

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

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

Student: Taylor Whitworth

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:

ABSENCE (Refer to Attendance Policy)

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

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

Faculty’s Name	Initials
Kelly Ammanniti	KA
Monica Dunbar	MD

Rachel Haynes	RH
Lora Malfara	LM
Nick Simonovich	NS
Dawn Wikel	DW

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

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

UNSATISFACTORY CLINICAL PERFORMANCE

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

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

OTHER

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

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

Date	Care Map Top Nursing Priority	Evaluation & Instructor Initials	Remediation & Instructor Initials	Remediation & Instructor Initials
2/9/23	Risk for Decreased Cardiac Output	S/KA	NA	NA
3/17/23	Acute Pain	S/NS	NA	NA

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

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies:			NA	NA	S	S	S	NA	S	S	S	S					
a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting)			NA	NA	S	S	S	NA	S	S	S	S					
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			NA	NA	S	S	S	NA	S	S	S	S					
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			NA	NA	S	S	S	NA	S	S	S	S					
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			NA	NA	S	S	S	NA	S	S	S	NA					
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			NA	NA	S	S	S	NA	S	S	S	NA					
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			NA	NA	S	S	S	NA	S	S	S	NA					
g. Assess developmental stages of assigned patients. (Interpreting)			NA	NA S	S	S	S	NA	S	S	S	NA					
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		NA	NA S	S	S	S	NA	S	S	S	S					
	Indicate your clinical site as well as your patient's age and primary medical diagnosis in this box weekly.	Medit ech, FSBS, IV push, IV Pump Sessions	No clinic al	ECS C	3T	5T- Reha b	3T	SIM ULA TION	MID TER M	4N, 70F, Acute Cholecyst itis	5T- Reha b	4N, 57, appe ndici tis	IC, DH				

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

	Instructors Initials	NS	NS	DW	DW	KA	LM	KA	MD	MD	NS	MD	NS				
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Comments:

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

Week 4 (1g,h)- These competencies were completed by preparing and delivering an age appropriate activity for the older adult clientele at the ECSC clinical experience; therefore S. Please make sure you reflect on each competency in the tool and if it's something that you completed during the clinical, even on alternative sites, make sure you give credit where credit is due. DW

Week 5 – 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 5 – 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 6 objective 1(a, b, c, d)- Taylor, you correctly analyzed the pathophysiology of your patient’s compression fracture of T7-T8 vertebrae. You correlated your patient’s symptoms, diagnostic tests, and pharmacotherapy to her disease process, recognizing the importance of the need for therapy and for her specific medication regimen. Please add your patients’ ages and primary diagnosis to the bottom of each column just above the faculty initials. Refer to the highlighted box to the left of the table. Great job! LM

Week 7 – 1a , b, c, e– You did a nice job discussing on clinical your patient’s disease process and what nursing was doing to help the patient. You were able to discuss symptoms we were monitoring and managing in your patient as well as pertinent labs for your patient diagnosis. You did extra investigating to determine the surgery the patient is receiving and how it related to the reason for admission. KA

Week 7 – 1d – You did a nice job reviewing all your medications before you administered them to the patient. You reviewed the pertinent information regarding his medications with the team leader and with your patient before administering his medications. KA

Week 9 1(a-h) – Taylor, you were able to discuss your patient’s pathophysiology involved related to cholecystitis. In our discussion’s correlations were made with lab values such as elevated white blood cells and elevated liver enzymes. We discussed the result of obstructing stones leading to liver involvement from the biliary tract. The laparoscopic cholecystectomy procedure was discussed, including the use of antibiotics to prevent further complications. Post-op discharge treatments were identified related to fat digestion and absorption. You correlated the signs and symptoms that your patient was experiencing, including incisional pain. You made connections with potential post-op complications arising due to her non-weight bearing status to the left leg from a previous injury. Overall you demonstrated a willingness to learn and adequate preparation for the clinical experience. NS

Week 11 1(a-h) – Nice job this week discussing the alterations in your patient admitted with a ruptured appendicitis. You discussed the signs and symptoms that she was experiencing prior to coming into the hospital that were abnormal related to her GI system. You discussed the rationale of having to undergo an open laparotomy due to the appendix rupturing and developing peritonitis. You reviewed the A/P CT scan to better understand the diagnostic results. You identified the elevated WBCs as occurring from the infection and resulting inflammation. You cared for and discussed the need for monitoring the JP drains for signs and symptoms of infection. Based on her post-operative orders, you discussed the NPO status and slow progression in advancing her diet based on her assessment findings. NS

Objective

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

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

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

Week 5 – 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 6 objective 2(a, b, c, e)- Taylor, 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

Week 7 – 2a, d – You did a nice job thoroughly assessing you patient and notifying your nurse and team leader of any pertinent information that may impact the patient’s care. KA

Week 7 – 2f – You utilized the EMR to research your patient, determine what care needed to be provided to your patient, and document pertinent findings and assessments for your patient throughout the day. KA

