Medical Surgical Nursing – 2023

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Caitlyn Silas

Final Grade: **Satisfactory**

Semester: **Spring**

Date of Completion: **5/1/2023**

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: Rachel Haynes BSN, RN

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)
2/13/2023	2 hours	Late vSim post-quiz (J. Carlos)	2/13/2023, 2 hours

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

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

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

UNSATISFACTORY CLINICAL PERFORMANCE

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

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

OTHER

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

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

Date	Care Map Top Nursing Priority	Evaluation & Instructor Initials	Remediation & Instructor Initials	Remediation & Instructor Initials
2/16/2023	Imbalanced Nutrition	Satisfactory/MD	NA	NA
3/22/2023	Infection	S/NS	NA	NA

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

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies:																	
a. Analyze the involved patho-physiology of the patient's disease process. (Interpreting)			S	S	N/A	S	S	N/A	**S**	N/A	S	N/A	S		N/A	N/A	**S**
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			S	S	S	S	S	N/A	**S**	N/A	S	N/A	S		N/A	N/A	**S**
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			S	S	S	S	S	N/A	**S**	S	S	N/A	S		N/A	N/A	**S**
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			S	S	N/A	S	S	N/A	**S**	N/A	S	N/A	S		N/A	N/A	**S**
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	S	S	S	S	N/A	**S**	N/A	S	N/A	S		N/A	N/A	**S**
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			S	S	S	S	S	N/A	**S**	N/A	S	N/A	S		N/A	N/A	**S**
g. Assess developmental stages of assigned patients. (Interpreting)			S	S	N/A	S	S	N/A	**S**	N/A	S	N/A	S		N/A	N/A	**S**
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		S	S	S	S	S	N/A	**S**	S	S	N/A	S		N/A	N/A	**S**
Indicate your clinical site as well as your patient's age and primary medical diagnosis in this box **weekly**.	Meditech, FSBS, IV Pump Sessions		Rehab,82, knee replacement surgery with infection	4N,68,Hip surgery with possible infection, Team [...]	Infection Control	5T, 67, Lung CA with mets to brain and bone	3T, 84, Weakness, confusion, dark urine	N/A	Midterm	Digestive Health / ECSC	4N,72, gastric ulcer perforation	No clinical	5T, 81, Left Intertrochanteric hip fracture		No Clinical	No Clinical	Final
Instructors Initials	**LM**		**LM**	**NS**	**DW**	**MD**	**RH**	**RH**	**RH**	**DW**	**NS**	**DW**	**LM**	**RH**	**RH**	**RH**	**RH**

Comments:

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

Week 3 objective 1 (a-h)- Caitlyn, you analyzed the pathophysiology and correlated your patient's signs and symptoms to his disease process. You used this information to provide appropriate nursing care for your patient on the rehab unit. Your patient had a Lt. knee infection, S/P Lt. Total Knee Arthroplasty. You interpreted lab results, nutritional needs, and medical treatments to help guide you in your decision-making process. Great job! LM

Week 4 1(a-h) – Nice job this week correlating the patient's disease process with your findings. On day 2 you cared for a patient s/p hip replacement with possible incision site infection. You were able to discuss the pathophysiology involved and the potential worsening complication of sepsis. You correlated her signs and symptoms of pain and redness to the incision site at being related to her admitting problem. As team leader, you did a nice job of correlating the disease processes of each of the three patient's you oversaw. In that role, you reviewed labs and diagnostics pertinent to the priority problems. Great job discussing pharmacotherapy and treatments related to each patient problem. Discussions were held related to small bowel obstructions with open laparotomy, malnutrition, and deconditioning. I appreciated the insight provided in our discussions! NS

Week 7: 1(a-h) You were able to correlate your patient's diagnosis with lab values and diagnostic testing this week. You were able to discuss how this impacted the care you were providing to your patient. RH

Week 12 objective 1(a, b, c, d)- Caitlyn, you correctly analyzed the pathophysiology of your patient's Lt. intertrochanteric hip fracture. You correlated your patient's symptoms, diagnostic tests, and pharmacotherapy to her disease process, recognizing the importance of the need for therapy and for his specific medication regimen. 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: a. Perform inspection, palpation, percussion, and auscultation in the physical assessment of assigned patient. (Noticing)			S	S	N/A	S	S	N/A	S	N/A	S	N/A	S		N/A	N/A	S
b. Conduct a fall assessment and implement appropriate precautions. (Noticing)			S	S	N/A	S	S	N/A	S	N/A	S	N/A	S		N/A	N/A	S
c. Conduct a skin risk assessment and implement appropriate precautions and care. (Noticing)			S	S	N/A	S	S	N/A	S	N/A	S	N/A	S		N/A	N/A	S
d. Communicate physical assessment. (Responding)			S	S	N/A	S	S	N/A	S	N/A	S	N/A	S		N/A	N/A	S
e. Analyze appropriate assessment skills for the patient's disease process. (Interpreting)			S	S	N/A	S	S	N/A	S	N/A	S	N/A	S		N/A	N/A	S
f. Demonstrate skill in accessing electronic information and documenting patient care. (Responding)	S		S	S	S	S	S	N/A	S	N/A	S	N/A	S		N/A	N/A	S
	LM	LM	LM	NS	DW	MD	RH	RH	RH	DW	NS	DW	LM	RH	RH	RH	RH

