

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

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

Student:

Final Grade: Satisfactory/Unsatisfactory

Semester: Spring

Date of Completion:

Faculty: Dawn Wikel, MSN, RN, CNE; Lora Malfara, MSN, RN; Kelly Ammanniti, MSN, RN, CHSE;
Monica Dunbar, MSN, RN; Nick Simonovich, MSN, RN

Faculty eSignature:

Teaching Assistant: Rachel Haynes, BSN, RN

DIRECTIONS FOR USE:

Each week the students evaluate themselves based on the competencies using the performance code on page 2. The performance code includes the terms **Satisfactory (S)**, **Needs Improvement (NI)**, **Unsatisfactory (U)**, and **Not Available (NA)**. The faculty member will initial if in agreement with the student’s evaluation. If there is a discrepancy in the performance code evaluation between the student and the faculty member, a note is written on the comment section by the faculty member with the rationale for the evaluation. All competencies must be rated a “S, NI, U, or NA”. If the student does not self-rate, then it is an automatic “U”. A student who submits the clinical evaluation tool late will be rated as “U” in the appropriate competency(s) for that clinical week. Whenever a student receives a “U” in a competency, it must be addressed with a comment as to why it is no longer a “U”. If the student does not state why the “U” is corrected, it will be another “U” until the student addresses it. All clinical competencies are critical to meeting the objectives of the course. If the final performance code is unsatisfactory or needs improvement in any one of the competencies, a grade of unsatisfactory is given. If a pattern of unsatisfactory performance occurs after performing the competency satisfactorily, this also constitutes a grade of unsatisfactory. An unsatisfactory or needs improvement as a final score in any single competency results in a clinical course grade of unsatisfactory; this is a failure of the course. The terms Satisfactory and Unsatisfactory will be used in evaluating the final grade or clinical course performance.

METHODS OF EVALUATION:

- Skills Lab Competency Tool & Skills Checklists
- Simulation, Prebriefing, PEARLS Debriefing, & Reflection Journals
- Nursing Care Map Rubric
- Meditech Documentation
- Clinical Debriefing
- Clinical Discussion Group Grading Rubric
- Evaluation of Clinical Performance Tool
- Lasater’s Clinical Judgment Rubric & Scoring Sheet
- Virtual Simulation Scenarios

ABSENCE (Refer to Attendance Policy)

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

Faculty’s Name	Initials
Kelly Ammanniti	KA
Monica Dunbar	MD
Rachel Haynes	RH
Lora Malfara	LM
Nick Simonovich	NS
Dawn Wikel	DW

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

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

UNSATISFACTORY CLINICAL PERFORMANCE

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

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

OTHER

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

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

Date	Care Map Top Nursing Priority	Evaluation & Instructor Initials	Remediation & Instructor Initials	Remediation & Instructor Initials
1/26/23	Ineffective Airway Clearance	S/KA	NA	NA
2/2/2023	Impaired Physical Mobility	Satisfactory/MD	NA	NA

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

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies:			S	S	S	N/A	S	N/A	S	N/A	N/A	S	S		N/A	N/A	
a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting)			S	S	S	N/A	S	N/A	S	N/A	N/A	S	S		N/A	N/A	
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			S	S	S	N/A	S	N/A	S	N/A	N/A	S	S		N/A	N/A	
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			S	S	S	N/A	S	N/A	S	S	N/A	S	S		N/A	N/A	
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			S	S	S	N/A	S	N/A	S	N/A	N/A	S	S		N/A	N/A	
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	S	S	N/A	S	N/A	S	N/A	N/A	S	S		N/A	N/A	
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			S	S	S	N/A	S	N/A	S	N/A	N/A	S	S		N/A	N/A	
g. Assess developmental stages of assigned patients. (Interpreting)			S	S	S	N/A S	S	N/A	S	N/A	N/A	S	S		N/A	N/A	
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		S	S	S	N/A S	S	N/A	S	S	N/A	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 Session	3T 52, SOB, pneumonia, pneumothorax	Rehab, 68, Left CVA	4N, 78, KIDNEY STONE	ECSS, 65 and older	3T, 76, HTN urgency and confusion	N/A		Infection control, Digestive health.	No clinical	3T, 94, abdominal pain, constipation	Rehab, 81, left hip fracture		N/A	N/A	
Instructors Initials	RH		KA	MD	NS	RH	RH	RH	RH	DW	DW	KA	LM				

Comments:

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. RH

Week 3 – 1a , b, c, e– You did a nice job discussing on clinical your patient’s disease process and what nursing was doing to help the patient. You were able to discuss symptoms we were monitoring and managing in your patient as well as pertinent labs for your patient diagnosis. KA

Week 3 – 1d – You did a nice job reviewing all your medications before you administered them to the patient. You were able to discuss the reason why the patient was taking the medication as well as what we were monitoring the patient for. You also were able to discuss what information was needed to determine if the medication should be administered (i.e. blood pressure, pulse). KA

Week 5 1(a-h) – Melinda, you were well prepared for clinical this week and demonstrated a desire to learn and enhance your knowledge. You did a nice job of researching and discussing your patient’s admitting diagnosis of renal calculi, including the pathophysiology involved. You correlated his symptoms or urinary retention, pain, and dark/concentrated urine as a result of the large, partially obstructing stone noted on ultrasound. We discussed potential treatment options and nursing implications. Great job identifying the use of tamsulosin and the importance of IV hydration. Nice job making correlations with your patient’s disease process and the care required! NS