Week 9 2(a,b,e) – Nice work with your assessments this week. You noticed numerous deviations from normal associated with her admitting diagnosis and past medical history. You noticed impaired vision with the use of reading glasses, missing teeth with the use of upper and lower dentures, psychosocial support through her husband, abnormal gait due to non-weight bearing status s/p femur fracture, incisions to the abdomen from her surgery, and round/distended and tender abdomen. You carefully assessed the JP drain to the right abdomen, monitoring the output and characteristics. Nice job with your documentation to accurately communicate your findings with other health care providers. NS

Week 11 2(a,e) – Good job focusing your assessments on pertinent findings. You focused your assessment on her gastrointestinal system following the open laparotomy and appendectomy with a large midline incision and JP drain in place. Close monitoring of bowel sounds, flatulence, and bowel movement were assessed. Assessment of the JP drain for signs and symptoms of infection was monitored closely. NS

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

NS	NS	DW	DW	KA	LM	KA	MD	MD	NS	MD	NS						
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Comments:

Week 6 objective 3(a-d, i, j)- Taylor, 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 9 3(c,d) – As team leader this week, you were tasked with enhancing your time management and prioritization skills by overseeing the care of three patients. I thought you demonstrated good clinical judgement in your discussion of priority patient problems. You appropriately identified the patient s/p bowel resection with an NG tube, wound vac, central line, and JP drain as your priority patient. You then prioritized the patient with spinal stenosis s/p lumbar fusion surgery requiring foley catheter removal. Lastly, you prioritized the patient admitted with a GI bleed and frequent loose stools with stable vital signs and no signs of current bleeding. Your discussions related to prioritizing your care were appropriate using priority setting frameworks. You also did well managing your time and prioritizing medication administration based on the medications ordered for each patient. As team leader you assisted with multiple medication passes, discontinuing a foley catheter, and supported your peers throughout the day with good communication. Overall you did well managing the care of multiple patients in the acute care setting. NS

Week 11 3(b) – This week you were able to perform new skills related to suture removal and discontinuation of a JP drain! We reviewed the process prior to entering the room and you provided good discussion related to nursing implications. With assistance you demonstrated good technique, maintained asepsis, promoted patient comfort, and did an awesome job! NS

Objective

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

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

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

Week 1 (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 – 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 and SQ medications this week. You performed the medication administration process with beginning dexterity. KA

Week 5 – 3r – You did a nice job monitoring your patient’s IV site this week and documenting your assessment in the EMR. KA

Week 5 – 3s – You did a great job performing the FSBS skill on your patient and reviewing the MAR to determine the need for insulin related to the results. KA

Week 6 objective 3(k, l, m) - Taylor, 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 her antihypertensive medication. Excellent job! LM

Week 7 – 3k – You did a nice job administering your medications this week. You observed the rights of medication administration and was able to answer all questions about your medications. You had the opportunity to pass PO and SQ medications this week. You performed the medication administration process with ease and practiced skills. Your medication administration process went smoothly. Great job! KA

Week 7 – 3s – You did a great job performing the FSBS skill on your patient and reviewing the MAR to determine the need for insulin related to the results. KA

Week 9 3(k-s) – Great job with medication administration this week! You were well-prepared by reviewing each medication and discussing the implications, side effects, and nursing assessments required. You communicated well with your patient and ensured safety measures were in place and performed, including the 3 safety checks and 6 patient rights. You gained experience administering numerous PO medications using the BMV process appropriately. A saline flush was performed using aseptic technique while monitoring the IV site for potential complications. You were able to monitor a continuous IV site for complications. You gained experience with priming IV tubing appropriately and regulating the IV flow rate for an antibiotic when assisting your peers as team leader. You also gained experience DVT prophylaxis by administering a subcutaneous injection. Overall a successful week of medication administration! NS

Week 11 3(k-s) – numerous skills were performed this week related to medication administration. You gained experience performing a saline flush with aseptic technique and monitoring the IV site for complications. You primed and administered a continuous IV infusion of maintenance fluids due to the patient being NPO, also gaining experience with programming the IV pump. Numerous IVP medications were administered with appropriate aseptic technique. A subcutaneous injection was performed accurately. Overall a good week with medication administration. NS

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

Comments:

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

Week 4 (4a)- You communicated professionally with the older adults at the ECSC clinical experience; 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. Suggestions for future improvement with APA formatting- 1. Where did you find Jan 1 for a date of publication for your citation/reference? I couldn't find that information; however, at a minimum, the citation and reference should include either a year or n.d. for no date available. 2. There are lots of little intricacies with APA formatting related to references. I appreciate the effort. One site I use for APA formatting is Purdue Owl (<https://owl.purdue.edu>). This explains the formatting and gives examples. We also have an APA Formatting Examples document available in the Clinical Resources on Edvance360. I am always available to assist as well. Additionally, I included appropriate formatting examples from the resource you used in your ECSC discussion: Reference Format for a webpage or non-article online content: Organization or author name. (year, month date or n.d. if no dates identified). *Title of page*. Site name. URL Ex citation- (Walden University, n.d.) Ex reference- Walden University. (n.d.). *Aging well: Helping the elderly maintain independence*. Studies in Aging. <https://walden.edu/online-doctoral-programs/phd-in-human-service/resources/helping-the-elderly-maintain-independence>. DW