Comments:

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

Week 3 objective 2 (a-f)- Caitlyn, you performed a thorough head-to-toe assessment on your patient. You accurately conducted a fall risk assessment and skin assessment on your patient. You responded by instituting proper measures to reduce your patient's risk for falls and skin breakdown. You properly cared for your patient's Lt. leg cast and assessed the Prevena wound vac and skin surrounding the wound vac. You are continuing to become more comfortable with accessing and documenting in the EMR. Keep up the good work! LM

Week 4 2(a,c,f) – Great job this week with your assessments and findings. On day two, you noticed numerous deviations from normal in your physical assessment, including the use of dentures which were not present with her at the hospital, anxiety related to her current condition with family support, rhonchi upon auscultation, 1+ pitting edema with redness to her right hip with burning type pain, generalized weakness, and incisional redness among other findings. Due to her recent hip surgery and

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

pain experienced, you conducted a thorough fall assessment score to maintain safety. Your documentation, and review of other students' documentation during the team leading experience, were spot on. You were thorough in your approach and communicated your findings effectively. Nice work. NS
Week 7: You did a thorough head to toe on your patient as well as a fall/safety assessment. You were able to report any changes to the patient to myself and the nurse caring for the patient. You also charted these appropriately in the EHR. RH

Week 10 2(a,b) – You did a great job performing numerous new assessments based on your patient's condition and treatments prescribed. You conducted a thorough assessment of an NG tube system connected to suction. You assessed the characteristics of the NG output, noting color and consistency. You also were required to assess multiple prevena wound vacs and a JP drain. Great job! NS

Week 12 objective 2(a, b, c, e)- Caitlyn, 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 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: a. Perform standard precautions. (Responding)	S		S	S	N/A	S	S	N/A	**S**	N/A	S	N/A	S		N/A	N/A	**S**
b. Demonstrate nursing measures skillfully and safely. (Responding)	S		S	S	N/A	S	S	N/A	**S**	N/A	S	N/A	S		N/A	N/A	**S**
c. Demonstrate promptness and ability to organize nursing care effectively. (Responding)			S	S	N/A	S	S	N/A	**S**	N/A	S	N/A	S		N/A	N/A	**S**
d. Appropriately prioritizes nursing care. (Responding)			S	S	N/A	S	S	N/A	**S**	N/A	S	N/A	S		N/A	N/A	**S**
e. Recognize the need for assistance. (Reflecting)			S	S	N/A	S	S	N/A	**S**	N/A	S	N/A	S		N/A	N/A	**S**
f. Apply the principles of asepsis where indicated. (Responding)	S		S	S	N/A	S	S	N/A	**S**	N/A	S	N/A	S		N/A	N/A	**S**
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	N/A	N/A	N/A		N/A	N/A	**S**
h. Implement DVT prophylaxis (early ambulation, SCDs, and ted hose) based on assessment and physicians' orders (Responding)			S	S	N/A	S	S	N/A	**S**	N/A	S	N/A	S		N/A	N/A	**S**
i. Identify the role of evidence in determining best nursing practice. (Interpreting)	S		S	S	N/A	S	S	N/A	**S**	N/A	S	N/A	S		N/A	N/A	**S**
j. Identify recommendations for change through team collaboration. (Reflecting)			S	S	S	S	S	N/A	**S**	N/A	S	N/A	S		N/A	N/A	**S**
	LM	**LM**	**LM**	**NS**	**DW**	**MD**	**RH**	**RH**	**RH**	**DW**	**NS**	**DW**	**LM**	**RH**	**RH**	**RH**	**RH**

Comments:

Week 3 objective 3 (b, c, d)- Caitlyn, you demonstrated safe, skillful nursing measures throughout your clinical days on the rehab unit. You were cognizant of your patient's needs regarding promotion of skin integrity, fall risk, transferring limitations, hygiene needs, and emotional needs. You organized and prioritized your time well, including structuring your medication pass around OT and PT times. You did a terrific job! LM

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

Week 4 3(c,d) – As team leader this week, you were tasked with enhancing your time management and prioritization skills by overseeing the care of three patients. I thought you demonstrated good clinical judgement in your discussion of priority patient problems. You appropriately identified the patient with a small bowel obstruction that underwent an exploratory laparotomy the night before with an NG tube connected to suction as the priority patient. You then switched your focus to the patient admitted with dehydration and abnormal electrolytes that was admitted two days prior with continuous tube feed being administered. The patient was non-verbal and reliant on others for care and had safety concerns related to the foley catheter and PEG tube. Lastly, you prioritized the patient admitted with respiratory failure the week before who was improving and pending discharge. Good though process in your discussion of each. You also did well managing your time and prioritizing medication administration based on the medications ordered for each patient.   Overall you did well with your first experience of managing the care of multiple patients in the acute care setting. NS

Week 7: 3(c, d) You did great prioritizing your care for your patient as well as being organized this week. You also waiting on educating the patient until he had a family member present in order for the information to be retained by more than one person which was smart since he was a little confused. RH

Week 12 objective 3(a-d, i, j)- Caitlyn, 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

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

Objective

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

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

Comments:

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

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

Week 3 objective 3 (k, l, m, r)- Caitlyn, you administered oral medications to your patient this week. You also instilled ear drops into your patient's ears, following proper procedure. 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 gave prn pain medication to your patient and accurately assessed his pain level an hour after administering the medication. You also monitored your patient's PICC line by assessing the skin around the insertion site. Great job! LM

Week 4 3(k-s) – Good job with medication administration this week! You were well-prepared by reviewing each medication and discussing the implications, side effects, and nursing assessments required, both as the primary student nurse and as team leader. You communicated well with your patient and ensured safety measures were in place and performed, including the 3 safety checks and 6 patient rights. You gained experience administering numerous PO medications using the BMV process appropriately. You also assisted with crushing and administering medications through a PEG tube, flushing each medication and administering each medication separately. Overall a successful week of medication administration! NS

Week 7: 3(k, l, m) Good job with medication administration. You were able to research your medications and explained the class, side effects, potential implications, and nursing assessments required for each medication. You also educated your patient on these medications since some were new to him. RH

Week 12 objective 3(k, l, m) – Caitlyn, you administered several PO medications to your patient this week. You were knowledgeable about each medication's use, classification side effects, 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. 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: a. Integrate professionally appropriate and therapeutic communication skills in interactions with patients, families, and significant others. (Responding)			S	S	N/A	S	S	N/A	S	S	S	N/A	S		N/A	N/A	S
b. Communicate professionally and collaboratively with members of the healthcare team using hand-off communication techniques. (SBAR) (Responding)			S	S	S	S	S	N/A	S	N/A	S	N/A	S		N/A	N/A	S
c. Report promptly and accurately any change in the status of the patient. (Responding)			S	S	N/A	S	S	N/A	S	N/A	S	N/A	S		N/A	N/A	S
d. Maintain confidentiality of patient health and medical information. (Responding)			S	S	S	S	S	N/A	S	S	S	N/A	S		N/A	N/A	S
e. Consistently and appropriately post comments in clinical discussion groups. (Reflecting)			S	S	S	S	S	N/A	S	S	S	N/A	S		N/A	N/A	S
f. Obtain report, from previous care giver, at the beginning of the clinical day. (Noticing)			S	S	N/A	S	S	N/A	S	N/A	S	N/A	S		N/A	N/A	S
g. Provide a clear, organized hand-off report to your patient's next provider of care. (Responding)			S	S	N/A	S	S	N/A	S	N/A	S	N/A	S		N/A	N/A	S
	LM	LM	LM	NS	DW	MD	RH	RH	RH	DW	NS	DW	LM	RH	RH	RH	RH

Comments:

Week 3 objective 4 (a, b, e)- Caitlyn, 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 accurately completed a detailed CDG, including your initial post and peer post. You provided an in-text citation and a reference for both your initial post and your peer post! Keep up the great work! LM

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

Week 4 4(a,b) – As team leader, it was important that you maintained professionalism in all communications. I thought you did a great job of collaborating with your fellow classmates, communicating findings in their charting, and ensuring everyone stayed on task. Your communication was thorough and professional throughout the week. NS
Week 4 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. APA formatting looked good. Overall very well done! NS

Week 5 (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. Good job with your APA formatting. DW

Week 7: You used professional communication between the staff on the unit as well as with your peers throughout the shift. You also participated in the online CDG this week. RH

Week 9 (4e)- According to the CDG Grading Rubric, you have earned an S for your participation in the Erie County Senior Center discussion this week. Your post was detailed, thoughtful and supported by evidence. With that said, be sure to use resources that are current. Though still accurate in this case, considering how quickly healthcare is advancing, EBP greater than 5 years old is risky and should be avoided. Lastly, here are a couple suggestion for future improvement with APA formatting- 1. The name of the journal should be capitalized. See corrected example below. 2. The information that should be italicized is the journal name and issue, not the title of the article. See corrected example- Hoogendam, Y. Y., Van Der Lijn, F., Vernooij, M. W., Hofman, A., Niessen, W. J., Van Der Lugt, A., Ikram, M. A., & Van Der Geest, J. N. (2014). Older age relates to worsening of fine motor skills: A population-based study of middle-aged and elderly persons. *Frontiers in Aging Neuroscience, 6.* Retrieved March 18, 2023, from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4174769/#:~:text=Fine%20motor%20skills%20of%20the,major%20obstacles%20in%20daily%20life. DW

Week 12 objective 4(a, b, e) -Caitlyn, 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: **a. Describe a teaching need of your patient.** (Reflecting)			~~S~~ NI	S	N/A	S	S	N/A	S	N/A	S	N/A	S		N/A	N/A	S
b. Utilize appropriate terminology and resources (Lexicomp, UpToDate, Dynamic Health, Skyscape) when providing patient education. (Responding)			~~S~~ NI	S	N/A	S	S	N/A	S	N/A	S	N/A	S		N/A	N/A	S
	LM	LM	LM	NS	DW	MD	RH	RH	RH	DW	NS	DW	LM	RH	RH	RH	RH

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

Comments:
Week 3: A. A teaching need for my patient was the need to ambulate early even through it may be hard in order to prevent DVTs and other complications. B. I learned this in class and by my Lewis textbook that this is very important for the patient to thrive. If DVTs occur it only causes more issues and possibly a longer hospital stay. Caitlyn, this is a great example. What are some other ways in which you could prevent a DVT? How did you teach your patient about the importance of DVT prevention and how was the learning validated? Please refer to the example above that is highlighted when providing an example. Also, what resources did you use for this teaching need? LM