Week 6 (1g): This competency was performed during the ECSC clinical by specifically tailoring your interactions to an older adult; therefore, S. (1h)- You were prepared for the ECSC clinical by planning, bringing materials for, and implementing an interactive activity for the older adults present at the senior center; therefore, S. RH

Week 7 1(a-h): You were well prepared for clinical this week and showed great time management skills in your team leader role. You were able to look up all medications for all patients and do medication pass with each team member. You also discussed each patient with your team members to get an understanding of what their disease process was. RH

Week 11 – 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 had a patient who had a change in status on day two and you worked hard to investigate the cause and put the pieces together even though it was difficult to identify the ultimate cause in the patient’s change in mental status. KA

Week 11 – 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 provided pertinent education related to the medications to your patient, specially enoxaparin since this was not a home medication. KA

Week 12 objective 1(a-h)- Melinda, you correctly analyzed the pathophysiology and correlated your patient’s signs and symptoms to her disease process. You used this information to provide appropriate nursing care for your patient on the rehab unit. Your patient had a Lt. intertrochanteric hip fracture. You interpreted lab results, nutritional needs, and medical treatments to help guide you in your decision-making process. Great job! LM

Objective

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

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

Comments:

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

Week 3 – 2a, d – You did a nice job thoroughly assessing you patient and notifying your nurse of any pertinent information. KA

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

Week 5 2(a,d,e) – Nice work with your assessments this week, noticing numerous deviations from normal. You appropriately prioritized and focused your assessment on his GU system. You noticed some urinary retention, pain, and concentrated/dark colored urine. You appropriately strained the urine after each urinary event to monitor for the passing of the renal calculi. You also focused your assessment on his pain and discomfort, communicating your findings in a timely manner, and using appropriate assessment skills for his disease process and the care required. Nice job. NS

Week 6 (2b): This competency was completed when interacting with the older adults at the ECSC clinical experience, assisting during lunch with mobility and managing a lunch tray, etc.; therefore, S. Please make sure you are reflecting on all competencies in this tool on a weekly basis, to ensure you are accurately and completely evaluating your experience and performance. RH

Week 7 2(a-f): you did a thorough head to toe assessment on your patient and you were able to communicate any changes to the patient's nurse. You also completed fall/safety assessment on your patient. During your team leader role, you checked charting on all patients and you were able to communicate to your team members what charting needed to be fixed or added for complete charting. RH

Week 11 – 2a, d – You did a nice job thoroughly assessing your patient and notifying your nurse of any pertinent information. Your patient refused most care on day two, but you worked with your patient to complete as much care as possible. KA

Week 11 – 2f – You utilized the EMR to research your patient and determine what care needed to be provided to your patient throughout the day. You worked hard to delve into her history to solve the questions behind her new onset of acute delirium. KA

Week 12 objective 2(a, b, c, e)- Melinda, you performed a thorough head-to-toe assessment on your patient identifying the importance of assessing the musculoskeletal and neurovascular systems and pain due to her diagnosis. You also recognized the importance of obtaining a blood pressure in the patient's Rt. arm only due to her history of Lt. breast cancer. 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

Objective

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

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

Comments:

Week 1- 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 3 – 3b – You did a great job with the new skill of administering medications through a PEG tube. You reviewed information about the PEG tube before administering the medications to ensure the proper procedure was performed. KA

Week 5 3(f,g) – An exciting week and experience, your first foley catheter insertion! You were well-prepared to discuss the required steps associated with foley catheter insertion. You identified the importance of maintaining sterility throughout the procedure to reduce complications. During the insertion you maintained your composure, promoted comfort to the patient, maintained aseptic and sterile technique, and successfully placed the catheter into the bladder on your first attempt. Following insertion, you provided peri-care, secured the catheter to the leg with the STAT-Lock device, and ensured the foley bag was hung below the level of the bladder without kinks. I thought you did an excellent job with your first sterile nursing skill! NS

Week 6: (3a, b, c, d, e, f, i, j) You got an S for these topics because you did use standard precautions (washing hands when soiled etc) and you did perform skills with safety in mind. You were able to prioritize your time by following a schedule and sticking to it. You were also able to identify what seniors needed assistance and helped them accordingly. You were able to identify what needed to be changed for your activity based on the senior's ability level and you were able to collaborate with a peer to organize the day. RH

Week 7 3(c, d) You did well prioritizing your time and organizing your day at team leader. All team members were able to pass medications within a timely manner and everyone was able to take a lunch break. Good job! RH

Week 11 – 3b – You did a wonderful job recognizing your patient had the right to refuse care on day two. You prioritized the care that needed to be completed and tried to attempt to provide the most pertinent care first. You worked with your team leader and team members to ensure the safety of your patient throughout the day. You handled this situation extremely well. You should be proud of the care you were able to provide to your patient this week! KA

Week 12 objective 3(a-d, i, j)- Melinda, 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. You organized and prioritized your time appropriately. As a team leader, you planned your day by prioritizing the needs of your 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

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

Comments:

Week 1- You were able to demonstrate understanding of the rationale of FSBS and the use of the glucometer. You were able to perform a Quality Control check of the glucometer as well as demonstrate skills and knowledge required of proper sample ID, collection, and handling of blood. DW

Week 3 – 3k – You did a nice job administering your medications this week. You observed the rights of medication administration and was able to answer all questions about your medications. You had the opportunity to pass PO and IV medications this week. You performed the medication administration process with beginning dexterity. KA

Week 3 – 3p – You did a nice job flushing your patient’s IV this week and ensuring patency of the IV line. You were able to document this appropriately in the EMR. KA

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

Week 3 – 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 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. Great job with your subcutaneous injections, identifying appropriate needle size and injection location in the subcutaneous tissue. You also gained experience programming an IV pump and accurately recording fluid intake in the IV spreadsheet. Overall a very successful week! NS

Week 7 3(k-s): Great job with medication administration. You took the time to look up all medications and educated your patient on each of them. You were very patient and willing to explain each medication multiple times, as she was confused while we did medication pass. You used your resources to look up information and educated your patient thoroughly on each one. I changed discontinuing an IV to NA because I was not sure you discontinued one during clinical. You did monitor one though. Good job! RH

Week 11 – 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 practiced dexterity. You were unable to administer medications on the second day related to the patient refusing most care. You worked with your team leader to prioritize your medication and determine the antihypertensive medications as most important related to your patient’s blood pressure. You attempted several times to education your patient related to the importance to taking these medications and ultimately recognized her continued right to refuse the medications. KA

Week 11 – 3q – You recognized the patient’s IV was bleeding and attempted to change the patient’s IV dressing. Upon removal of the dressing you recognized the patient’s IV was mostly pulled out. You DC’d the IV and ensured the catheter was intact. You documented the DC’d IV correctly in the EMR. KA

Week 11 – 3r – You did a nice job monitoring your patient’s IV site this week and documenting your assessment in the EMR. KA

Week 12 objective 3(k, l, m) – Melinda, you administered several PO medications to your patient this week. You were knowledgeable about each medication. You observed the rights of medication administration and completed the 3 medication checks appropriately. You ensured patient safety by properly using the BMV system in the EMR. Excellent job! LM

Objective

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

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

Comments:

Week -3 – 4b, g – You did a nice job keeping your nurse up-to-date on all pertinent information throughout the day. You also provided the nurse with a concise report at the end of the day before leaving. KA

Week 3 – 4e – Melina, you did a good job picking a pertinent article and reviewing it in your CDG. You were able to relate it to your patient and share such great information with your classmates. Remember in your reference only the first letter of the first word of the article title is capitalized. You did a nice in-text citation. Remember to include the page number or paragraph number (if there are no page numbers) in the in-text citation when using a direct quote. Keep up the nice work! KA

Week 5 4(b,c) – Good work in your communication and collaboration with other members of the health care team. You stayed in contact and provided updates with your team leader. You quickly reported your patient’s increased pain levels to the assigned RN to ensure timely pain management treatment. During the foley catheter insertion you communicated and collaborated with your peers well for a successful insertion while also promoting comfort to the patient. NS

Week 5 4(e) - Overall you did a nice job with your CDG this week, meeting all the necessary requirements for a satisfactory evaluation. See my comments on your posts for further details/comments. I appreciate the insight and additional research provided in your response post to Kenny. Great use of supplemental resources to enhance your knowledge. Some tips for APA formatting in the future: in your response post, you would use the Mayo Clinic as the authoring organization. The in-text citation for your response post would be (Mayo Clinic, 2023). For your initial post, be sure to *italicize* the journal title and volume: *Journal of Wound Ostomy and Continence Nursing*, 48(6), 545–552. Just some tips for future success. Nice job! NS

Week 6: You got an S in (4c, d, f, g). This is because you were able to report any changes of the residents to the staff working. You also maintained confidentiality of the resident’s names or health diagnoses. You were given information from staff about the residents, which would qualify as a report, and you were able to report back to them upon completion of your day. RH

Week 7: 5(b) You were very professional when acting as team leader and you were able to communicate well with each member of your team as well as staff on the unit. RH

Week 9 (4b)- Collaborative communication was performed with your preceptor and other healthcare professionals during the Infection Control and Digestive Health clinicals this week; therefore, S. (4e)- According to the CDG Grading Rubric, you have earned an S for your participation in the Infection Control discussion this week. Your post was detailed, thoughtful and supported by evidence. Well done! One suggestion for your APA reference- be sure to pay close attention to the appropriate formatting. You had all of the right information in your reference, just a little out of order. Here is the correct order for an electronic resource: Group name. (Year, Month Date). *Title of page*. Site name. URL. Your reference would flow like this...Mayo Clinic. (2021, August 27). *C. difficile infection - Symptoms and causes*. Mayo Clinic. <https://www.mayoclinic.org/diseases-conditions/c-difficile/symptoms-causes/syc-20351691> DW

Week 11 – 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 11– 4e – Melinda, you did a great job responding to all the CDG questions related to your patient this week on 3-Tower. You were thorough and thoughtful with your responses. Your response to your classmate was considerate and added to the discussion. You included a reference and in-text citation for both of the CDG posts. Terrific job! Keep up the wonderful work! KA