Week -5 – 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 5 – 4e – Taylor, you did a great job discussing your EBP article in your CDG and thoroughly responding to the questions. You thoughtfully responded to your classmate and included a reference and in-text citation. Remember when in-text citing a direct quotation to include the page number or include the paragraph number if there are no page numbers. Keep up the terrific work! KA

Week 6 objective 4(a, b, e) – Taylor, 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. My only suggestion is to italicize the title of an article from a website. Also, no quotes were noted in your in-text citation. Remember that quotes are needed for all information directly taken from another source. This was not done on your peer post. Excellent job! LM

Week -7 – 4b, g – You did a nice job keeping your nurse and team leader up-to-date on all pertinent information throughout the day. You also provided the nurse with an SBAR report before leaving the clinical floor for the day. KA

Week 7– 4e – Taylor, you did a nice job completing your CDG questions on the education you provided to your patient this week. I am glad you were able to help him with his anxiety by educating him about his surgery. Your response to your classmate was well written and added to the discussion. Remember when you are in-text citing information to include the year in your parentheses. Also, in your reference only the first letter of the first word of the title is capitalized and only the year is in the parentheses. Keep up the terrific work Taylor! KA

Week 9 4(a,b) – As team leader this week, you were tasked with using appropriate communication to ensure all care was provided. You also collaborated with other health care professionals and your classmates in the provision of patient care. Based on my observations, your communication was effective as team leader. In this role, it is essential that you used closed-loop communication and provide a comfortable environment for your peers to communicate with you. Nice job! NS

Week 9 4 (e) – Nice work with your second team leading experience CDG related to implicit bias. I appreciate the open and honest responses. See my reply in your dropbox for further details. All criteria were met for a satisfactory evaluation. NS

Week 11 4(e) – Good job with your CDG responses this week. You had quite a bit to elaborate on based on the patient care provided and decision making that occurred throughout the week. I thought you provided sufficient detail to paint a picture of the situation for your peers to learn from. Appropriate course resources were utilized to support your discussion. APA formatting from the Mayo Clinic looked good. I appreciate the response to Briana. You added additional insight to the conversation and supported your claims with a reputable resource. See my comments on your posts for further details. Nice work. NS

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)			NA	NA	S	S	S	NA	S	S	S	NA					
			NA	NA	S	S	S	NA	S	S	S	NA					
b. Utilize appropriate terminology and resources (Lexicomp, UpToDate, Dynamic Health, Skyscape) when providing patient education. (Responding)																	
	NS	NS	DW	DW	KA	LM	KA	MD	MD	NS	MD	NS					

****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 5: Teaching need that was provided to my patient was the need for smoking cessation. Smoking is still the most leading preventable cause of death and disease. By quitting smoking you are able to reverse many of the effects it has on the body. Mentioned the different types of smoking cessation agents such as the patch, pills, and gum. This education was provided to my patient through discussion and the reference used was skyscape. I felt this education was necessary because of her current diagnosis along with her past medical history. Great job providing good education to your patient to help her manage disease process. KA

Week 6: The teaching I provided for my patient this week was the reason she was wearing her abdominal binder which was for pretty much her comfort due to having T7-T8 fracture and being nonsurgical. I educated her on pain management and how to maneuver in and out of bed. I was able to show her how to utilize the log roll when getting out of bed to ease some of the pressure with using just one motion. This was all done through discussion and a little bit of demonstration. I felt it was necessary to discuss these things with her so when she gets discharged she has a better idea of some things to do to provide a little comfort for herself. I was able to utilize Skyscape for these teaching needs. Great job, Taylor! LM

Week 7: Teaching need this week was given to my patient about the surgical procedure he was having. He was to undergo a Lumbar discectomy. I was able to utilize Lexicomp to provide my patient with current information about the procedure, and what to expect during and post-op. This education was necessary to ease the anxiety my patient was feeling about the upcoming procedure. Great job investigating what type of surgery your patient was getting and educating him on it to help ease some of his anxiety related to the procedure. KA

Week 9: The teaching need this week that was given to my patient was about the importance of nutrition. My patient had undergone a Lap chole to have her gallbladder removed. She is currently on a low-fat diet and was reluctant to eat. There were many factors that played a part in this such as pain, not having a bowel movement in a few days, and just having had surgery. I was able to educate her on things to eat while on a low-fat diet such as fruits and vegetables, lean meats, and plenty of water especially since she has constipation as well. I was also able to talk about the importance of nutrition for healing after surgery and promoting strength. This education was provided

