 5 6b – My patient this week had a social determinant of health of social support and coping skills. She was very upset and nervous about her surgery procedure and was unsure if she even wanted the surgery because she didn't know what would happen. She could not remember talking to any doctors and asked many times if someone could sit and talk to her. I was able to sit and talk and calm her nerves and she was very thankful but there was no family present for her to talk to before the surgery. Very good! She was 92-years-old and we did not see any family members or friends present with her during her stay. Her social context and support for health care needs could certainly impact her health status, especially considering the extend of her injuries. Nice thought process! NS

Week 6 6b – One of the patients in digestive health was telling us that during her prep for the colonoscopy she had to work that day and was unable to take off because she needed the money. Her SDOH would be her income and how she needed to work even through times of distress. Good observation. Did the nurses offer any alternatives to this SDOH? DW - Dawn, the nurses were able to feel for the patient and educated that she takes it easy for the rest of the day. Thank you for addressing. LM

Week 7 6b – This week I had a 96-year-old female in the hospital with fractures ribs. Her biggest SDOH was having to rely on someone else to come pick her up from the hospital and take care of her once she got home. She had also moved to Ohio so her daughter could take care of her and is living in an area she is not familiar with. Excellent recognition of a SDOH for your patient. LM

Week 9 6b – As stated in my CDG this week my patient had a few different SDOH. The main one was his living situation with the only bathroom in his house being upstairs. He was able to explain that his landlord would be installing a bathroom on the main level of the home to help accommodate for his right sided weakness and not being forced to climb the stairs multiple times a day. Great! MD

Week 11 6b – My patient this week had a social determinant of housing. At her home she has a few steps that she will have to walk up which can increase her risk of falling again. During therapy she explained how she had furniture close together so she could have something to hold on to as she walked through her home in case a walker would not be able to fit. This can be a good thing to have something to hold on to but also dangerous if there is a lot of clutter. Good thoughts on fall risks in the patient's home that should be consider before she is discharged home. KA

Week 12 6b – My patient's biggest SDOH was related to financial stress. He is currently living with his soon to be ex-wife in a mobile home and trying to save up to move out. He is employed part time at as a hotel housekeeper. With the stress of hospital bills, paying for divorce, and saving up to move out puts him at great risk for financial stress.

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
a. Reflect on an area of strength. ** (Reflecting)	S		S	S	S	S	S	NA	**S**	S	NA	S	S				
b. Reflect on an area for improvement and set a goal to meet this need. (Reflecting)**	S		S	S	S	S	S	NA	**S**	S	NA	S	S				
c. Demonstrate evidence of growth, initiative, and self-confidence. (Responding)	S		S	~~NA~~ S	S	S	S	NA	**S**	S	NA	S	S				
d. Follow the standards outlined in the FRMCSN Student Code of Conduct Policy. (Responding)	S		S	~~NA~~ S	S	S	S	NA	**S**	S	NA	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	S	NA	**S**	S	NA	S	S				
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (Responding)	S		S	~~NA~~ S	S	S	S	NA	**S**	S	NA	S	S				
g. Demonstrate the ability to give and receive constructive feedback. (Responding)	S		S	~~NA~~ S	S	S	S	NA	**S**	S	NA	S	S				
h. Actively engage in self-reflection. (Reflecting)	S		S	~~NA~~ S	S	S	S	NA	**S**	S	NA	S	S				
	MD	**MD**	**RH**	**DW**	**NS**	**DW**	**LM**	**MD**	**MD**	**MD**	**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 – 7a. – This week I did very well with understanding the math equations related to IV's. I was able to catch on early and complete multiple of the math practice tests and demonstrate in the lab setting. Great! MD

*End-of-Program Student Learning Outcomes
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7b. – I had a little trouble this week when practicing the foley catheter skill in lab. I was never able to insert an iv in the clinical setting last semester and I just needed a refresher of the procedure. I went over the skill again and was able to get it correct the second time. Before the next clinicals start I will go over all of the lab skills that we learned last semester and practice them for preparation. Great goal! MD

Week 3 – 7a. – I did very well this week with being an active listener and allowing my patient to express her concerns to me. I did well on keeping her calm and providing therapeutic communication. She was definitely a talker, and you did well actively listen to her concerns RH

