EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2023

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Elizabeth McCloy

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
01/26/2023	Excess Fluid Volume	S- RH	N/A	N/A
03/22/2023	Impaired Physical Mobility	S-KA	N/A	N/A

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	N/A	S	S	N/A	N/A	S	N/A	S	S	S		N/A	N/A	
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			S	N/A	S	S	~~N/A~~ S	N/A	S	N/A	S	S	S		N/A	N/A	
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			S	N/A	S	S	~~N/A~~ S	N/A	S	N/A	S	S	S		N/A	N/A	
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			S	N/A	S	S	N/A	N/A	S	N/A	S	S	S		N/A	N/A	
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	N/A	S	S	~~N/A~~ S	N/A	S	N/A	S	S	S		N/A	N/A	
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			S	N/A	S	S	~~N/A~~ S	N/A	S	N/A	S	S	S		N/A	N/A	
g. Assess developmental stages of assigned patients. (Interpreting)			S	N/A	S	S	N/A	N/A	S	N/A	S	S	S		N/A	N/A	
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		S	N/A	S	S	~~NA~~ S	N/A	S	S	S	S	S		N/A	N/A	
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; S.M., 70yo, CHF exacerbation	No Clinical site this week	4N, G.P., 72yo, LLE cellulitis	5T, R.H., 58yo, Sepsis, UTI, Stage IV Sacral Wound (Team Leader)	Infection control/DH	Simulation #1 S.S 55yo, PE	Midterm	ECSC	3T, M.M. 84yo, Weakness, AKI, UTI (Team Leader)	5T, C.M. 81yo, R Hip fx, ORIF, anemia,	3T, S.B., 59yo, R great toe infection/ R foot				
Instructors Initials	**LM**	**LM**	**RH**	**DW**	**NS**	**LM**	**DW**	**NS**	**NS**	**NS**	**KA**	**KA**	**RH**				

Comments:

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

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

Week 5 1(a-h) – Good job this week making correlations based on your patient's disease process of cellulitis and peripheral vascular disease (PVD). You identified the signs and symptoms that your patient was experiencing related to the cellulitis, including increased pain, elevated WBCs, redness to the lower extremity, and pitting edema. You discussed potential complications to monitor for and used good clinical judgment to make correlations with lab values and diagnostics as they pertained to the pathophysiology. You discussed the importance on antibiotics in the treatment of cellulitis, and the nursing responsibilities for monitoring the health status of your patient. By doing so, you demonstrated preparedness for clinical and a willingness to learn. NS

Week 6 objective 1(a-h) - Elizabeth, 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 Sepsis and a stage IV pressure ulcer on her coccyx. You interpreted lab results, diagnostic tests, and medical treatments to help guide you in your decision-making process. Great job! LM

Week 7 (1b,c,e,f)- The Infection Control clinical afforded you the opportunity to satisfactorily demonstrate competency in these areas; for example, your CDG post explored the different symptoms, diagnostics, treatments and nutritional needs for a patient in isolation for C-diff. The Digestive Health observation experience likely afforded you similar opportunities. (1h)- The Infection Control clinical experience required preparation to be familiar with the scavenger hunt and quick reference guide to isolation precautions. DW

Week 9 1(h) – It sounds like your preparation for the activity with the seniors at the ECSC went over well! Nice job selecting and implementing a fun activity. NS

Week 10 – 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's diagnosis. You were able to discuss the different patients on your team and prioritize the patients according to their diagnosis and assessment. You utilized your knowledge and change in patient status to reprioritize the patients as the day went on. KA

Week 10 – 1d – You did a nice job reviewing all your medications before you administered them to the patient. You were able to discuss the reason why the patient was taking the medication as well as what we were monitoring the patient for. You also were able to discuss what information was needed to determine if the medication should be administered (i.e. blood pressure, pulse). You were able to discuss the medications of all the patients on your team and was able to work with your team member to determine appropriateness of medication administration. KA

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	N/A	S	S	N/A	N/A	S	N/A	S	S	S		N/A	N/A	
b. Conduct a fall assessment and implement appropriate precautions. (Noticing)			S	N/A	S	S	N/A	N/A	S	N/A	S	S	S		N/A	N/A	
c. Conduct a skin risk assessment and implement appropriate precautions and care. (Noticing)			S	N/A	S	S	N/A	N/A	S	N/A	S	S	S		N/A	N/A	
d. Communicate physical assessment. (Responding)			S	N/A	S	S	N/A	N/A	S	N/A	S	S	S		N/A	N/A	
e. Analyze appropriate assessment skills for the patient's disease process. (Interpreting)			S	N/A	S	S	N/A	N/A	S	N/A	S	S	S		N/A	N/A	
f. Demonstrate skill in accessing electronic information and documenting patient care. (Responding)	S		S	N/A	S	S	~~N/A~~ S	N/A	S	N/A	S	S	S		N/A	N/A	
	LM	**LM**	**RH**	**DW**	**NS**	**LM**	**DW**	**NS**	**NS**	**NS**	**KA**	**KA**	**RH**				

Comments:

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

Week 5 2(a,c,e) – Good work with your assessments this week, noticing numerous deviations from normal. You prioritized your assessment on his lower extremities, including noticing pitting edema, redness, and a ruddy appearance with weak pulses. You also noticed significant scarring from previous procedures. You conducted a thorough skin assessment and discussed the use of a skin marker to identify worsening or improvement to the cellulitis. Each assessment piece was analyzed for appropriateness based on the patient's disease process. NS

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

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

Week 7 (2f)- Navigating the electronic health record was satisfactorily completed when investigating the reason for isolation precautions and ensuring appropriate documentation while completing the Infection Control Quality Scavenger Hunt with the Infection Control clinical. With future alternative clinical experiences, please be sure to reflect on each competency in this tool and evaluate yourself if applicable. You will want to give credit where credit is due. DW

Week 10 – 2a, d – You did a nice job thoroughly assessing your patient and notifying your nurse of any pertinent information. You were also able to work with your team to keep up on the assessment changes occurring with all patients on the team. KA
Week 10 – 2f – You utilized the EMR to research your patient and determine what care needed to be provided to your patient throughout the day. You also used the EMR to research all the patients on your team and to check your classmates charting for accuracy. KA

Week 12: 2(a-f) Elizabeth, You did a thorough head to toe assessment and a great skin/wound assessment on your patient this week. In collaboration with PT, you were able to implement fall/safety precautions due to him being non-weight bearing on that right foot. You also documented all this accurately in the EHR. RH

Objective

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

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

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. Although you verbalized this was not a comfortable experience for you, overall, you prioritized well. I thought you demonstrated good clinical judgement in your discussion of

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

priority patient problems. 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 in team leading. NS

Week 6 objective 3(a-d, f) – Elizabeth, 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 stage 4 sacral pressure ulcer dressing change. You used proper technique throughout the procedure. You did a nice job! LM

Week 10 – 3b – You did a great job providing care to your patient and ensuring she had everything she needed. You also assisted the members of your team in providing care to their patients. You helped mentor your team members and helped answer questions and guide them during procedures and processes that were new to them. KA
Week 10 – 3g – You did a nice job monitoring your patient's Foley and providing pericare throughout your shift. You documented the Foley in the EMR appropriately in your assessment. KA

Week 12: You did a great job assisting your patient with his needs and helping keep him comfortable and attempting to keep his space quiet. You also assisted your peers and staff on the floor by answering call lights. RH

Objective

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

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

Comments:

Week 1 (3o, r)- By attending the IV Pump clinical and providing your full, undivided attention and active participation during the demonstration of the Alaris pump, documentation of IV site maintenance and recognition of potential IV complications, you are satisfactory for this competency. LM

(3s)- You were able to demonstrate understanding of the rationale of FSBS and the use of the glucometer. You were able to perform a Quality Control check of the glucometer as well as demonstrate skills and knowledge required of proper sample ID, collection, and handling of blood. DW

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 5 3(k-s) – Great job with medication administration this week! You were well-prepared by reviewing each medication and discussing the implications, side effects, and nursing assessments required. You communicated well with your patient and ensured safety measures were in place and performed, including the 3 safety checks and 6 patient rights. You gained experience administering PO medications using the BMV process appropriately. You performed a saline flush and IVP using appropriate aseptic technique, administering the IVP at the prescribed rate to prevent complications. A FSBS was performed accurately to determine appropriate dosing of insulin. Great job with your subcutaneous insulin injections, reading the protocol appropriately, and monitoring for signs of hypoglycemia. Overall a successful week of medication administration! NS

Week 6 objective 3(k, l, m, r, s) – Elizabeth, you administered several PO medications to your patient this week. You were knowledgeable about each medication's use, dosage, route, common side effects, classification, and nursing considerations. You observed the rights of medication administration and completed the 3 medication checks appropriately. You ensured patient safety by properly using the BMV system in the EMR. You monitored your patient's PICC line in her arm, assessing the site properly. You obtained a finger stick blood sugar on your patient following the proper protocol. You administered an insulin injection following the proper protocol for subcutaneous injections. You also correctly calculated the insulin dosage after properly priming the pen. Excellent job! LM

Week 10 – 3k – You did a nice job administering your medications this week. You observed the rights of medication administration and was able to answer all questions about your medications. You had the opportunity to pass PO, SQ, and IV medications this week. You performed the medication administration process with practiced dexterity. You also worked with your classmates on your team to determine appropriateness of medication administration for their patients and assist them with following the rights of the medication administration process. KA
Week 10 – 3n – You did a nice job priming your piggy back and connecting your patient to the medication. You were very smooth in the entire process of administering the IV piggyback antibiotic. KA
Week 10 – 3p – You did a nice job flushing your patient's IV this week and ensuring patency of the IV line. You were able to document this appropriately in the EMR. KA
Week 10 – 3r – You did a nice job monitoring your patient's IV site this week and documenting your assessment in the EMR. KA
Week 10 – 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 12: 3(k-p) You did great with your medication administration this week. You were knowledgeable about the patient's medications and were able to educate him on them. You also got to flush his IV as well as hang two different IV antibiotics. You did this well with little or no assistance from others. Good job! RH

Objective

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

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

Comments:

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

Week 5 4(a,b) – As team leader, it was important that you maintained professionalism in all communications. I thought you did a nice job of collaborating with your fellow classmates, communicating findings in their charting, and ensuring everyone stayed on task. Although you discussed this was uncomfortable and not a strength of yours, it seemed like it was a good learning experience. 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 Keyara. 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. NS

Week 6 objective 4(a, b, c, e) – Elizabeth, 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 medication story CDG post and completed a peer post this week. Excellent job! LM

Week 7 (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. Great job! One suggestion for future improvement with discussions- 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 9 4(e) – Nice job with your ECSC discussion. I appreciate the level of detail provided in describing your activity and how it benefitted the seniors that participated. Good job in your discussion related to meeting the needs of a hearing-impaired individual. NS

Week 10 – 4b, g – You did a nice job keeping your nurse up-to-date on all pertinent information throughout the day. You also provided the nurse with a concise report at the end of the day before leaving. You did a nice job working with your team members to stay up-to-date with their patients and to ensure the nurse is notified as needed. KA
Week 10 – 4e – Elizabeth, you did a nice job completing the CDG questions related to the implicit bias quiz you took related to age. You did a nice job reflecting on your thoughts and opinions related to the aging and how you would manage staff bias. I could only locate a reference and not an in-test citation. Remember both need to be included in your posts to receive a satisfactory. Please make sure to include a reference and an in-text citation in your upcoming CDG posts. Overall you did a nice job! KA

Week 11 – 4e – Elizabeth, you did a terrific job responding to the CDG questions on the patient you cared for this week on Rehab. You were thoughtful with your responses and reflected on what your focus for the patient was and how you prioritized your patient care throughout the day. Nice job making sure to include both an in-text citation and a reference this week in your posts. Keep up the great work! KA

Week 12: 4e You did a great job with your CDG this week. You were descriptive and very helpful to your patient. You explained how you helped your patient keep a quiet environment to help with his healing and how you were able to talk with him a little about his feelings regarding his surgery. RH

Objective

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

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

****5a & b- You must address this competency in the comments below for all clinicals on 3T, 4N, or Rehab- describe the patient education you provided; be specific- include the topic, method of delivery, reason for teaching need, materials to support learning through above resources (if applicable), and method used to validate learning.**
Example: Education related to orthostatic hypotension (changing positions slowly by sitting at the side of the bed or chair for a few minutes before moving to another position, utilizing the walker when ambulating) was provided to my patient through discussion and demonstration. This was necessary to maintain patient safety as he/she was experiencing a drop-in blood pressure and dizziness when getting out of bed. A patient education sheet was printed from Lexicomp and given to the patient. The teach back method was used to validate learning.

Comments:
WK 3: 5(A)(B) Education related to heart failure was provided to my patient this week. Specifically healthy living to help prevent HF such as tracking daily weight, and reporting weight gain of more than 2 pounds overnight or 5 pounds in a week to PCP, take medications as prescribed, eat a healthy low-salt diet avoiding excess fat, alcohol, and caffeine, be as active as your PCP has advised allowing rest periods. Education was also provided when symptoms are under control (No SOB, no weight gain etc.), when to caution (increase in cough, increase in swelling/edema, SOB with activity, etc.), and a medical emergency (unrelieved SOB, unrelieved chest pain, confusion etc.). This was necessary to teach as she was experiencing an exacerbation d/t not communicating with her PCP when she felt off (coughing, fatigued, SOB on exertion etc.) she lacked a knowledge deficit of s/s to look out for when to seek medical care as well as notifying PCP of concerns to her health.
A patient education sheet was printed from Dynamic Health and given to the patient. The teach back method was used to ensure patient understood education. Fantastic teaching and explanation RH

Wk 5: 5(A)(B) Education related to diabetes was provided to my patient this week. Specifically, about management of diabetes mellitus in hospitalized patients and prevention and treatment of hyperglycemia. This was necessary to maintain a controlled blood glucose level throughout his hospital stay to help improve his overall condition with sepsis and cellulitis. Education related to medications used that necessarily aren't at home such as insulin pens to get a better control on hyperglycemia in the hospital. Patient was also educated on signs and symptoms of hypoglycemia to watch out for and the rule of 15 to help treat these symptoms. A patient education sheet was printed from Up-to-Date and given to the patient. The teach back method was used to ensure patient understood education. Wow, very good! Excellent teaching topic that was very thoroughly presented and discussed. Nice work! NS

Wk 6: (A)(B) Education related to patients medication specifically mycophenolate mofetil (Cellcept) on how to properly handle and self-administer safely while at home was needed. She was instructed not to hold her medication in her hand at all possible and immediately take the medication orally from a pill cup or some sort of dispenser, and if needed to only hold the pill for a very short period of time to limit her exposure to the medication on her skin directly. If this was done, she was instructed she would need to thoroughly wash her hands with soap and water post medication administration. She also was educated on swallowing the pill whole and to not cut, crush or chew before ingesting the medication. This was necessary to maintain the patients safety due to the medication harmful chemicals as it is known to cause certain cancers if it is not handle with care and administered properly. A patient education sheet was printed from Lexicomp and given to the patient as well as verbally discussed from Skyscape. The teach back method was used to validate learning. You did a nice job educating your patient on the proper handling of her anti-rejection medications. Excellent! LM