*End-of-Program Student Learning Outcomes

through discussion with my patient. I used the intranet for some information as well as skyscape. **Awesome!! I appreciate how often you utilized skyscape this week for various information. This experience and the education provided will be beneficial not only to the patient, but for you also when we get into the GI content. Great job providing important information to improve her health status and recovery! NS**

Week 10: The teaching need this week for my patient consisted of ways to use a walker and trying to work on her posture. My patient had an abnormal gait with muscle weakness due to rhabdomyolysis. This made her have a slight hunch when using the walker. I found at times that she would hang her head down and didn't really focus too much on where she was going. I explained to her the importance of holding her head high and keeping her eyes forward to see where she is going. Also, explained that straightening out the back and fixing her posture would help with that. I felt this teaching was needed to help her walk better with the walker and figured it would come in handy when going back home. I know therapy has been working with her on these things so I thought it'd be great to help reiterate these teachings. I again used the intranet at Firelands along with skyscape for these teachings and they were given by discussion with my patient. **Awesome! MD**

Week 11: The teaching need I provided to my patient this week was about the fluids she was receiving and why she needed to keep her IV in place until the time of discharge. My patient was receiving lactated ringers post-op following an appendectomy. I explained to her that lactated ringers are used to replace water and electrolytes in the body when blood volume is low. I felt this teaching was important because she just had surgery and she really wanted her IV out. Once explaining the purpose of both she had a better understanding of why she had them. This was all communicated through discussion with my patient and the intranet at Firelands was used for my education as well as skyscape. **Very good! She was frustrated in the location of the IV and potentially didn't fully understand the rationale behind it. Sometimes just simply taking the time to explain the rationale behind the physician orders helps patients to better understand and accept the treatments. Great job taking the time to explain this to her so that she better understood. NS**

Objective

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

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

****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 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

- I have read your feedback and am now aware that these objectives are due each week. The clinical tool seemed to be more geared toward the hospital clinical setting so I wasn’t sure if I should have filled out the highlighted areas or not. In the future, I now know this is a requirement. Thank you. KA

Week 5: A SDOH that may influence my patient’s care is her support system. My patient experienced the loss of her whole family, currently widowed living alone in a 1 story home with a service dog (to manage her different illnesses) and cat. I agree this is a concern for your patient. She has a lack of a support system which can affect overall management of her health. KA

Week 6: A SDOH that may influence my patient is the decreased mobility she now faces with being nonsurgical, and her current use of assistive devices. My patient stays in an independent living facility and I worry about how she’s going to manage with her new diagnosis. With her being independent before all of this occurred to now having to depend on someone to care for her I also worry about her psychological health. This may cause her to shy away from certain interactions. Excellent! LM

Week 7: SDOH that will influence care for my patient is his support system. My patient has a huge support system and I believe this will benefit him. After the procedure, he is going to need someone in his corner that is able to care for him and help him along this journey over the next few weeks. His wife is very supportive and never once

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

made him feel like a burden. She was there to care for him and help feed him. He often talked about his son and his two twin granddaughters. His grandchildren seem to be what keeps him going. I believe with all the support he receives his recovery will go a little bit smoother. **I agree that SDOH do not always negatively impact your patient's overall health or management of their illness. In your patient's case his SDOH of an adequate support system positively impacts both his health and ability to manage his chronic conditions. Great job! KA**

Week 9: A SDOH for my patient would be having help when going back home. My patient lives at home with her husband who is her primary caregiver. With her non-weight-bearing status due to nonsurgical femur Fx she gets around primarily in a wheelchair. I am worried that my patient and her spouse are getting up in age currently 70 and 73 yo that just having him to rely on with transfers and daily activities will lead to another fall or cause the husband to feel brunt out. **Good reflection on SODH that could impact your patient. Her limited mobility and potential complications associated with her surgery could certainly negatively impact her health status. While it appeared she had good psychosocial support from her husband, their limitations could potentially be a problem. What resources do you think are available that could be beneficial to them? NS**

Week 10: SDOH for my patient this week will be the care my patient needs being MRDD and needing more extensive care due to recent falls. She was living at home with around the clock care but the company she was going through can no longer provide those services to her due to limited staffing. This all plays into her health status and I am afraid she is lacking having the care she is going to need. They were working on finding placement for her so I am hoping they find a facility that can care for her and all the needs she has. **Great observation! MD**

Week 11: I feel the SDOH for my patient was the uncertainty of where she'd go once discharged from the hospital. She just had surgery and is to undergo another surgery in April. She voiced to me that she felt kind of in the middle of a tug-of-war match and it was causing her a lot of anxiety. Seems as though the family cannot decide where she will go once discharged. She has a daughter she could stay with but they are worried about the dog. The dog is a bigger breed and she is afraid he may knock her over. She also stated that she couldn't go back to her home alone because it is a 2-story home and would need more assistance there. Another option was to stay with her son but was worried about being a burden to him and his family. I think this has caused a lot of anxiety and stress for the patient which can make healing a bit harder. **Excellent reflection on potential determinants to her health, both physically and mentally. She has a lot going on related to her health with her upcoming lobectomy. The fear and anxiety relate to her care at home can be a lot on her. While she has good family support, there are still some things up in the air that could impact her overall health. Great thoughts! NS**

Week 12: SDOH was receiving care and tons of support from her mother during this time. Patient is going through a lot with her Chron's disease and has been in a lot of pain. This has also affected her mental health. Her mother has been very supportive and has been helping with whatever she needs, this includes doctors appointments, help around the house, and even support with her daughter being in college. I think having her mother there has played a huge role in why she keeps going, her being there has helped her be able to cope and carry on daily activities.