Week 4: A. A teaching need for my patient was the need to have a standby assist while ambulating. She was used to walking by herself at the nursing home and wanted to do it at the hospital, but I had to explain that the hospital floors are slippery and are not carpet and she needs to have someone with her at all times. B. I learned this in class and in my Lewis textbook how important it is to assist patients when ambulating. I used the teach-back method to make sure she understood that she needed to call when she needed help ambulating. She did a very good job with this, as she called every time she needed to get up to use the restroom. Very good! Based on her recent hip surgery and being in a new environment, safety was a priority. Nice job using your textbook resources to gather knowledge used to implement the education to your patient. Great use of the teach-back method to ensure understanding! NS

Week 6: A. A teaching need for my patient was the need to avoid alcohol when discharged. He was used to drinking 4-5 glasses of scotch everyday but while he is on the medications that he is now on, that is no longer an option because it could make the side effects worse. B. I learned this through skyscape and provided him some print offs from Lexicomp about the side effects if alcohol is consumed with the medication. He verified that he understood by the teach-back method and stating that he understands the risks if he choses to consume alcohol. Wonderful! MD

Week 7: A. A teaching need for my patient was the need to monitor BP and pulse when taking the new anti-hypertensive medications he is now on. B. I provided Lexicomp handouts on Amlodipine and Hydralazine for him and his wife to review together and verified that they did not have any questions. I covered the important points with education such as common adverse effects. I also used the teach-back method and him and his wife verified that they had a BP cuff at home and are able to monitor his BP and pulse if he gets discharged. Good job! RH

Week 10: A teaching need for my patient was the need to increase oral fluids to help get her bowels moving since surgery. She was on IV fluids but those do not help with bowel movements. B. I provided a Lexicomp handout on the importance of oral fluids after surgery. I also used the teach back method to make sure she understood the importance of oral intake. Awesome!! NS

Week 12: A teaching need for my patient was the need to stand up pushing off on her wheelchair instead of grabbing on the walker to push off of because its not stable and could tip over and possibly cause another fall. B. I provided education on the importance of pushing off her wheelchair instead of the walker and I got this information from our text book as well as help from PT, and I used the teach-back method to ensure she understood how to stand up properly. Great job, Caitlyn! 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)			N/A	N/A	N/A	S	N/A	N/A	S	N/A	S	N/A	N/A		N/A	N/A	S
b. **Identify factors associated with Social Determinants of Health (SDOH) &/or cultural elements that have the potential to influence patient care.**** (Noticing, Interpreting, Responding, Reflecting)			S	S	S	S	S	N/A	S	S	S	N/A	S		N/A	N/A	S
	LM	LM	LM	NS	DW	MD	RH	RH	RH	DW	NS	DW	LM	RH	RH	RH	RH

**6b- You must address this competency in the comments on a weekly basis. For <u>all</u> 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: I noticed that my patient was very stressed which falls under the community and social context of the social determinants of health. He was very stressed about going home and taking care of his wife because she is very ill and he always did everything in the house and while he's not as mobile as he used to be he is scared he is not going to be able to complete the tasks needed. I responded by assuring him that there is home health out there that is able to help when needed and therapy is also working with him to make sure he is able to complete ADLs. We reflected on that and he felt better after we had that conversation and was a little less stressed and worried about going home. This is a great example! LM

Week 4: I noticed that my patient was very worried about how she was going to pay for all of the medical bills she keeps acquiring, this falls under economic stability of the social determinants of health. She is worried because she has medical bills, nursing home rehab bills, utility bills for her house, all while not having a steady income coming in. I responded by asking if she has family or anyone to help, she said that she has a grandson that lives with her that is going to be helping will bills and cooking food. I also reassured her that her health is the top priority, and the bills will get settled in the future and we are just focused on her recovering right now. We reflected on the conversation we had and she said it definitely made her feel better and not worry about money so much and finally put her health first. Very good reflection on SDOH! You identified this potential barrier through strong communication and connection. Good thought process on how this could impact her health overall. NS

Week 5: Quality of care falls under the health care system within the social determinants of health, this is relevant to patients in isolation because using the proper PPE is proving a great quality of care. If staff is not using the proper PPE, it is risking their life along with all of the other patients they are taking care of because they could be exposing them to whatever the reason for isolation is. Great reflection! DW

Week 6: I noticed that my patient was worried about the safety when he is discharged back into his own home which falls under the neighborhood and physical environment category of social determinants of health. There are no railings leading up the stairs into his house as well as safety shower and bathroom bars. I understood that this could be hard for him if he didn't have these things, I talked to the therapists he was working with and they let me know that his wife is going to have these installed before he gets discharged. I reassured him that his wife was handling all things safety so he would be able to be mobile without any obstacles in the way. Great observation of SDOH! MD

Week 7: I noticed that my patients quality of care may not be the best when at home with his wife, this falls under the health care system category of social determinants of health. She is also older and it is wearing down her body taking care of him which is also causing him stress due to her having to help him so much. They have children who are able to help out but they do not live with them and are not there all the time, so most of the work falls on his wife. I talked about possibly getting a home health aide to come in a couple times a week to help with the more strenuous activities that he needs assistance with. They seemed to like this idea and are now looking into it. That is a good idea! Another idea would be an assisted living, however, it is very difficult to have people move from their homes to a facility. This seems to be a good alternative! RH