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Wk 10: 5(A)(B) Education related to diabetes was provided to my patient this week. Specifically, about s/s of hypoglycemia which include racing pulse, cold sweats, pale face, headache, feeling incredibly hungry, shivering, or feeling week in the knees, feeling restless, nervous, or even anxious, and having difficulty concentrating or confusion. This was necessary because she has been hypoglycemic twice during her stay now and she has only been in the hospital for 24hrs. She is a fingerstick ACHS and 0200 to keep a tight control on her blood glucose levels. She was educated to use her call light if she is experiencing any of these symptoms at any time of the day, and a staff member will come in to examine her and treat accordingly. Patient information was provided from skyscape and a teach back method was used to ensure patient understood education. Elizabeth, I agree helping her recognize hypoglycemia and how to treat it is important. I know they were working on adjusting her insulin due to the periods of hypoglycemia she has experienced in the hospital. Hopefully your education and the adjustment will help her overall blood sugar control. KA

Wk 11: 5(A)(B) Education related to orthostatic hypotension was provided to my patient this week. Specifically, about changing positions slowly and giving your body time to adapt (start by sitting up for a few minutes, dangle legs over the side of the bed wait some more, then use walker to help aid in standing) this was done by discussing first then demonstrating with myself, and PT/OT. This was necessary because during therapy he had expressed a feeling of nausea, and dizziness when VS were assessed orthostatic hypotension was noted considerably. He was also educated on increasing fluid food intake, as both have been very low during this hospital stay. Patient information was provided from Up-to-date and a teach back method was used to ensure patient understood education. Great job! KA

Wk 12: 5(A)(B) Education related to ambulation was provided to my patient this week. Specifically, about ambulation with a walker and maintaining a non-weightbearing status with the right foot. This was done by discussing first then demonstrating with physical therapy and myself. This was necessary because the patient was scheduled to have a partial R great toe ambulation during his hospitalization and would require this type of ambulation post-op. Patient information was provided from Up-to date and a teach back method was used to ensure patient understood education. Good job also having physical therapy assist with the teaching so they could assist with him practicing. RH

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	N/A	N/A	N/A	N/A	N/A	**S**	N/A	S	N/A	N/A		N/A	N/A	
b. **Identify factors associated with Social Determinants of Health (SDOH) &/or cultural elements that have the potential to influence patient care.**** (Noticing, Interpreting, Responding, Reflecting)			S	N/A	S	S	~~N/A~~ U	N/A	**S**	S	S	S	~~S~~ NI		N/A	N/A	
	LM	**LM**	**RH**	**DW**	**NS**	**LM**	**DW**	**NS**	**NS**	**NS**	**KA**	**KA**	**RH**				

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

Comments:

See Care Map Grading Rubrics below.
Wk 3 6(B): SDOH for my patient was lack of education. She lacked knowledge in her diagnosis of heart failure to which I educated her when symptoms are under control (No SOB, no weight gain etc.), when to caution (increase in cough, increase in swelling/edema, SOB with activity, etc.), and a medical emergency (unrelieved SOB, unrelieved chest pain, confusion etc.). Additionally on ways to prevent an exacerbation, taking medications as prescribed, healthy low-salt diet, exercise as tolerated/directed with rest periods, tracking daily weights etc. She was able to regain her confidence in her medical diagnosis with some hope upon discharge now with a good sense of knowledge base of congestive heart failure. RH

Wk 5 6(B): SDOH for my patient was lack of education. He lacked knowledge in his diabetes and control during his hospitalization. He lacked knowledge on why he needed to be given insulin when he doesn't use insulin at home to control his type II DM. Patient was educated most patients tend to have a higher glucose level during hospitalization due to illnesses and insulin helps provide a better control on blood glucose control. He was then able to regain confidence in his medical diagnosis and understand that he will potentially continue the same treatment plan as he had previously at home with no insulin needed but will need to follow-up with his HCP. Nice reflection on SODH and how they pertained to your patient care this week. Diabetes management is very complex, and often times patients are termed non-compliant, when in reality, it is a difficult disease process to comprehend and manage, even with a medical background. Great thoughts, Elizabeth! NS

Wk 6(B): SDOH for my patient was lack of education. She lacked knowledge on how to properly care for her wounds and s/s of what to watch out for of worsening or change in condition for current wounds/new wounds forming. Patient and her mother were educated with wound care on proper care of current wounds, how to care for (dress wounds), and how to properly prevent the formation of new wounds forming (Q2 turns, changing briefs when incontinent). Patient and her mother verbalized understanding and gained some confidence in patients diagnosis with working with wound care, and nursing staff. Patient and mother will continue to work with staff daily on prevention and wound care to become fully confident by discharge. This an appropriate determinant of health for your patient. I am glad you were able to involve her mother as well. LM