Objective

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

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

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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

Comments:

Week 1: Strength- This week I felt my strength was FSBS and being proficient in the NF skills. I was able to perform these tasks with confidence. **Great! This is a skill you will get to perform frequently in the clinical setting this semester. Having this as a strength in week 1 sets you up well moving forward! Hopefully the confidence in previous skills helps propel you towards a successful semester! NS**

Weakness- My weakness for this week would be IV math. I struggled a lot with the calculations this week. I have done all handouts with practice questions and plan to review more using the online math resource through edvance. I will practice 20 questions to better prepare myself for this upcoming week. **Taylor, thank you for reflecting on the experiences for week 1. This type of math, especially in clinical practice, takes more critical thinking to promote safety of the patient. You will have the opportunity to continue practicing throughout the semester. I think your plan for improvement will allow you to gain confidence in these types of math problems. Don't hesitate to reach out for help if needed. Keep up the hard work! NS**

Week 4 (7a,b)- Unfortunately, these competencies (reflecting on a strength and goal for improvement must be commented on for all clinicals. Because they were not evaluated and not commented on, you have earned a U for each. Please be sure to read the directions on page 1 of this tool. You are required to address these U's in the comments below to describe how you will or have improved. The comments must be included in the week 5 tool submission. Failure to do so will result in a continued U rating until comments to demonstrate satisfactory competency are included. Please let me know if you have any questions. (7c-h)- All of these competencies should be evaluated on a weekly basis. The only time they will not be evaluated is if you have absolutely no clinical scheduled (for example, week 3). DW

-I have read over the feedback for this portion as well. I plan to answer all objectives and highlighted portions in the weeks to follow. My strength for this prior week's clinical was being able to pair up with a classmate and provide an activity that helped with social engagement, brain stimulation, memory recall, and worked motor skills from the senior citizens. As for weaknesses, my communication could be improved. I often find myself still timid when interacting with pts or in this case the different senior citizens. I will work on these skills by conversing with pts at work to become more comfortable by the next clinical. Thank you Dawn for the feedback. **KA**

Week 5:

Strength: I felt my strength this week was my ability to successfully complete a med pass consisting of PO meds and Subcut injections. I was also able to chart in meditech this week without error which I am really proud of. **I know this was a concern for you at the beginning of clinical, but I agree this was a strength. You did a great job! KA**

Weakness: I lacked confidence in my knowledge this week. Although prepared for clinic I seem to second guess myself a lot which makes me unsure. I will work on this by speaking with confidence and reassuring myself that I know what I am doing to better care for my patient at the next clinical. **I agree. You know so much and you are definitely putting a lot of the pieces together. Put power in your words and respond to questions with conviction reminding yourself you know more than you give yourself credit for. KA**

Week 6:

Strength: This week I was able to overseeing multiple patients as team lead. I felt I prioritized my patients well. I was able to help out my fellow classmates with things they needed done and was able to perform tasks they had delegated to me. Overall, I was able to learn and use different skills this week such as time management which is a very crucial part of nursing. **You did a great job as a team leader this week! LM**

Weakness: Although able to explain what medications my patient was taking and why, I feel I could have presented them better when asked certain questions about them. It's hard to look up tons of medication in a short period of time but the more I complete this task the better I'll be. I could benefit from a little more research utilizing skyscape over the next few days to prepare myself for next clinical 2/22/23. **This is an appropriate area for improvement. LM**

Week 7: Strength: Successfully did FSBS at clinical. I also felt I did well answering call lights and helping others when needed. I felt my communication this week with my nurse went well she was very nice and eager to help me learn. **Great job completing your FSBS this week. You did a nice job completing this procedure and using this information to manage his insulin sliding scale. KA**

Weakness: This week would be placement of the bedpan. Although I was able to get my patient on the bedpan once taking him off I kind of spilled a little out onto the blue pad. I know this can happen sometimes and I was changing his linens anyway but I want to work on better placement. I will practice getting someone on and off the bedpan to be competent for future clinicals. **Practice makes perfect. I agree bedpan placement can be tricky to learn at first but can easily be mastered with continued practice. KA**

MIDTERM-Great job this midterm! Please be sure to be seeking out opportunities to achieve the NA competencies. MD