Week 9: Community engagement falls under the community and social context within the SDOH. The senior center allowed for good community engagement with people of all ages and I realized that when they are going to the senior center that it may be the only time they are getting that communication with others because some do not have family that visit. Transportation falls under the neighborhood and physical environment within the SDOH. This is relevant for the patients that come into digestive health because they need someone to provide transportation for them after their procedure to ensure their safety. Great reflection on SDOH here, Caitlyn! DW

Week 10: My patient was very stressed; stress falls under the community and social context within the SDOH. She really stressed about the future and what her next steps were going to be. She wanted to go up to 5T for rehab but there we no beds available, so she was now even more worried. I assured her that there is a great rehab facility out there for her that the case manager as well as family will help her find. By the end of the second day of clinical, she had a rehab facility to go to and her stress was lessened knowing that she was going to get the help that she needed. I realized that this can be a very scary situation for a patient when they had expectations of going somewhere, but then it being full and having to figure out somewhere else to go. Very good! NS

Week 12: I noticed that my patient had some mobility issues due to just having surgery on her left hip. Safety and walkability fall under the neighborhood and physical environment of the social determinants of health. I asked her and her significant other what their living situation was like such as loose rugs, cords, and steps in the house. They said they have small steps to get from the living room into the kitchen and they do have some loose rugs. I responded by ensuring that therapy is doing everything they can to ensure she can make it up those steps before she is released and I also provided education on why having loose rugs is not a great idea, and her significant other said they he would make sure to get them secured down for her safety. We all reflected on the conversation, and realized that it was helpful and she will be safer now that the rugs will be secure. These are excellent examples of SDOH! 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	S	N/A	S		N/A	N/A	**S**
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	S	N/A	S		N/A	N/A	**S**
c. Demonstrate evidence of growth, initiative, and self-confidence. (Responding)	S		S	S	S	S	S	N/A	**S**	S	S	N/A	S		N/A	N/A	**S**
d. Follow the standards outlined in the FRMCSN Student Code of Conduct Policy. (Responding)	S		S	S	S	S	S	N/A	**S**	S	S	N/A	S		N/A	N/A	**S**
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	S	N/A	S		N/A	N/A	**S**
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (Responding)	S		S	S	S	S	S	N/A	**S**	S	S	N/A	S		N/A	N/A	**S**
g. Demonstrate the ability to give and receive constructive feedback. (Responding)	S		S	S	N/A	S	S	N/A	**S**	S	S	N/A	S		N/A	N/A	**S**
h. Actively engage in self-reflection. (Reflecting)	S		S	S	S	S	S	N/A	**S**	S	S	N/A	S		N/A	N/A	**S**
	LM	**LM**	**LM**	**NS**	**DW**	**MD**	**RH**	**RH**	**RH**	**DW**	**NS**	**DW**	**LM**	**RH**	**RH**	**RH**	**RH**

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

Week 1 Strength: I felt confident with FSBS and being able to use the lancet in the correct position in order to get blood without hurting the patient. Great job! LM
Week 1 Weakness: I believe my weakness is priming IV tubing, I need to remember to always clamp the tubing before priming. I will practice for the next two weeks in order to help me remember for clinical. This is an appropriate area for improvement. You will feel more confident with this skill the more you are able to practice. LM

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Week 3 Strength: I felt confident with being able to manage my time effectively with therapy sessions, proving my care, and passing medication within the time frame allowed. Great job! LM
Week 3 Weakness: I felt like my weakness was charting on IV and wound assessments. I will review how to on meditech test, two times within the next week to be better at clinical. This is an appropriate area for improvement along with a suitable action plan. LM

Week 4: I felt confident with being able to communicate with my patient and being able to create a sense of trust between us. Awesome strength to note! That's what nursing is all about, creating a connection with others and caring for them during a difficult and vulnerable time in their lives. She had great things to say about the care you provided, a week to be proud of! NS
Week 4: I felt like my weakness was being team leader and managing the care of 3 patients, I know this will come with time as we progress in the program but I will review my notes, and watch videos for the next week in order to be more prepared for the next time I am team leader in clinical. I thought you did very well in this role, especially with this being the first time you have had to manage multiple patients. Your plan to enhance your understanding of time management and prioritization for your next experience should help tremendously. The more prepared you are, the better the experience will be. Keep up the hard work! NS

Week 5 Strength: I felt very confident with being able to recognize when staff was or was not wearing the proper PPE when going into isolation rooms. Excellent! DW
Week 5 Weakness: I felt like my weakness was determining what disease/illness goes into which isolation precaution. To get better at this I am going to review and try to find tricks in order to remember them better within the next two weeks so I am more prepared as a nurse if I ever need to initiate precautions. Great idea! One additional suggestion is keeping a cheat sheet on your clip board. You were given a quick reference guide during course orientation and I believe it is also available for printing in the MSN Clinical Resources on Edvance360 if you aren't able to find it. DW
Week 5 (7g)- This competency should always be evaluated if you have clinical; whether it be receiving guidance from Sydney Cmar as your IC preceptor or even just review the faculty feedback from last week and adjusting as needed. The only time you will want to mark NA is if you have absolutely no clinical in a given week. I know you work hard to improve on a weekly basis. Why not take credit for it. DW