Week 12 objective 4(a, b, e) -Melinda, 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 your instructor on the progress made with each patient in your role as a team leader. You accurately completed a detailed team leader CDG post on implicit bias. Excellent job! LM

Objective

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

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

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

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

Comments:

Week 3 A and B – My patient I was able to educate on the importance of staying hydrated to help move secretions. She was coughing but unable to cough up secretions. I learned from my Lewis textbook that having patients staying hydrated can help to move those secretions out. I brought her in apple juice and water then had her teach back to me the importance of her staying hydrated. I also administered a medication that helps to mobilize secretions and on skyscape it also stated to have the patient stay hydrated to move the secretions. **Great job! She took your education to heart and was trying to stay hydrated like you taught her. KA**

Week 4 A and B – I was able to teach my patient on the importance of using the incentive spirometer. I told him about the importance of it since he has limited mobility from his stroke and how it helps to promote full lung expansion. That the incentive spirometer was also to help prevent any further complications as well. The resources I used for this knowledge was from both my Lewis’s Med-Surg textbook as well as information learned from lecture classes in Nursing Foundations. **Great! MD**

WEEK 5 A AND B – I was able to educate my patient on the importance of staying hydrated to help him produce more urine and kind of build of pressure to help move/flush out the kidney stone that he was currently trying to pass. I found my information to be able to education my patient on Lexicomp under discharge instructions. **Very good! This was an important educational topic based on his admitting diagnosis and potential for complications. It was evident that your patient understood your teachings as he frequently mentioned that he was consuming water based on your discussion. Nice job!! NS**

Week 6 A and B – My teaching for the week was to help seniors at the senior center to craft and make a flower out of tissue paper. I obtained this knowledge from a pinterest video on how to make them. I practiced myself before class and then once in class, demonstrated and helped the senior citizens to make paper flowers themselves. **RH**

Week 7 A and B – A teaching need for my patient was the need for a transdermal nicotine patch. She is a smoker currently and was ordered a patch to still offer her the nicotine through the patch that she would normally get from smoking. I obtained my information that I educated my patient on the nicotine patch from skyscape. I educated her on the importance of having this patch to prevent her from having any withdrawal symptoms from lack of nicotine, and why the patch was important. She also asked how often she had to get the patch, and how long it lasted for and I was able to educate her on that based on what was entered in the MAR. Good teaching topic! The patient was confused at first, but you educated her and she was more understanding by the time we were completed with medication administration. RH

Week 11 A and B: A teaching need for my patient that I noticed was a few things. First I had to educate her on ambulation and why it was important for her to get up and move around, so this would help keep her bowels moving. Next, I had to educate her on a medication that she was taking called lovenox. I explained to her that since she isn't getting up and moving as much, that this medication was more of a safety precaution to prevent her from developing a deep vein thrombosis. I obtained this information from my Lewis's Med surg textbook as well as information that I learned from Nursing foundations course. As for the medication I obtained the information to educate my patient both from my clinical instructor as well as from my Lewis's Med Surg textbook. My clinical instructor helped me piece together the patient not ambulating as frequent with an increased risk for DVTS, and how this is a preventative measure. From me using this information and piecing it together, I was able to explain this to the patient and help her to understand the reasoning as well. **This was great information to provide her and allowed her to make an informed decision when choosing to allow you to administer the new medication. KA**

Week 12 A and B: A teaching need for my patient that I noticed was not only the importance of a daily bath/shower but applying theraworks to the underside of her left breast. During my head to toe assessment I noticed that under her left breast it was becoming tender, red, and some skin breakdown was occurring. I felt that it was important to clean this area daily, and keep it dry as well as applying another layer of protection to help prevent further complications. I also wanted to make sure that the patient understand why this was important as well. She did have dementia, so I wanted to make sure to wait until family was in the room and talk about this with them as well, so they could help her and make sure the area isn't getting worse when she gets discharged. I obtained my knowledge for this from prior clinical experiences, as well as what we learned in class, and from our Lewis's Med Surg textbook. All of these places that I named helped my develop the knowledge that I needed to perform safe care and education for my patient. **This is an appropriate teaching need for patient. You understand the importance of skin care. Excellent! LM**

Objective

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

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

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

Comments:

See Care Map Grading Rubrics below.

Week 3 B – I would say that my patients Social Determinants of Health would be her education level as well as her socioeconomic class. She is disabled and in low class, this combined with her education level makes it hard for her to care for herself. By this I mean, even if she is able to get access to health care she has to be properly educated and understand her diagnosis to be able to properly take care of herself. She has a history of asthma and lives with her husband who smokes in the house. As a nurse it would be important to educate her on the effects and importance of limiting or avoiding that second hand smoke to help improve her asthma condition. **Good thoughts. She has multiple factors that can negatively impact her health that should be considered when providing education and resources to assist with maintaining her health. KA**

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

Week 4 B- I would say that my patients Social Determinants of Health would be that he is retired and has a long list of health complications. Being retired he doesn't have to go out and be social. After having a stroke most people tend to become depressed and don't want to be social due to impaired mobility. It is important to have regular doctors appointments and have him screened for depression. He lives at home with his wife so he will have access or a ride to his appointments. He also is a retired police officer and has insurance through that still which helps improve his access to be able to obtain the proper health care. **Awesome! MD**