Week 9: Strength: This week I felt very strong in my skills. I was able to get some hand on with IV push and also got to remove a foley catheter. I learned so much this week during clinical being on 4N. I felt stronger and more confident in my communication with my patient and their family members as well. I was also TL this week and was able to organize my time well and figure out what was highest priority. **That's awesome to hear!! Great strengths to note. I am happy to hear that your confidence is growing. I thought you did a great job in all aspects this week. A week to be proud of! NS**

Weakness: I still haven't had experience with priming IV tubing and hanging meds within the clinical setting. I plan to practice this skill at home with supplies in my tote bag. This will help me stay competent with the skill and able to perform when the opportunity arises. I was able to watch someone do this while I was TL this week. **You were able to observe and assist your peers this week as team leader. Hopefully this gave you some experience and insight into this process. I encourage you to reach out to your clinical instructors ahead of time the next few weeks and let them know you would like these experiences! Great plan for improvement, keep up the hard work. NS**

Week 10: Strength: This week my strength was communication with my patient and being able to care her needs. I found ways to make her more comfortable with being in the hospital. When she was sad and or angry I found ways to make her smile and laugh which can be hard to do. Also, I was able to successfully complete my med pass. **You did awesome with communication and medication administration this week! MD**

Weakness: Although able to hide when I am nervous I lacked a lot of confidence this clinical in my skills specifically my SUBCUT injections. I usually am more confident but this week not sure exactly what it was but I felt really nervous even though I've performed subcut injections tons of times. I plan to continue working on my skills to better myself and gain the confidence I need to be better at my craft. This will be completed by practicing injections on my fake injection site I have here at home to better prepare myself for future injections. **This will come with time and practice! Keep up the great work! MD**

Week 11: Strength: This week my strength was the confidence I have gained over the semester. I used a lot of my skills this past clinical. I primed IV tubing and hung my first set of fluids, completed medication pass, did a subcut injection, advocated for my patient, and I removed a JP drain! I felt very confident in my skills and am proud of my growth. **This is great to hear! Awesome strengths to note. You were able to put into practice skills that you have learned over the last two semesters. You performed them confidently, allowing the patient's to feel comfortable in your care. Its great to see you notice the numerous strengths you portrayed this week. NS**

Weakness: There are a few skills I have yet to complete such as Foley catheter insertion but I know these things won't always happen when we are there. I just have to keep seeking the opportunity and soon it'll arise. Until then, I plan to use supplies I have available in my tote bag to stay competent with my sterile technique for insertion. I plan to practice a few nights a week to better prepare myself. **Great plan! Keep up the hard work. NS**

Week 12:

Strength: My strength this week was being prepared for clinical. IC/DH I had a necessary paperwork needed for these clinicals. I felt very prepared for both. I was very knowledgeable and able to answer any questions that were asked. I felt I knew about all isolation precautions and process of infection as well as knowing the procedures that were done and things they were looking for on the EGD and Colonoscopy.

Weakness: I didn't feel this week I was able to get that one on one personal connect with patients. I knew this was to be expected due to the fast past of digestive health. I was able to watch the intake process so within that we were able to get a little background on the patients and converse throughout that time. I also felt I was a little nervous when talking with the anesthesiologist and physician in the procedure room. You often here that physician can be mean but they were very nice and welcoming, asked questions and really kept me engaged. To boost my confidence with talking to physician I will continue to talk with them as much as possible throughout different simulations and clinical rotations, even at work.

Student Name: Taylor Whitworth		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: 2/9/23							
Criteria	3	2	1	0	Points Earned	Comments	
No tici ng	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	Nice job Taylor filling out the noticing section and identifying pertinent assessment findings, labs/diagnostics, and risk factors for your patient. KA
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)	3	
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)	3	
Int erp reti ng	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	Taylor, great job identifying your patients nursing priorities and complications and signs and symptoms of the complications for your top nursing priority. Your patient had a large concern with her cardiac output due to her hypertension and you did a nice job recognizing that. 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	(lists at least 3)	(lists 2)		(lists < 2)	3	
Re spo ndi ng	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	Taylor, you did a nice job writing thorough nursing interventions and making it individualized to your patient. I was wondering about the rationale for the acetaminophen. Is it for cardiac pain or for the headache? If it is for the headache then the rationale should be more focused on symptom management associated with the hypertension. Does that make sense? 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	

Ref lect ing	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	Taylor nice job reassessing all of your highlighted assessment findings and including them in your evaluation section. KA
	14. Evaluation includes one of the following statements: <ul style="list-style-type: none"> • Continue plan of care • Modify plan of care • Terminate plan of care 	Complete			Not complete	3	
<p>Total Possible Points= 42 points 42-33 points = Satisfactory 32-21 points = Needs Improvement* < 21 points = Unsatisfactory* *Total points adding up to less than or equal to 32 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.</p> <p>Faculty/Teaching Assistant Comments: Taylor, nice job completing your first care map. Please see comments above for suggestions to tighten up your care map in the future. Keep up the great work! KA</p>							Total Points: 42/42
							Faculty/Teaching Assistant Initials: KA