Week 6 Strength: I felt very confident with communication with other healthcare professionals involved in my patients care such as ST, PT, OT, and the other nurses in order too maintain the best outcome for the patient. You did an awesome job with communication! MD
Week 6 Weakness: I felt like my weakness was prioritizing which medications to give first since my patient was known to not take all of his meds. To get better at this I will look at sample medication lists and prioritize from most important to least such as antibiotics first and multivitamins last. I will do this twice before the next clinical I am scheduled. Great goal! MD

Week 7 Strength: I felt very confident with being able to pull meds from the Pyxis and doing the 3 checks and 6 medication rights, and also being able to scan and pass the medications without any questions for my instructor. You did great with medication administration RH
Week 7 Weakness: I felt like my weakness was with IV pumps and figuring out which buttons I needed to press to get what I was looking for. I will practice this 3 times within the next week before clinical by watching the videos and reviewing my notes. RH

Midterm:
Caitlyn, you have had many opportunities to perform various skills during the first half of the semester. You are satisfactory in all skills you have completed. You have some N/As due to not having the opportunity. This includes foley insertion or care, IV push, IV piggyback, IV flush, and D/C an IV. I encourage you to seek out these opportunities so you can have practice in performing them. If possible, I would notify your clinical instructor for the week prior to clinical day so we are able to find patient's with these needs for you to have some opportunities. You have completed one of two care maps for the semester so be sure to plan accordingly for the second half of the semester to complete an additional one. You're doing great, keep up the good work! RH

Week 9 Strength: I felt very confident with observing the nurses in DH and asking questions when I thought of them, I also felt confident with setting up our activity and making connections with the seniors at the ECSC. Way to take an active role in your learning! DW
Week 9 Weakness: I felt like my weakness was understanding all the steps of discharge. This was my first discharge I got to see of a patient and I just felt like it had a lot of steps to learn. I will watch videos on discharges 3 times within the next week to understand more about the process. I really appreciate this reflection. Watching videos will be helpful, but may I also suggest sharing this with your clinical instructors over the next couple of weeks and if they are aware of any discharges throughout the clinical day, you could potential observe and assist a nurse during this process. It is definitely an important step in the patients continuum of care to ensure they are safe and ready to care for themselves at home. DW

Week 10 Strength: I believe my strength was being comfortable with doing new things, I was nervous about the thought of taking out an NG tube but when I got into the room, it was like all the nerves went away and I was able to do it confidently. You did so well! You were presented with a challenging case that required numerous new skills and assessments. You took on the challenge and excelled! Your patient appreciated the care provided. Nice job! NS

Week 10 Weakness: I felt like my weakness was drawing up medications from a vial into a syringe because I never did it before since lab. I do feel better with it now that I have done it, but I still will practice 2 times before my next clinical to ensure that I am fully confident with the skill. With each experience you will gain comfort and confidence. It has been quite sometime since you had the opportunity to do so. Great plan for improvement moving forward! NS

Week 12 Strength: I felt very confident with being able to provide dressing changes to my patient without any discomfort and being able to observe any changes in skin color, drainage, and the number of staples. Great job! LM

Week 12 Weakness: I felt like my weakness was not knowing what to do if a pill dropped on the floor. I knew I had to waste the medication but wasn't sure how to retrieve a new one in the pyxis. I will try to find a video on what to do and also talk to an instructor to know the steps for what to do the next time it happens and also write down the steps and read them at least 3 times before my next clinical experience to ensure that I am confident if it was to happen again. This is an appropriate area for improvement and a great action plan. LM

Final comment: Caitlyn, congratulations on completing the clinical, lab, and simulation portion of the MSN course with a satisfactory evaluation! All of your hard work, dedication, and willingness to learn has paid off as you have reached the end of a challenging semester. You were able to take the knowledge learned in Nursing Foundations and grew as a person and as a nurse. You enhanced your skills and clinical judgement throughout the semester as you learned about the various disease processes for a medical-surgical patient. You have met expectations for successful completion of the Medical-Surgical Nursing clinical requirements. During your clinical time with me, you were attentive, professional, organized, and compassionate. You came to clinical and lab prepared to learn and used good clinical judgment. I look forward to watching you continue to grow as you officially become a senior and enter the psychiatric nursing course. Keep up the hard work, and keep focusing on your goals! RH

	Student Name: Caitlyn Silas	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: 2/16/2023						

	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 criteria 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 criteria 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 criteria 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	
Refl	13. List all of the highlighted reassessment findings for the top nursing priority.	**>75% complete**	**50-75% complete**	**<50% complete**	**0% complete**	3	All criteria met. MD

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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	

Total Possible Points= 42 points 42-33 points = Satisfactory 32-21 points = Needs Improvement* < 21 points = Unsatisfactory* ***Total points adding up to less than or equal to 32 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.** **Faculty/Teaching Assistant Comments:**	**Total Points: 42/42 Satisfactory MD** **Faculty/Teaching Assistant Initials:** MD