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Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Wk 7 6(B): SDOH for one of my patients was lack of education. He lacked knowledge of the reason for having a repeat colonoscopy so soon after his prior colonoscopy 8wks prior. The patient was educated that he had malignancies removed (biopsies were performed and sent to lab) and was following up to make sure they had removed all of them and no new polyps had formed. The patient was also informed that previously the Dr. had placed a tattoo inside his colon to know exactly where the polyps were found and extracted to ensure no new polyps arose. If new polyps were to form the same procedures as used before would be performed (tattooing, biopsies, and f/u). The patient verbalized understanding of the procedure and felt more confident going in for a repeat colonoscopy.
I will improve on this area next time by slowing down and reading carefully that this is a requirement on every clinical site and not just inpatient clinicals. This can be seen with all patients inpatient/outpatients and definitely makes you put on your thinking cap.
According to the yellow highlighted directions above, the SDOH must be commented on for all clinicals. With you having the IC and DH clinicals this week, you would have been able to identify possible SDOH that would impact overall health. For example, did you identify any potential for financial needs or lack of understanding about the plan of care? Please review the directions on page 1 of this tool. You will be required to comment on how you will or have already improved in this area when submitting your wee 8 tool. Failure to do so will result in a continued rating of U. Please let me know if you have any questions. DW

Wk 9 6(B) SDOH for clinical this week I noticed with a lot of seniors is lack of healthcare access and quality. Many seniors expressed that it is hard for them to get to doctors appointments and they do not drive, or have family nearby to take them as well as setting up transport is difficult. The seniors also expressed since transportation is difficult it is not always the easiest to get access to food. Meals on wheels has made food access a little easier, but a lot of seniors do not like the meals offered or say they do not last. That's sad to hear. Nice job identifying how these detriments can impact their overall health. This is concerning for our senior population! NS

Wk 10 6(B) SDOH for my patient this week was lack of healthcare access and quality. My patient lives at home alone and although she can call family for assistance, she often feels like a burden to them. Family does come and visit on a somewhat frequent basis according to the patient as this is how the Dr. was informed that she has been having frequent falls and increased confusion lately. My patient ended up calling EMS to help get her to the hospital as she knew this would be the quickest and most efficient way. Being there more for the patient physically during my clinical time with her meant a lot to her as a support person to talk to because as stated above typically she is alone. Great observation. I also wonder what the setup of her house is since she lives alone. Are there tripping hazards, too many steps, or layout of the house which are a concern with her lack of immediate support in the household? I wonder if Life Alert or a similar resource would be beneficial and help assist with these concerns. KA

Week 10 – 6a – You satisfactorily completed your second care map. Congratulations! See the rubric for details. KA

Wk 11 6(B): SDOH for my patient this week was lack of healthcare access and quality. My patient is from home with his spouse but is unable to help take care of him. He has been having frequent falls which led to the most recent hip fracture and surgery (ORIF). Although the fracture has been fixed and he is in rehab, if he is unable to care for himself at home it will not do himself much good and he will be back in the same spot with falling again. Family has discussed options such as placing him in hospice as his code status is DNRCCA without intubation and considering all his comorbidities. My patient has many good moments but also many bad or not so good moments due to his current conditions, but helping maintain a positive mantra and environment goes so far. In the hour he has therapy we got him to laugh and smile the most he said he has his entire stay. I would love to see what other options case management would consider with family if they would consider other alternatives. It sounds like you got to know the patient well and reflect on many obstacles that are occurring to prevent him from returning home. I hope they are able to help discuss other resources and options with the family as well. KA

Wk 12 6(B): SDOH for my patient was lack of education. My patient lacked education regarding signs and symptoms of infection. Patient was unaware for 2 months of the issue with his foot on how severe the infection was until it became too bad and required amputation despite not even being diabetic. Patient was educated post-op to monitor for and report any s/s which include, fever, chills, abnormal drainage from incision site (pus, severe bleeding), foul odor, edema to surgical site, and erythema to surgical site. Patient verbalized understanding and felt more confident on caring for himself once discharged and cleared from the hospital to go back home. I changed this to "NI" because you did not include the source in which you got your education information from for your patient. Please remember to include that in the future. RH

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

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

Comments:

Wk 1 7a: I did well with drawing up and reconstituting medication to administer as an IM injection. Good job! LM

7b: Overall this week I feel I did well with most skills if I were to think of one area for improvement it could be to invert the IV tubing when priming the primary bag to prevent any bubbles in the line. I can improve with this by practicing taking my time in lab and every open lab opportunity given with hanging primary IV bags and

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ensuring to insert the tubing slowly releasing the roller clamp to prevent bubbles in the line to be compete in this skill. This is an excellent area for improvement. You provided a specific plan. When will you practice this skill? Remember to provide a frequency (time-line) for the improvement. LM

WK 3 7(A): This week at clinical I did well with my head-to-toe assessment as well as my medication pass with my patient RH

7(B): One thing I could improve on is remembering kidney specific lab values and their normal ranges. I will review their normal ranges in the textbook or with my clinical instructor before the next clinical. Additionally, I can seek other approved resources like skyscape to review pertinent lab values prior to next clinical. When administering diuretics it is important to know these ranges. Skyscape is always a great resource to use as well. RH