Student Name: Taylor Whitworth		Course Objective: Implement patient-centered plans of care utilizing the nursing process, clinical judgment, and consideration for cultural, ethnic, and social diversity. (2,3,4,5)*					
Date or Clinical Week: Week 9							
Criteria	3	2	1	0	Points Earned	Comments	
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)	3	A list of 10 abnormal assessment findings were listed based on the care provided. Consider including details of the drainage noted in the JP drain. Both subjective and objective data were collected specific to the patient situation. Six abnormal labs were identified. Consider including the information from the abdominal CT scan related to the gallbladder and the MRCP that was performed. The findings on these diagnostics would help support the acute pain priority problem. Eight risk factors were identified and correlated with the
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)	3	
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	Five nursing priorities were identified based on the assessment findings listed. Acute pain was appropriately identified as the priority problem following her laparoscopic cholecystectomy and recent femur fracture. Potential complications associated with acute pain were identified with five potential complications listed. At least three signs and symptoms were identified with each complication. This allows the nurse to be proactive in monitoring for complications in order to respond quickly and promote positive outcomes. Relevant data was highlighted in support of the acute pain
	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	A list of nine nursing interventions were provided, each relevant and pertinent to acute pain. One point was deducted for prioritizing nursing interventions. According to the care map guidelines, all assessment interventions should be prioritized and listed first. Assessing lab values and assessing the JP drain were listed after interventions such as administering medications. We would want to assess those prior to intervening.
	9. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	2	
	10. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	11. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	

	12. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	Each listed intervention is individualized to the patient situation, including specific medications and physician orders. Appropriate rationale was provided for each intervention.
Reflecting	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	Re-assessment findings were provided in order to determine patient progression towards intended goals. It was appropriately determined to continue to plan of care due to continued abnormal assessment findings. Nice job!
	14. Evaluation includes one of the following statements: <ul style="list-style-type: none"> • Continue plan of care • Modify plan of care • Terminate plan of care 	Complete			Not complete	3	
<p>Total Possible Points= 42 points 42-33 points = Satisfactory 32-21 points = Needs Improvement* < 21 points = Unsatisfactory* *Total points adding up to less than or equal to 32 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.</p> <p>Faculty/Teaching Assistant Comments: Taylor, congratulations on successfully completing your second care map submission with a satisfactory evaluation. You have now completed both required care maps for the semester. I encourage you to continue developing care maps to enhance your understanding of the nursing process. Be sure to utilize the care map guidelines, as well as the comments provided for continued success in the program. Keep up the hard work! NS</p>						<p>Total Points: 41/42</p> <p>Faculty/Teaching Assistant Initials: NS</p>	

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

Student name: Taylor Whitworth								
Skills Lab Competency Evaluation	Lab Skills							
	Week 1	Week 1	Week 1	Week 1	Week 1	Week 2	Week 2	Week 9
	IV Math (3,7)*	Assessment (2,3,4,5,7)*	Insulin (2,3,5,7)*	Lab Day (1,2,3,4,5,6,7)*	IV Skills (2,3,5,7)*	Trach (1,2,3,4,5,6,7)*	EBP (3,7)*	Lab Day (1,2,3,4,5,6,7)*
	Date: 1/11/23	Date: 1/10/23	Date: 1/10/23	Date: 1/11/23	Date: 1/13/23	Date: 1/18/23	Date: 1/19/23	Date: 3/13 or 3/14/23
Evaluation:	S	S	S	S	S	S	S	S
Faculty/Teaching Assistant Initials	KA/DW	KA/RH	MD	LM/NS	NS	NS	LM	KA
Remediation: Date/ Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA

*Course Objectives

Comments:

Week 1

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

Taylor Whitworth - (Trach Care & Suctioning 1/18/2023) - During this lab, you satisfactorily demonstrated competence with tracheal airway suctioning and tracheostomy care. Overall you did very well. You did a great job with sterility throughout. It was clear that you were well prepared, no prompts were required. 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: Taylor Whitworth							
	vSim-Vincen t Brody (Medical-Surgical)	vSim-Juan Carlos (Pharmacology)	vSim-Marilyn Hughes (Medical-Surgical)	Simulation #1 (Musculoskeletal & Resp)	Simulation #2 (GI & Endocrine)	vSim-Stan Checketts (Medical-Surgical)	vSim-Harry Hadley (Pharmacology)	vSim-Yoa Li (Pharmacology)
	(*1, 2, 3, 4, 5, 6)	(*1, 2, 3, 4, 5, 6)	(*1, 2, 3, 4, 5, 6)	(*1, 2, 3, 4, 5, 6, 7)	(*1, 2, 3, 4, 5, 6, 7)	(*1, 2, 3, 4, 5, 6)	(*1, 2, 3, 4, 5, 6)	(*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	DW	KA	KA	MD				
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA				

* Course Objectives

Comments:

3/1/23 - 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; O=Observer (Course Specific)

STUDENT NAME(S) AND ROLE(S): Kenny Seibold (M), Taylor Whitworth (A)