Week 5 B – My patient lived at home alone and he was older so this might play a role on him being able to get access to healthcare. Older adults tend to be more at risk for falls and he might not be able to get up or have access to a phone, which could affect his health. My patient however was aware of his medications and what he took them for, he knew all his medicines when told the name of them. By him knowing the medications that he takes he also understand the importance of why he needed to take

them. Nice discussion on SODH! While he was certainly aware of his medical history and medication and an active participant in his overall health, there is still a risk for his age to cause determinants to his health. Nice job reflecting on this competency! NS

Week 6 B – Overall there was a large group of seniors from what I noticed not all of them drove , they mostly took the bus. I also noticed one lady had on a life alert, where if you fall you push the button and they send help to your house. This is important and plays a key role in their lives because without that life alert she wouldn't be able to get up without help, as she relies on that. This also ties in with them taking the bus that comes at a scheduled time, they still have to walk to the bus and the hospital if they need care. Or to schedule ahead, but if it is an emergency that isn't much of an option. So, access to healthcare for them is limited. Most of them had walkers or canes so walking was also harder for them, which plays a role in them getting to the bus stop as well. Good observations! Did you happen to notice if any of them had family members drop them off? While driving with impaired vision or other issues could be a safety issue, it could also be a falling issue for them to walk so far. RH

Week 7 B – My patient had several determinants of health such as housing, hunger, support, and education. She lives alone but has support from her two daughters that come over and help her get around, sort her medication for her and makes sure she takes it. She is educated on the medications that she takes and why she takes them, and she even takes them in a certain order. As for hunger, my patient stated that she often skips breakfast and lunch as she is typically not hungry. She does get food from meals on wheels but hasn't been eating much of their food they provide her with either. She is confused and sometimes forgets if she ate or not, and during clinical she forgot if she ordered lunch or not. I was able to find out that lunch was ordered and helped her try to eat and encouraged her. Good observations of her SDOH. While she is aware she is not eating much, what could be a way that we could help her increase her intake for her health? Possibly a high calorie snack or protein shake would be beneficial for her. RH

Week 9 B – This week for clinical I was in digestive health as well as infection control. One thing that I noticed was common amongst the patients in digestive health is that diverticulosis was more common that I realized. Upon talking to the doctor, I learned that this can be caused by a lack of fiber in the diet. Based off this information some social determinants of health for these patients would be socioeconomic class. These patients might not have the money to buy the proper food needed to help prevent illness and diseases. Another cause could be maybe they don't have transportation to get to the store and supply their body to have the nutrients it needs. Education is also a key role because if these people do have the finances and transportation, maybe they don't have the proper education to make the right decisions for their diet. They might not understand why they should be eating certain foods and why they should avoid others. Excellent reflection here, Melinda! DW

Week 11 B – My patient is a 94-year-old female, who uses a walker to get around, and lives alone. Her age makes her at higher risk for falls and she does have some confusion. When she ordered breakfast she stated that she “didn't feel hungry” and that she “won't eat it all”. I reassured her that it was okay, we just wanted to at least see her try and eat. However, when her food arrived, she ate all of it. This was for lunch and breakfast. With her age and confusion, she might not be getting the proper amount of nutrition and this could lead to increased constipation. Her granddaughter does come and visit her quite often to check up on her so she has someone that helps to look after her. The patient was not aware of any home medications that she took but the granddaughter was able to provide a list of them. This also allows the patient to have access to healthcare and a ride to the store when the granddaughter is around. However, she does not have someone with her at all times and noticed that she does become confused and this could affect her health negatively. She could be forgetting to take her medications or taking more than prescribed if she became confused and thought she didn't take it yet. She does have a housekeeper that comes and cleans her house for her, but this isn't someone who is there everyday and they don't stay long. But she is kept in a clean environment and this has a positive impact on her health. It was also stated in her chart that she drinks one beer a day at bedtime and this could impact her health, as she could potentially drink more than recommended , which could put her at more of a fall risk. This could impact her safety, not only from her age, but also because she has weakness already and ambulates with a walker. Melinda, what great thoughts regarding this patient. I truly hope she gets all the assistance she needs if returning back home alone. KA

Week 12 B - My patient was a year-old female. She lives at home with her husband who helps her perform her ADLs. She was in for a hip fracture following a fall, which caused impaired mobility and an increased risk for more falls. She also did have an unsteady gait, and she was unable to walk for long distances, during PT she was able to walk 20 feet and then had to sit down. She also suffers from dementia and a sleep/wake cycle problem such as sundowning. I noticed that during PT/OT she kept asking if she had gotten her pain medications and she was told repeatedly that she did get them. This could be a problem if she went home and forgot if she took her medication and

then took more than the prescribed dose. I also noticed that she did have a large support group involved with her care. When I was there, she had her brother and husband come in and visit with her. Her brother told me he lives in Toledo and will drive up once a week or when he can. But her son was actively involved in her care plan and thought it would be best for her to go to a skilled nursing facility instead of going home, allowing her to receive the care that she needs. Her sister also came and visited her weekly. The issue that I saw from them trying to find a skilled nursing facility was that the one that they wanted, admirals point, didn't take their insurance. From what I saw the family still wanted her to be close so they could visit her still, but the facilities were either full or didn't accept their insurance. This could be a problem and effect this patients health because if they are unable to find a facility by her discharge date, it could be her safety at risk. **These are excellent examples of SDOH and factors influencing patient care! LM**

Objective

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

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

****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**

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

rights and medication administration content in the textbook twice before the next clinical. Additionally, I will request to meet with my clinical faculty member to practice preparing and administering at least three medications before the next clinical.”