7b. – On the first clinical day I needed to improve my confidence in giving subcutaneous injections since I had not done it on an actual patient before. The next day I had to give 2 more of them and became more comfortable. Still, I would like to improve my confidence for future patients. I can do this by going over different types of injections and their procedures before my next clinical and practice the motions. Practice also helps with confidence, hopefully you have many more opportunities this semester to improve. RH

Week 4 – 7a. – At the ECSC I did great on communicating with the seniors and getting to know them as I welcomed them. The jeopardy game we played for the activity was a hit and everyone enjoyed it. I'm glad to hear you enjoyed the experience and multiple strengths in your interactions with the clientele. DW

7b. – At the ECSC one thing I needed to work on was making sure that I was speaking loud enough for all of the seniors to hear me. They politely asked me to speak louder and I was able to so everyone could hear. How will you improve on this for the future? Please make sure all future goals include the three components described in the green highlighted area above in order to earn a S in this competency. Please let me know if you have any questions or need assistance in goal development. I am happy to help! DW

Week 4 (7c-h)- Allison, these competencies are completed on a weekly basis when clinical is scheduled. You attended the ECSC clinical this week; therefore, you utilized feedback from last week to make this week better, you acted in accordance with Firelands values and the Student Code of Conduct, and you actively reflected on your experiences. DW

Week 5 – 7a. – This week I was the team leader, and I had a great strength of keeping the team positive and confident in their actions. I provided lots of positive feedback and made sure they were comfortable in their actions. Very good! I thought you performed very well as team leader, especially in the support aspect. You helped calm the nerves of a peer during foley catheter insertion, provided support throughout the day, and overall made everyone feel supported and at ease. A strength to be proud of in a new role! NS

7b. – One thing I need to improve next week is taking the time while administering meds and to be careful not to drop them on the ground when opening them. Mistakes do happen but I would like to be confident and not make myself more nervous of it happening again. To prevent this from happening in the future I will make sure I have a large area to work with and even set up a barrier to keep the pills from bouncing off the table in all of my future clinicals until I have become more comfortable. Nice reflection! Like you said, mistakes happen and we learn from them. However, this mistake helped you develop a plan for improvement in the future. That's what learning is all about! Keep up the hard work. NS

Week 6 – 7a. – My biggest strength this week was staying involved and offering to help when it was needed. In digestive health I was able to spike and prep a few of the IV bags to save the nurses some time. This was a new experience for me, and I was more than happy to help. DW

7b. – My weakness this week was not knowing much about the procedures that were done in digestive health, so I had a lot of questions to ask. For the future if there is a procedure I have the opportunity to observe, and I am unfamiliar with, I will research beforehand and come prepared with some knowledge of what will happen. Great idea! DW

Week 7 – 7a. – My greatest strength this week was being able to reminisce with my patient about her family. We talked a lot about her 8 kids and all the fun things she did with her grandkids. This was a way for her to remember the amazing times of her life while strengthening her memory. You did a great job with your patient this week! LM

7b. – My greatest weakness this week was not planning the correct time for teaching my patient. When I had planned to go in, she was tired and wanted to sleep asking me to do it later. I reported to her nurse this information and asked her to go over the packets I had left in the room because it was time for us to leave. The next patient I have I will ask them at the beginning of the day when they would like to be educated and that could prevent this from happening again in the future. You tried to educate your patient throughout your time on the unit. Your patient may have been struggling emotionally with everything, as well. LM

MIDTERM-Great job with the first half of the semester! Please be sure to seek out opportunities to achieve the NA competencies. MD

Week 9 – 7a. – My greatest strength this week was being able to have therapeutic communication with my patient and really got to know him and his plans when discharged. I could tell that he was lonely and bored while sitting in his room, so I was able to sit and talk to him which he really enjoyed. He had even told me that he was sad I wasn't coming back the next day which made me feel special as we developed that therapeutic connection. Awesome! I love getting to make connections with patients! MD

7b. – My greatest weakness this week was navigating through the EMR to find the SDOH. It was eventually found after asking the instructors and turns out I was skimming right over it when looking myself. For future clinicals I could look myself and carefully read all the topics and utilize that information rather than going straight to an instructor for help. It was tough to find! MD