Wk 5 7(A): This week at clinical I did well with medication administration specifically IV push with furosemide. I remembered to push slow and s/s to watch out for such as ototoxicity. As you mentioned, this was your first experience with an IVP. Overall you demonstrated confidence in your approach, followed appropriate procedure steps, and executed the intervention appropriately. Great job with a new skill and promoting positive outcomes for your patient! NS

7(B): One thing I could improve on is continuing to work on lab values. I have a good understanding, but it is always a great thing to know them all without looking up the normals. I will review this by studying normal ranges in the textbook, with my clinical instructor, and with skyscape and by next clinical I will have a better grasp basic lab normal range values. I find this to be one of the more difficult things for students to master. Lab values can be altered for so many different reasons, it's hard to pin point exactly what's going on. On top of interpreting the values, we also have to identify nursing interventions related to the abnormal findings. This comes with time and experience. The more you look up rationale and make correlations, the more it sticks. You have a great plan for improvement moving forward! NS

Wk 6 7(A) This week at clinical I did well with wound care. Wound care makes me nervous as I am not very familiar in this area, but as long as I followed the physicians orders I did well. You did a great job with the sterile dressing change. LM

7(B) One thing I could improve this week is time management. Although a lot of things were out of my control that happened, and I tried my best on regaining control of the situation by moving on to the next task I still feel I could have improved on some things. I was unfamiliar on VS and reassessment times for the rehab unit, so I clarified with my clinical instructor. For the next clinical to better prepare I will review when assessment, and VS are due and use this clinical as a head start to get a better time management down for the next clinical time to ensure all things are completed in a timely manner. This is an appropriate area for improvement. Great job! LM

Wk 7 (A) This week at clinical I did well with communicating with my partner on isolation precautions, as well as looking together on ensuring staff was documenting properly on the right precaution or documenting at all that the patient was in the precaution they were supposed to be under. Also, bringing to Sydneys attention when a patient was pulled out of isolation when the patient should still have been in isolation so she could communicate with the floor on why they were removed.

7(B) One thing I could improve this week on is having a better understanding of an EGD. Although I reviewed the content prior to the clinical I didn't fully understand what the physician was looking for during the exam. The physician explained everything very well to me, but I will work on this by reviewing more material to better understand the purpose behind the procedure. I can do this by using skyscape, watching educational videos on YouTube, reading material from the med surg book, and by discussing with my clinical instructors. I will review this material to gain more confidence by next clinical experience.

Unfortunately, these competencies are being evaluated as U for not providing reflection on your strength and opportunity for improvement with week. You attended the Digestive Health and Infection Control clinical experiences this week and all clinical experiences provide you with an opportunity to learn and grow, not just the inpatient care experiences. In the future, when you have the ECSC clinical, be sure to evaluate yourself in all the appropriate competencies on this tool, including reflection on a strength and a goal for improvement. Please review the directions on page 1 of this tool. You will be required to comment on how you will or have already improved in this area when submitting your wee 8 tool. Failure to do so will result in a continued rating of U. Please let me know if you have any questions. DW

I will improve on this by understanding that I can still have areas of strengths and areas of improvement in outpatient clinical settings just as I would in inpatient setting, so I need to slow down when completing my clinical took and thoroughly read through everything to complete it to the best of my ability. NS

Midterm Comment – Elizabeth, great job throughout the first half of the medical-surgical nursing semester. It is challenging to make the transition from nursing access to the demands of the MSN course. Despite the increased time commitment and demands of the course, you have remained successful through hard work and dedication. It appears that you have had the opportunity to perform various skills, enhance your clinical judgement, provide patient care, and reflect on your experiences. You are satisfactory in all competencies at this point of the semester, awesome work! Continue to seek out opportunities for the competencies presented in objective 3 related to medication administration – specifically programming and regulating an IV pump/IV flow rate and D/C'ing an IV. Additionally, be sure to notify your clinical instructors about the need to care for a patient with a foley catheter to check-off objective 3 competency g. You have satisfactorily completed one of the two required care maps for the

semester. Remember you are required to complete one more satisfactory care plan prior to the end of the semester, so plan accordingly! Continue to work hard as we enter the second half of the semester, you are doing a great job! NS

Wk 9 7(A) This week at clinical I did well communicating with the seniors and meeting their needs. It was rewarding seeing how much we made their days by having arts and crafts and a little snack as well as having a little companionship. That's great to hear! It sounds like this was a rewarding experience for yourself and the seniors. Nice job! NS

9 7B) One thing I could improve on gearing more of these types of clinicals on the patients. I would do this by seeing what the patients' needs or wants are by observing and questioning them (the seniors) to have a better understanding for next time to improve our activities. As well as do online research on what is beneficial to the elderly to meet their needs prior to having another rotation at the senior center or a similar setting. This is a great thought! Focusing on addressing their needs and concerns by performing an assessment of the situation is a good idea. This is a great example of trying to promote patient-centered care. NS

Wk 10 7(A) This week at clinical I did well with my medication pass. I felt really confident in the medications I was administering, their uses, what to watch for, assessments etc. I also felt confident in hanging and starting my first (I think lol) IV antibiotic. I went back in to reassess my patients IV for complications as well as my patient for any complications and overall, it went very smoothly. Proud of myself this week. You did an excellent job with your medication administration process was very smooth and you were efficient throughout the whole process while maintaining all the rights of medication administration. Terrific job! KA