	Student Name: Caitlyn Silas				Course Objective:	Implement patient-centered plans of care utilizing the nursing process, clinical judgment, and consideration for cultural, ethnic, and social diversity. (2,3,4,5)*		
	Date or Clinical Week: Week 10							

	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	Seven abnormal assessment findings were listed. Consider including all assessment findings, including a description of the right hip wound that you visualized once we removed the wound vac. Other assessment findings that were noted included the gastric output in the NG canister that you discarded. This section should include all assessment findings that you collected. Nice job identifying abnormal labs and diagnostics and correlating pertinent diagnostics related to your priority problem. A list of 8 risk factors was provided. Consider how history of multiple cancers may impact her risk for infection. You may learn that these are risk factors for your priority problem! NS
	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	A thorough list of 6 nursing priorities was provided, each pertinent to the care given during the week. Infection was identified as the top priority related to her perforated ulcer and resulting peritonitis. Additionally, she had numerous lines, including a PICC, JP drain, and wound vacs that increase her risk of infection. Three potential complications associated with infection were listed. For two of the three complications, 3 signs and symptoms were listed. Only 2 signs and symptoms were provided for the potential complication "poor wound healing." Consider additional signs and symptoms that may be present if a wound is healing poorly.
	5. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	6. Identify all potential complications for the top nursing priority problem.	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**	3	
	7. Identify signs and symptoms to monitor for each complication.	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**	2	
Responding	8. List all nursing interventions relevant to the top nursing priority.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	2	Overall a good list of nine interventions was provided. One point was deducted due to some important interventions that were omitted. Her biggest risk of infection after the surgery is related to the numerous drains and tubes that she had. A JP drain, two wound vacs, an NG tube, and PICC
	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	

		> 75% complete	50-75% complete	< 50% complete	0% complete		
	11. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	2	line all put her at further risk of infection. Important interventions should be provided related to assessing these lines for signs of infections. I encourage to think deeply about what you would as a nurse do to ensure an injection is not occurring, and how you would identify if one was. Such as, assessing for purulent draining in the JP drain, assessing the wound vac to ensure it was functioning appropriately and was dry and intact. You also want to include interventions that assess laboratory values that would indicate an infection is occurring. While the interventions you listed are appropriate, I encourage you to continue to work on identifying more.
	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	An appropriate evaluation of assessment findings was provided. A decision was determined to continue the plan of care. Nice work.
	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: Caitlyn, you have received 39/42 points for your care map submission related to infection for a patient admitted with a perforated ulcer and peritonitis. Be sure to review the comments I provided throughout to stimulate your critical thinking and continued success. You have completed both required care maps for the semester with satisfactory ratings, nice work. Be sure to review the care map guidelines document, comments, and continue to practice for sustained success throughout the program. Let me know if you have any questions! NS**	**Total Points: 39/42 – Satisfactory** **Faculty/Teaching Assistant Initials: NS**

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

Student name: Caitlyn Silas								
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	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. 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: Caitlyn Silas**							
	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**
Evaluation	S	U	S	S	S	S	S	S
Faculty/Teaching Assistant Initials	LM	DW	RH	RH	RH	RH	RH	RH
Remediation: Date/Evaluation/Initials	NA	S 2/13/23 DW	NA	NA	NA	NA	NA	NA

* Course Objectives

Comments:

Juan Carlos- Due to late submission of the vSim post-quiz, the initial evaluation of the vSim experience is U. Following completion of the post-quiz, the remediation evaluations is now S. DW

3/2/23 - Simulation #1- Please review the comments placed on the Simulation Scoring Sheet below. In addition, please review the individual faculty feedback placed on your prebrief assignment that was returned to you during the debriefing session and the faculty comments placed within the simulation #1 reflection journal drop boxes. Great job!

4/11/2023-Simulation #2: 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 #2 reflection journal drop boxes. Great job! RH

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Veronica Cromwell (M), Caitlyn Silas (A)
GROUP #: 8
SCENARIO: MSN Scenario #1 - Part 1
OBSERVATION DATE/TIME(S): 3/2/2023 1300-1430