Week 11 – 7a – This week as a team leader I did amazing with assisting and helping the team, so they do not feel too stressed or nervous. I was able to help one of the students with transferring a heavy 2 assist as well as giving him sips of water after each crushed med. I also able to assist with opening packages for sterile procedure and removing a stat lock. These actions

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helped the team save time as well as feeling more comfortable in their actions. Great job! KA

       7b – My weakness this week was not getting able to know my patient very well. It seemed as if she didn't want to be bothered and gave short responses. Instead, I could have taken the time and understood what was making her feel this way. For future clinicals, I will ask the patient if they wish to talk and find out a little more about them and try to cheer them up during this difficult time. Good thoughts. It can also help to have a few prepared icebreakers that can help you establish rapport with your patient. KA

Week 12 – 7a – This week my greatest strength was being able to quickly learn how to do new things. On the first day I was able to reconstitute an IV push med as well as an IV infusion. The second day I was able to do these things on my own with the supervision of the team leader. I also was able to recognize my patient's discomfort when flushing his IV and discontinued an IV for the first time.

       7b – My greatest weakness this week was prepping an IV line. I seemed to have struggled with a lot of air bubbles in the tubing which took a bit of time to get them all out. After clinical I had watched a video for tips and tricks to reduce the amount of bubbles getting caught in the line when prepping the tubing.

	Student Name: Allison M					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: 1/25-1/26/2023							

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

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	14. Evaluation includes one of the following statements: • Continue plan of care • Modify plan of care • Terminate plan of care	**Complete**			**Not complete**	**3**	

Total Possible Points= 42 points 42-33 points = Satisfactory 32-21 points = Needs Improvement* < 21 points = Unsatisfactory* ***Total points adding up to less than or equal to 32 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.**	**Total Points: 42** **Satisfactory**
Faculty/Teaching Assistant Comments: Make sure to use in-text citations when pulling information from a reference to avoid plagiarism	**Faculty/Teaching Assistant Initials: RH**

Student Name:					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:								

	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)**		
	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. 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)**		
Interpreting	4. List all nursing priorities and highlight the top priority problem.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**		
	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**		
	6. Identify all potential complications for the top nursing priority problem.	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**		
	7. Identify signs and symptoms to monitor for each complication.	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**		
Responding	8. List all nursing interventions relevant to the top nursing priority.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**		
	9. Interventions are prioritized	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**		
	10. All interventions include a frequency	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**		
	11. All interventions are individualized and realistic	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**		
	12. An appropriate rationale is included for each intervention	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**		
Refl	13. List all of the highlighted reassessment findings for the top nursing priority.	**>75% complete**	**50-75% complete**	**<50% complete**	**0% complete**		

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

	14. Evaluation includes one of the following statements: • Continue plan of care • Modify plan of care • Terminate plan of care	**Complete**			**Not complete**		

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:** **Faculty/Teaching Assistant Initials:**

Student name: Allison Martin								
Skills Lab Competency Evaluation	**Lab Skills**							
	Week 1	Week 1	Week 1	Week 1	Week 1	Week 2	Week 2	Week 9
Performance Codes: **S**: Satisfactory **U**:Unsatisfactory	**IV Math** (3,7)*	**Assessment** (2,3,4,5,7)*	**Insulin** (2,3,5,7)*	**Lab Day** (1,2,3,4,5,6,7)*	**IV Skills** (2,3,5,7)*	**Trach** (1,2,3,4,5,6,7)*	**EBP** (3,7)*	**Lab Day** (1,2,3,4,5,6,7)*
	Date: 1/11/23	Date: 1/10/23	Date: 1/10/23	Date: 1/11/23	Date: 1/13/23	Date: 1/18/23	Date: 1/18/23	Date: 3/13 or 3/14/23
Evaluation:	S	S	S	S	S	S	S	S
Faculty/Teaching Assistant Initials	MD	MD	MD	MD	MD	MD	MD	MD
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. Just a reminder to always identify your patient before any procedure to make sure you have the correct patient. You did a good job maintaining the sterile field. Continue to practice to build some confidence. Keep up the good work! RH