7(B) An area of improvement I think I will always say is work on stopping so much of the self-doubting. It is a lot easier said than done, but I have been working on this continually every week of this program. I have done this and continue to do this by pushing myself to open up more learning new tasks, ask for help when needed, study more of the material that I do not understand and less on the material I already know and most importantly reminding myself that everyone is human we all are learning, and this is the best way. I will focus on all the good things, ask for guidance from my instructors, and invite and the positive energy my way. I agree part of increasing your confidence is to practice feeling confidant and reassured in your skills. The more you positive talk to yourself and remind yourself you are knowledgeable, you are capable, and that you are enough the more you will believe it. You got this! KA

Wk 11 7(A) This week at clinical I did well with communicating with my clinical instructor on when I needed assistance on areas such as charting, questions pertaining to charting, and needing an extra hand with my patient. I also did well communicating with the bedside nurse any abnormals I found with my patient which included when the patient experienced orthostatic hypotension during therapy, and gapping after removing staples from his surgical site on his R hip. Nice job! KA

7(B) An area of improvement for this week would be reviewing what interventions are required for the rehab unit. I got in the routine of med-surg unit and fell out of routine for rehab, so I was unsure of some interventions which is okay it happens, but very easy to fix! I will review the rehab orientation handout prior to the next rehab clinical to familiarize myself of timing and required interventions. I will also do this prior to a med-surg clinical if needed until I feel 100% confident. If needed I can also ask my clinical instructor, but I will rely solely first on myself to be prepared prior to arriving on each specific unit on required tasks. Always know your resources! KA

Wk 12 7(A): This week at clinical I did well with time management. I knew that my patient was going to be NPO after 0830 for his surgery scheduled later in the evening on Wednesday morning so I knew he needed to get his breakfast in and administer PO medications as ordered. You did well planning your morning around this! RH

7(B): An area of improvement for this week would be prioritizing taking time for myself. I get so focused on getting the patient situated I forget to take breaks, or I think I need to do it all and not hand-off any tasks even if help is offered. This in-turn made me miss lunch with the rest of the group and I ate lunch by myself, which is still okay, but I still could've notified my bedside nurse that we were going to lunch, and she could've completed the IV antibiotics that I did. Either situation regardless if the patient is taken care of it's okay, but I do need to work on stopping at a good point and picking back up after taking a little break and realizing things will still get done regardless of time. Breaks and self care are important while working! I am glad you still took your break but I am sorry you took your break alone. Delegating and asking for help are very good skills to learn. RH

Student Name: Elizabeth McCloy	**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: 01/26/2023		

	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**	1.What level edema does the patient have? +1, +2, +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. Only highlight data relevant to the diagnosis you chose. Head pain, hemoglobin, hematocrit, and elevated digoxin levels are not related to excess fluid volume.
	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**	8. Education is always an intervention for a patient. You did a lot of education for your patient this week. Make sure to include that with your interventions to avoid another episode like this in the future for the patient. 9. Assessing respiratory status should be higher on the priority list 12. Ensure all interventions and rationales are related to priority diagnosis that you chose for the care map.
	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** **75% reassessed**	**<50% complete**	**0% complete**	**2**	13. Follow up with all highlighted items from assessment box. No reassessment of cough or weakness mentioned.

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ecting	14. Evaluation includes one of the following statements: • Continue plan of care • Modify plan of care • Terminate plan of care	**Complete**			**Not complete**	**3**	14. What are we doing with the plan? Make sure to clearly state "continue plan of care," "modify plan of care," or "terminate plan of care" for future care plan

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:
No references for rationales. Make sure to include a reference and in-text citations on further care maps.
See comments for further feedback

Total Points: 41
Satisfactory

Faculty/Teaching Assistant Initials: RH

Student Name: Elizabeth McCloy	**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: 03/22/2023-03/23/2023		

	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	Elizabeth, you did a nice job including the important elements from your patient's assessment, lab/diagnostics, and risk factors. When discussing confusion it would be easier to evaluate if you wrote it in terms of alert and oriented x 1 or 2. I would include the patient having a Foley draining clear yellow in the assessment section and a history of falls and use of assisted devices (walker) in the risk factors section. KA
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	**(lists at least 3*) *provides explanation if < 3**		**(lists 3 but no specific patient data included)**	**(lists < 3 or gives no explanation)**	3	
	3. Identify all risk factors relevant to the patient.	**(lists at least 5*) *provides explanation if < 5**	**(lists 4)**	**(lists 3)**	**(lists < 3 or gives no explanation)**	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	Elizabeth, you did a great job listing all of the nursing priorities your patient had that were being managed. You appropriately choose the nursing priority with the highest priority. You highlighted the pertinent information in the noticing section to support your chosen nursing priority. You also discussed pertinent complications and their associated signs and symptoms related to the patient's impaired physical mobility. KA
	5. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	6. Identify all potential complications for the top nursing priority problem.	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**	3	
	7. Identify signs and symptoms to monitor for each complication.	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**	3	
Responding	8. List all nursing interventions relevant to the top nursing priority.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	2	Elizabeth, you wrote well thought out nursing interventions. You included the majority of interventions that would be important for your patient. You might want to consider including an intervention related to ambulating, getting the patient up to the chair for meals, and medicating the patient as needed for pain with her prescribed medication (I think it was acetaminophen). You did a nice job prioritizing your interventions. All of your interventions were timed with the exception of your education ones. When timing educational interventions you can time them on admission, at discharge, before discharge, daily, and PRN. Your interventions were individualized to your patient and all included sound rationale. Overall nice job! 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	