Comments:

Week 1 A: I felt that my strength this week was Finger Stick Blood Sugar. As a PCT at Firelands I have had a lot of hands-on practice with the glucometer and performing the safety checks and felt well prepared for the skill. RH

Week 1B: I felt that my weakness is the IV math. My plan is to practice my IV math daily utilizing the online and paper resources that were mentioned or provided in class. I will do this at least once a day for the next week to help improve my skill as well as accuracy. My problem is knowing what numbers exactly to plug in for what problems, and I feel with more practice the better I will get at it. I think this is a good plan to practice and keep up to date on your skills. RH

Week 3 A: I felt that my area of strength this week was being able to education my patient. I got to educate her on the importance of staying hydrated and coughing/deep breathing to help clear her airway and remove secretions. Great job! She listened and utilized the information instantly. KA

Week 3 B: I felt that my area of weakness was my charting. My goal is to go to the computer lab/remove my paper documents from class when we did charting, and familiarize myself with documenting. I will do this over the next week and will see improvement in my next clinical setting. If you need help or clarification let me know and I can help. KA

Week 4 A: This week I felt that my strength was being able to communicate with the patient. I was able to walk him through the importance of physical and occupational therapy as well as offer a listening ear in a time of need for him. You did an awesome job communicating with your patient! MD

Week 4 B: I felt that my area of weakness was learning how to use a wheelchair. The area in the hospital are a lot smaller than that in class. My goal is over the next week practice in lab with a wheelchair how to maneuver in tight corners and how to transfer a patient from a chair to a bed and a bed to a chair. I will do this over a weeks time and have a classmate help me for practice. Great goal! MD

Week 5 A: My area of strength for the week was being able to insert a foley catheter on a female patient and not break sterile field. This was a great learning experience and helped to build my knowledge as well as improve my skill. The perfect strength to note for this week! I thought you did an awesome job following the procedure appropriately and maintaining sterile field, while also promoting comfort for the patient. A job well done! NS

Week 5 B: My area of weakness for the week was knowing what to document as a nurses note. My plan is to practice writing nurses notes over the next week, as well as look up some examples of nurses notes to help improve my knowledge. Nice reflection and good plan for improvement moving forward! NS

Week 6 A: My area of strength for the week was being able to communicate with the clients and help them to engage in a new activity. It was a nice experience to help teach seniors how to make flowers and have a good time. RH

Week 6 B: My area of weakness for the week I would say would be the flower making that we picked out. While before going to clinical I thought that flowers from tissue paper would be an easy thing for most to do, then I quickly realized that most had issues with their fingers and fine motor skills. My plan is to look up different activities over the next week that would be less challenging for senior citizens and take into account this disability. Knowing what I know now about fine motor skills being a problem for those that are older, knowing what are some possible activities they might enjoy and would be easier for them to do. Remember when creating a goal that you need what you will improve upon, how often you will do it, and when you will do it by. You are missing a couple elements in this goal. RH

Week 7 A: My area of strength for the week was my ability to communicate with my nurse for my patients needs. The patient had several PRN medications for pain and the patient stated her pain was 8/10. I found the nurse and asked her which medication that she wanted me to give her. I also was able to communicate possible teaching needs for the patient and report off to the nurse as well.

Week 7 B: My area of weakness for the week was how to apply a transdermal patch. My plan before the next clinical rotation, is to review my textbook about the proper application of transdermal patches. I want to educate myself on what to assess and be aware of complications and what not to do. I had trouble with the application of the transdermal patch as I was unsure how to remove it from packaging, so I will also reach out to my instructors for further clarification after I review my notes for further clarification. This is a good goal, good use of resources. RH

Midterm:

Melinda, you have had many opportunities to perform various skills during the first half of the semester. You are satisfactory in all competencies at this point, great job! I would encourage you to continue to seek out opportunities related to foley care and insertion, IV piggybacks, and discontinuing an IV so you have more practice in these areas. You have satisfactorily completed both care maps for the semester which shows great prioritization and time management on your part. Keep up the good work for the second half of the semester! RH

Week 9 A – My strength for the week would be improved self-confidence/communication. Usually, I am quiet and don’t like to ask questions however I realized that this is my education and how much I learn depends on how engaged I become. Due to being in clinical with just myself and another student I felt more encouraged to ask questions and really understand the process of how everything works. I was able to learn quite a bit in digestive health and when I didn’t understand something or was curious of what I saw on the screen, the team in the room was more than willing to educate me answering all my questions. Nice! Way to take an active role in your learning! DW

Week 9 B- My weakness for the week would be understanding the differences in the types of precautions patients can be put in. For the most part I understand those such as contact or environmental. But I struggle with the differences of those for droplet, airborne, and airborne plus. My goal over the next week is to review my notes and my textbook over the different precautions and to make sure that I know and understand the differences between them. If I am still struggling after reviewing my notes then I will reach out to my instructors and/or Sydney Cmar for further clarification. Great plan! I would also suggest keeping the quick reference guide on your clipboard so you have it handy when you need it. DW