CLINICAL JUDGMENT COMPONENTS					OBSERVATION NOTES
NOTICING: (2) *					Asked about preferred pronouns to support social diversity. Communicated preferences with OR staff. Focused assessment on vital signs. Noticed HTN (155/86), HR 82, Temp 98.2, RR 22, Spo2 98%
• Focused Observation:	E	A	D	B	Focused pain assessment. Duration of pain, rating (10/10).
• Recognizing Deviations from					Focused observation on affected extremity due to complaints of pain. Removed blankets, removed sock.
Expected Patterns:	E	A	D	B	Noticed pallor, noticed absent pulse, delayed cap refill, noticed cold to touch, noticed paresthesia, noticed paralysis.
• Information Seeking:	E	A	D	B	Name and DOB for patient safety with medications. Asked about preferred preference for injection location. Asked about patient allergies.
INTERPRETING: (1) *					Prioritized obtaining vital signs. Prioritized focused neurovascular assessment (6Ps).
• Prioritizing Data:	E	A	D	B	Interpreted findings as being related to potential compartment syndrome.
• Making Sense of Data:	E	A	D	B	Prioritized notifying the health care provider related to assessment findings. All pertinent data gathered prior to contacting physician.
					Prioritized pain medications. Prioritized fluids and antibiotics.
RESPONDING: (2,3,4,5,6) *					Removed ice and pillow due to suspected compartment syndrome.
• Calm, Confident Manner:	E	A	D	B	Calm demeanor related to new assessment findings.
• Clear Communication:	E	A	D	B	Notified provider related to 6P assessment. SBAR report provided with associated data. Be sure to provide the background of the patient.
• Well-Planned Intervention/					
Flexibility:	E	A	D	B	Re-assured patient related to assessment findings and notified her that surgery was going to be expedited.
• Being Skillful:	E	A	D	B	Incorrect dosage calculation for morphine, verbalized that the patient was receiving 2mg, physician ordered 4mg, but was administered 6mg. Syringe read 2mg/ml and was filled with 3ml for total of 6mg in the syringe. (did not observe medication wasting).
					Nice job with IM injection procedure. Aspirated, slowly injected, and ensured absorption. Appropriate needle size selected. Good needle safety.
					Good teamwork and collaboration related to initiating IV fluids and IV pump. IV tubing primed, remember to clamp the roller clamp to avoid leaking excess fluids. IV piggyback system set up correctly. Saline flush performed using aseptic technique to confirm IV patency. Assessed for infiltration.
					Supported the patients by contacting significant other to provide updates.
					Re-assessed pain after medication administration.

	SBAR provided to OR nurse. Be sure to provide all assessment details.
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: Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful information. Recognizes subtle patterns and deviations from expected patterns in data and uses these to guide the assessment. Assertively seeks information to plan intervention; carefully collects useful subjective data from observing and interacting with the patient and family. Interpreting: Focuses on the most relevant and important data useful for explaining the patient's condition. Even when facing complex, conflicting, or confusing data, is able to (a) note and make sense of patterns in the patient's data, (b) compare these with known patterns (from the nursing knowledge base, research, personal experience, and intuition), and (c) develop plans for interventions that can be justified in terms of their likelihood of success. Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Communicates effectively; explains interventions; calms and reassures patients and families; directs and involves team members, explaining and giving directions; checks for understanding. 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 performing some 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. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses. Satisfactory Completion of MSN Scenario #1.

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Veronica Cromwell (A) and Caitlyn Silas (M)
GROUP #: 8
SCENARIO: MSN Scenario #2 – Part 2
OBSERVATION DATE/TIME(S): 4/13/2023 1300-1430

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 observation on vital signs. Focused observation on FSBS. Focused assessment on patient's pain. Full pain assessment completed. Focused assessment on circulatory system. Noticed gastric output in NG tube canister. Remember to seek information related to pain and nausea. Perform a focused GI assessment related to GI bleed. Sought preference for which finger to use during FSBS. Noticed hypoglycemic symptoms. Noticed SDOH and sought detailed further information.
INTERPRETING: (1) * • Prioritizing Data: **E** A D B • Making Sense of Data: **E** A D B	Prioritized vital sign assessment Prioritized FSBS assessment after interpreting symptoms of hypoglycemia. Prioritized contacting provider for change in assessment Prioritized pain and nausea medications for symptom relief. Prioritized fluids first for symptomatic hypoglycemia. Interpreted need for dextrose infusion for DM and NPO status.
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	Accurate procedure for obtaining FSBS. Teamwork and communication related to vital signs. SBAR provided, consider including NPO status and NG tube to suction, otherwise well done. Good composure. Read back order for clarification. Good dosage calculation with morphine. Witness excess medication with witness. Consulted GI per orders. SBAR provided. Remember to include history, otherwise well done. Nice job switching fluids over using pre-existing line quickly. Good aseptic technique with IVP. Good technique with IVP medication. Educated on morphine potential side effects. Great job re-assessing blood sugar level after initiating fluids to evaluate effectiveness. Re-assessed pain and vital signs after medications. Addressed SDOH with discharge planning. Asked about ability to obtain medications. Asked about insurance. Discussed consulting with case management for discharge planning. Provided information about resources for medications.
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.**	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

E= Exemplary

A= Accomplished

D= Developing

B= Beginning

Scenario Objectives:

- Identify priority nursing interventions from a list of physician's orders. (1,3,6)*
- Communicate professionally with the healthcare team utilizing SBAR communication. (4)*
- Demonstrates ability to resolve conflict when interacting with healthcare team members with respect and civility. (4,7)*
- Implement appropriate nursing interventions upon completion of nursing assessment. (1,3,6)*
- Provide patient-centered care with consideration to cultural, ethnic, and social diversity. (2,3,6)*

obvious patterns and deviations in data and uses these to continually assess. Assertively seeks information to plan intervention; carefully collects useful subjective data from observing and interacting with the patient and family.

Interpreting: Focuses on the most relevant and important data useful for explaining the patient's condition. Even when facing complex, conflicting, or confusing data, is able to (a) note and make sense of patterns in the patient's data, (b) compare these with known patterns (from the nursing knowledge base, research, personal experience, and intuition), and (c) develop plans for interventions that can be justified in terms of their likelihood of success.

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. Interventions are tailored for the individual patient; monitors patient progress closely and is able to adjust treatment as indicated by patient response. Shows mastery of necessary 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. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.

Satisfactory Completion of MSN Scenario #2.

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:

Caitlyn Silas   5/1/2023

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`12/9/2022