GROUP #: 4

SCENARIO: MSN Scenario #1 - Part 2

OBSERVATION DATE/TIME(S): 3/1/2023 1300-1430

CLINICAL JUDGMENT COMPONENTS					<u>OBSERVATION NOTES</u>
NOTICING: (2) *					<p>Did not ask about but used proper pronouns.</p> <p>Obtained full set of VS including: BP 151/90, RR 24, SPO2 94% RA.</p> <p>Asked about pain level and description of pain: Lt. leg 2/10; Rt. leg 6/10 throbbing pain; assessed Rt. leg and foot.</p> <p>Did not originally follow through with focused assessments.</p> <p>Performed head to toe assessment.</p> <p>Did not change routine even after pt. stated chest discomfort.</p> <p>Reassessed lung sounds and recognized adventitious sounds.</p> <p>Recognized DVT & PE.</p> <p>Sought information about pain level.</p> <p>Recognized elevated labs, ABGs, reddened calf, pain, non-compliance with SCDs, & abnormal VS, including elevated BP.</p> <p>Sought information about allergies.</p>
• Focused Observation:	E	A	D	B	
• Recognizing Deviations from Expected Patterns:	E	A	D	B	
• Information Seeking:	E	A	D	B	

<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>Delayed prioritizing focused pain, M/S, & respiratory assessments.</p> <p>Recognized patient exhibiting signs of DVT and potential PE, noting as a medical emergency.</p> <p>Prioritized pain relief.</p> <p>Prioritized physician orders, recognizing need for promptness with obtaining CT, labs, and ABGs.</p> <p>Prioritized full data collection prior to calling HCP.</p> <p>Understood dosage of IM medication by mg; prioritized enoxaparin injection.</p> <p>Did not make sense of pain medication through administering Percocet & morphine sulfate; jeopardizing pt. safety.</p>
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RESPONDING: (2,3,4,5,6) *					<p>Roles clearly defined.</p> <p>Each nurse remained calm throughout scenario, but confidence was lacking with skills, at times.</p> <p>Med nurse did a great job communicating with team member.</p> <p>Both communicated effectively with the pt.</p> <p>Used proper pronouns.</p> <p>Removed socks to check pedal pulses.</p> <p>HOB elevated after recognizing dyspnea.</p> <p>Delayed response to low SPO2 and applied oxygen 2L/NC.</p> <p>Called HCP informing of SPO2 level, chest pain, Rt. lower ext, 2+ pitting edema; cough; wrote orders on paper.</p> <p>Did not read back orders.</p> <p>Nurse asked for labs that were not drawn yet.</p> <p>Nurse promptly called CT about STAT order (spiralized chest CT).</p> <p>Educated on coughing and deep breathing and IS even if possible PE.</p> <p>Med nurse properly used BMV, switched to appropriate needles for both injections.</p> <p>Administered Percocet & morphine sulfate, jeopardizing pt. safety.</p> <p>Administered morphine sulfate; correct dose given but clarified with peer due to questioning accurate dose; gave correct dose of 4mg.</p> <p>Correct dose of enoxaparin given.</p>
• 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	
REFLECTING: (7) *					<p>Evaluated and analyzed clinical performance after being prompted, overall. Key decision points were identified, and alternatives were considered; discussed conflict resolution.</p> <p>Demonstrated awareness of the need for improvement and offered some effort to learn from this experience; stated obvious improvement.</p>
• Evaluation/Self-Analysis:	E	A	D	B	
• Commitment to Improvement:	E	A	D	B	

<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p> <p>Scenario Objectives:</p> <ol style="list-style-type: none"> 1. Select physical assessment priorities based on individual patient needs. (2)* 2. Implement appropriate nursing interventions based on patient’s assessment. (1,3,6)* 3. Communicate appropriately with the patient, family, team members, and healthcare providers incorporating elements of clinical judgment and conflict resolution. (4,7)* 4. Provide patient centered care with consideration to cultural, ethnic, and social diversity. (2,3,6)* 5. Provide appropriate patient education based on diagnosis. (5)* 	<p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Regularly observed and monitored a variety of data; most useful information was noticed. Recognized most obvious patterns and deviations such as vital signs & pain; actively sought additional information, but occasionally did not pursue important leads.</p> <p>Interpreting: Prioritized data by generally focusing on the most important data but also tried to attend to less pertinent data. Group was able to compare data patterns with those known to develop intervention plans but had difficulty, at times, making sense of data.</p> <p>Responding: Generally displayed leadership and confidence, assuming responsibility. Generally communicated well; communication with patient, patient’s partner, and team members were successful. Developed interventions on the basis of most obvious data; monitored progress. Hesitant and inaccurate with some nursing skills.</p> <p>Reflecting: Key decision points were identified, and alternatives were considered. Demonstrated awareness of need to improve performance; offered some effort to learn from this experience.</p> <p>Satisfactory completion of MSN simulation scenario #1.</p>
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**EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2023**

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

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

Student eSignature and Date:

12/9/2022