Week 11A – My strength for the week would be education. There were several things that I had to educate my patient on this week and make sure that she understood. This allowed me to build trust with my patient and she was willing to ambulate, eat lunch in her chair, and even tell me about her pet cat that lives at home. I agree you did a great job working her this week even if she refused most care on day 2. KA

Week 11B – My weakness for the week would be redirecting my patient during a combative episode. It was challenging to think of the right things to say without trying to upset or agitate the patient more. My goal over the next week is to review ATI, and read my textbook on ways to communicate with patients when they are combative. More specifically ways to communicate with patients that are effective. Not only will I focus on effective communication, but I want to understand why that is the best option and why certain phrases/words should be avoided. I plan to role play some scenarios with friends and family over the next week

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

to help me develop and practice my communication skills. If I still have further questions or need any clarification I will reach out to my clinical instructors. I am glad this was a good experience for you to work with someone who was having acute delirium and not able to be reoriented. I agree it takes practice to learn how to communicate without escalating the situation. Sometimes even when you do everything correctly the situation can still escalate. You will learn more ways to use therapeutic communication during Psych this summer. KA

Week 12A- My strength for the week would be taking care of my patient as well as making sure that her family was comfortable. I just brought my patient back from therapy and I heard her visitor say “I’ll be back, I’m going to get a coffee.” I told them that I could get a coffee for them and asked how they wanted it. I still needed to get vitals on my patient, so I delegated to another classmate of mine who was willing to help, to bring the family member a coffee with cream. They brought the coffee in, and I could instantly tell how thankful this family member was, they were smiling ear to ear, and thanked me several times. Great job! LM
 Week 12B- My weakness for the week would be time management. Looking back, I think I would change the time that I gave my patient a bath and got her dressed. My patient had speech at 830 so it was important to get her cleaned up and dressed for that. While speech was in with her, I then could have looked up my medications and given them to her then or after speech left. My plan over the next week is to write up different scenarios with different PT/OT and speech times. After coming up with these schedules, I would ask friends/family to role play these scenarios with me for things such as the head-to-toe assessment, VS, and transferring as well as allowing me to time manage and think what I would do first. I plan to do this over the next week to help me in my clinical judgement and allow me to figure out what I would do first for my patient and why I would do that first. I understand that this isn’t always going to work and I still have to be accepting that things change all the time in the clinical setting, but it will allow me to have a better idea and understanding of what is most important to get done, and what things can wait. This is an appropriate area for improvement, but you still did an excellent job this week! LM

Student Name: Melinda Pickens		Course Objective: Implement patient-centered plans of care utilizing the nursing process, clinical judgment, and consideration for cultural, ethnic, and social diversity. (2,3,4,5)*					
Date or Clinical Week: 1/26/23							
Criteria		3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)	3	Melinda, you did a very nice job completing the assessment, lab, and risk factors section. You included all pertinent information and highlighted all important areas in these sections. KA
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)	3	
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	You did a nice job choosing a nursing priority for your patient and identifying complications for the priority. All of the signs and symptoms were appropriate for the complication. 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	
Respon	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	You did a terrific job individualizing and prioritizing your patient’s nursing interventions. Excellent job with this section! KA
	9. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	

*End-of-Program Student Learning Outcomes

ding	10. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	11. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	12. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
Reflecting	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	Great job including all your highlighted assessment and labs in your evaluation of the care map. KA
	14. Evaluation includes one of the following statements: <ul style="list-style-type: none"> Continue plan of care Modify plan of care Terminate plan of care 	Complete			Not complete	3	
<p>Total Possible Points= 42 points 42-33 points = Satisfactory 32-21 points = Needs Improvement* < 21 points = Unsatisfactory*</p> <p>*Total points adding up to less than or equal to 32 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.</p> <p>Faculty/Teaching Assistant Comments: Melinda, you satisfactorily completed your care map. Wonderful job! Keep up the terrific work with the second care map! KA</p>						<p>Total Points: 42/42</p>	
						<p>Faculty/Teaching Assistant Initials: KA</p>	

Student Name: Melinda Pickens		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: 2/2/2023							
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	All requirements met. MD
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)	3	
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	All requirements met. MD
	5. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	6. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	3	
	7. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	3	
Responding	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	All requirements met. MD
	9. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	10. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	11. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	12. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
Ref	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	All requirements met. MD

	14. Evaluation includes one of the following statements: <ul style="list-style-type: none"> • Continue plan of care • Modify plan of care • Terminate plan of care 	Complete			Not complete	3	
<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:</p>						<p>Total Points: 42/42 Satisfactory MD</p>	
						<p>Faculty/Teaching Assistant Initials: MD</p>	

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

Student name: Melinda Pickens								
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 or 1/12/23	Date: 1/10/23	Date: 1/10/23	Date: 1/11 or 1/12/23	Date: 1/13/23	Date: 1/18 or 1/19/23	Date: 1/18 or 1/19/23	Date: 3/13 or 3/14/23
	Evaluation: S	S	S	S	S	S	S	S
Faculty/Teaching Assistant Initials	RH	RH	RH	RH	RH	RH	RH	DW
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA

*Course Objectives

Comments:

Week 1: (IV Math)-You satisfactorily participated in the IV Math learning session on 1/10/23 as well as the assigned IV Math practice questions and the IV Math Application lab on 1/11/23 or 1/12/23. KA/DW
 (Assessment)- You were able to satisfactorily demonstrate the Basic Head to Toe Assessment during lab. KA/RH
 (Insulin)- You were able to correctly prepare an insulin pen and administer subcutaneous insulin. Insulin requirements were accurately identified and calculated through the corrective scale and carbohydrate coverage orders. MD
 (Lab Day)- You satisfactorily completed the mandatory lab review of nursing foundational skills. This was achieved through simulating care for a patient in a scenario requiring competency in assessment, communication, medication administration (including PO and IM injection), nasogastric tube insertion and maintenance, patient mobility and hygiene, use of PPE for Contact Isolation, wound care, and foley insertion. NS/LM
 (IV Skills)- You have satisfactorily completed the IV lab including a saline flush, IV push, hanging a primary and secondary IV solution, adjusting a flow rate to run by gravity, discontinuing IV solution, and monitoring the IV site for infiltration, phlebitis, and signs of complication. NS/MD/RH

Week 2:

(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

(Trach Care & Suctioning 1/18/2023) - During this lab, you satisfactorily demonstrated competence with tracheal airway suctioning and tracheostomy care. You did an excellent job of explaining the procedure to your patient. You have a strong understanding of sterility and maintaining a sterile field. You were confident in the steps and therefore, both skills were performed efficiently. Keep up the good work! DW

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: Melinda Pickens							
	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 or 3/2/23	Date: 4/12 or 4/13/23	Date: 4/17/23	Date: 4/27/23	Date: 5/1/23
Performance Codes: S: Satisfactory U: Unsatisfactory								
Evaluation	S	S	S	S				
Faculty/Teaching Assistant Initials	KA	RH	RH	RH				
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!

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): *Melinda Pickens (A), Jaden Ward (M)*

GROUP #: *3*

SCENARIO: *MSN Scenario #1 - Part 2*

OBSERVATION DATE/TIME(S): *3/1/2023 1100-1230*

CLINICAL JUDGMENT COMPONENTS	<u>OBSERVATION NOTES</u>
<p>NOTICING: (2) *</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 	<p>Focused observation on patient vital signs. Noticed HR, RR, Spo2, temp and BP. Asked about pronouns in report but did not address with the patient. Asked patient allergies prior to administering meds. Noticed pain to non-surgical extremity. Focused assessment on the leg, obtained subjective data in addition to objective data. Noticed diminished pulses, noticed cap refill, noticed redness to the leg. Noticed 1+ pitting edema when prompted by provider. Noticed cough, SOB, and chest pain. Focused assessment on patient's complain of chest pain. Thorough pain assessment performed.</p>
<p>INTERPRETING: (1) *</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 	<p>Prioritized vital sign assessment. Made sense of SCD refusal and non-compliance. Made sense of DVT. Made sense of potential PE. Prioritized focused assessment on the right leg. Prioritized notifying physician about assessment findings. Prioritized focused resp. assessment. Prioritized enoxaparin injection. Addressed pain with Percocet based on 6/10 pain scale initially. Followed up with morphine administration. Prioritized contacting provider with diagnostic results. Interpreted ABGs accurately, made sense of d-dimer.</p>
<p>RESPONDING: (2,3,4,5,6) *</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 	<p>Contacted provider with assessment findings. Good SBAR report with detailed information. Read orders back to physician for confirmation related to enoxaparin. Provided comfort measures and therapeutic communication. Educated patient on interventions to be performed related to the DVT Elevated HOB, performed focused resp. assessment. Applied O2 via nasal cannula. Great teamwork and collaboration using closed-loop. Calm, confident demeanor throughout. 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 dosage calculation with enoxaparin. Good technique with IM injection. Did you witness excess dose with RN? Remember dosage calculation. Remember to ask injection location preference.</p>

	<p>SBAR provided related to symptoms of respiratory distress. Remember to read back orders with each occurrence.</p> <p>Educated on use of incentive spirometer. Consider appropriate timing in the use of the device when pain is relieved.</p> <p>Educated on the need for CT scan.</p>
<p>REFLECTING: (7) *</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered.</p> <p>Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.</p>
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p> <p>Scenario Objectives:</p> <ol style="list-style-type: none"> 1. Select physical assessment priorities based on individual patient needs. (2)* 2. Implement appropriate nursing interventions based on patient’s assessment. (1,3,6)* 3. Communicate appropriately with the patient, family, team members, and healthcare providers incorporating elements of clinical judgment and conflict resolution. (4,7)* 4. Provide patient centered care with consideration to cultural, ethnic, and social diversity. (2,3,6)* 5. Provide appropriate patient education based on diagnosis. (5)* 	<p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Actively seeks subjective information about the patient’s situation from the patient and family to support planning interventions; occasionally does not pursue important leads.</p> <p>Interpreting: Actively seeks subjective information about the patient’s situation from the patient and family to support planning interventions; occasionally does not pursue important leads. 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.</p> <p>Responding: Assumes responsibility; delegates team assignments; assesses patients and reassures them and their families. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. Is hesitant or ineffective in using nursing skills.</p> <p>Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.</p>

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