*End-of-Program Student Learning Outcomes

Reflecting	13. List all of the highlighted reassessment findings for the top nursing priority.	**>75% complete**	**50-75% complete**	**<50% complete**	**0% complete**	3	Elizabeth, you included all highlighted information from your assessment section when reassessing your care map. Nice job! KA
	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.**

Faculty/Teaching Assistant Comments: **Elizabeth, you satisfactorily completed your second care map. Congratulations! See comments above for areas to improve your care map in the future. KA**

Total Points: **41/42**

Faculty/Teaching Assistant Initials: KA

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

Student name: Elizabeth McCloy								
Skills Lab Competency Evaluation Performance Codes: **S**: Satisfactory **U**:Unsatisfactory	**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 or 1/19/23	**Date:** 1/18 or 1/19/23	**Date:** 3/13 or 3/14/23
Evaluation:	**S**	**S**	**S**	**S**	**S**	**S**	**S**	**S**
Faculty/Teaching Assistant Initials	LM	LM	LM	LM	LM	LM	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 1/11/23. 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) - During this lab, you satisfactorily demonstrate competence with tracheostomy care and tracheostomy suctioning. DW/RH/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

Simulation Evaluation Performance Codes: **S**: Satisfactory **U**: Unsatisfactory	**Student Name: Elizabeth McCloy**							
	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: 3/1/23**	**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	LM	DW	NS				
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA				

* Course Objectives

Comments:

Simulation #1 – See attached scoring sheet below. NS

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Olivia Arthur (A), Elizabeth McCloy (M)
GROUP #: 1
SCENARIO: MSN Scenario #1 - Part 2
OBSERVATION DATE/TIME(S): 3/1/2023 0800-0930

CLINICAL JUDGMENT COMPONENTS	OBSERVATION NOTES
NOTICING: (2) * • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B	Focused pain assessment. Noticed patient's pain (6/10), sought information on radiating pain (right thigh), consider seeking additional information such as aggravating factors, associated symptoms, what makes it better/worse, etc. Noticed pain to non-surgical extremity. Noticed pulse present. Noticed redness to the calf. Noticed warmth to touch. Observed surgical extremity. Used preferred pronouns in communication with health care team, did not address social diversity or preferences with the patient. Noticed SOB, noticed elevated HR, noticed low Spo2. Noticed diminished lung sounds. Focused respiratory assessment performed. Did not seek any information from the patient related to medications (allergies, preferred injection location, name/DOB).
INTERPRETING: (1) * • Prioritizing Data: E A D B • Making Sense of Data: E A D B	Removed sock to focus assessment for patient's complaint of pain. Focused pain assessment based on patient's complaint. Prioritized vital sign assessment (BP, HR). Prioritized contacting the healthcare provider. Interpreted findings as potential DVT. Made sense of findings related to PE. Prioritized response to resp. distress. Prioritized focused respiratory assessment. Re-assessed vitals. Made sense of rationale for ABGs, D-dimer, and spiral CT.
RESPONDING: (2,3,4,5,6) * • 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	Introduced selves and roles in communicating with the patient. Disorganized SBAR report to the provider. Be sure to have all data collected and organized. Assessed IV patency with saline flush. Not particularly relevant at this time. Continuous fluids were infusing. Seemed unsure of how to progress in the scenario after identifying abnormality to non-surgical extremity. Eventually communicated findings with the provider. SBAR provided, orders read back to provider for confirmation. Called lab to obtain d-dimer per physician order. Good communication. Elevated HOB, applied O2 for resp distress. Communicated findings with health care provider, good SBAR report related to resp. distress. Subcutaneous injection administered with blunt tip filter needle. Ouch. Re-capped needle after injecting, remember needle safety. Remember to use an appropriate size needle for subcutaneous injection. Remember 45-degree angle for subcutaneous injection. Good technique with IM injection. Correct needle utilized. Dosage calculation not performed correctly. Syringe read 2mg/ml, order was for 4mg, 3ml was administered resulting in 6mg being administered. Remember to communicate the medications to the patient. Remember to confirm name and date of birth, allergies, injection location

	preference, etc. Safety was of concern. Good job communicating with ancillary departments for interprofessional collaboration. Nice job communicating findings with the patient and describing the situation. Re-assessed patient after interventions performed. Communicated diagnostic findings to the provider.
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. Makes limited efforts to seek additional information from the patient and family; often seems not to know what information to seek and/or pursues unrelated information. Interpreting: Generally, focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. In most situations, interprets the patient's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse. Responding: reassures patients and families in routine and relatively simple situations, but becomes stressed and disorganized easily. Generally, communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. Safety errors identified in performing nursing skills. 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. Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. 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