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

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

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

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Allison Martin (A), Dylan Wilson (M)
GROUP #: 8
SCENARIO: MSN Scenario #1 - Part 2
OBSERVATION DATE/TIME(S): 3/2/2023 1300-1430

CLINICAL JUDGMENT COMPONENTS					OBSERVATION NOTES
NOTICING: (2) *					Did not address social diversity with the patient. Used appropriate pronouns in communication.
					Focused observation on vital signs. Noticed RR 26, HR, 111, Spo2 89% on RA.
• Focused Observation:	E	A	D	B	Focused observation on lower extremities. Noticed redness and swelling to right leg. Noticed refusal of SCDS and PT.
• Recognizing Deviations from					
Expected Patterns:	E	A	D	B	Focused pain assessment, noticed pain 6/10, asked associated data related to pain (description of the pain).
• Information Seeking:	E	A	D	B	Noticed pain with breathing, shortness of breath, and adventitious lung sounds.
					Sought information on name and DOB for med administration. Asked preferred injection location. Asked about patient allergies.
INTERPRETING: (1) *					Focused assessment performed to right lower extremity. Made sense of DVT, but did not make sense of need to contact provider related to new assessment findings. Made sense of non-compliance resulting in post-op complications.
• Prioritizing Data:	E	A	D	B	Focused respiratory assessment related to complaints of chest pain and shortness of breath.
• Making Sense of Data:	E	A	D	B	Prioritized notifying the physician related to chest pain and shortness of breath.
					Prioritized pain medications related chest pain and enoxaparin based on physician orders.
RESPONDING: (2,3,4,5,6) *					Educated on importance of compliance with post-op complications.
• Calm, Confident Manner:	E	A	D	B	Assessed IV rate.
• Clear Communication:	E	A	D	B	Elevated HOB for shortness of breath.
• Well-Planned Intervention/					SBAR to provider related to shortness of breath and chest pain. Requested order for o2 therapy. Be sure to have all data gathered related to findings prior to contacting physician.
Flexibility:	E	A	D	B	Applied 02 via nasal cannula for low pulse ox.
• Being Skillful:	E	A	D	B	Would it be appropriate to put SCDs on this patient at this point? When DVT is suspected, applying SCDs could cause the clot to dislodge. However, educating on the importance of being compliant with SCDs was appropriate.
					Good dosage calculation. Witnessed waste with another nurse.
					Reassured patient related to pain medications.
					Notified lab and radiology regarding stat orders.
					Re-assessed pain and shortness of breath after medication administration. Evaluated effectiveness of interventions for resp. distress.

	Nice job with IM and subcutaneous injection. Selected appropriate needles. Good needle safety. Be sure to notify physician about diagnostic results.
REFLECTING: (7) * • Evaluation/Self-Analysis: E **A** D B • Commitment to Improvement: E **A** D B	Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.
SUMMARY COMMENTS: * = Course Objectives **Satisfactory completion of the simulation scenario is a score of "Developing" or higher in all areas of the rubric.** **E= Exemplary** **A= Accomplished** **D= Developing** **B= Beginning** **Scenario Objectives:** 1. Select physical assessment priorities based on individual patient needs. (2)* 2. Implement appropriate nursing interventions based on patient's assessment. (1,3,6)* 3. Communicate appropriately with the patient, family, team members, and healthcare providers incorporating elements of clinical judgment and conflict resolution. (4,7)* 4. Provide patient centered care with consideration to cultural, ethnic, and social diversity. (2,3,6)* 5. Provide appropriate patient education based on diagnosis. (5)*	Lasater Clinical Judgement Rubric Comments: Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Actively seeks subjective information about the patient's situation from the patient and family to support planning interventions; occasionally does not pursue important leads. Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. In simple, common, or familiar situations, is able to compare the patient's data patterns with those known and to develop or explain intervention plans; has difficulty, however, with even moderately difficult data or situations that are within the expectations of students; inappropriately requires advice or assistance. Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Shows some communication ability (e.g., giving directions); communication with patients, families, and team members is only partly successful; displays caring. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. Displays proficiency in the use of most nursing skills; could improve speed or accuracy. Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses Satisfactory Completion of MSN Scenario #1.

EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2023

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

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

Student eSignature and Date:

-

`12/9/2022