

EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2023

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Veronica Cromwell

Final Grade: Satisfactory

Semester: Spring

Date of Completion:

5/1/23

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:

K. Ammanniti MSN, RN, CHSE

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)
1/18/2023	1 hour	EBP Lab	1/19/2023, 1 hour
1/26/2023	7 hours	Missed Rehab Clinical	2/23/2023, 7 hours
2/24/2023	2 hours	Late post quiz vSim	2/25/2023, 2 hours
3/2/23	1.5 hours	Incomplete Prebrief Assignment	3/3/23, 1.5 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

M

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
2/2/23	Risk for electrolyte imbalance	S/KA	NA	NA
2/15/23	Risk for injury	S/RH	NA	NA

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

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies:			S	S	N/A	S	S	N/A	S	S	S	S	S		N/A	N/A	S
a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting)			S	S	S	S	S	N/A	S	S	S	S	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	S	S	S	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	S	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	S	S	S	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	S	S	S	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	S	S	S	S		N/A	N/A	S
g. Assess developmental stages of assigned patients. (Interpreting)			S	S	N/A	S	S	N/A	S	S	S	S	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	S	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, 76, functional deficits	3T, 63, UTI	Digestive health/ Infection Control	3T, 85, Frequent falls/Acute kidney injury	ECSC/4N, 88, UTI, Possible Stroke,	SIM LAB	NA	3T, 83, SOB on exertion/DVT	5T, 73, L BKA	5T, 92, L hip fx	81, Sepsis, UTI, Kidney Infection	NA	NA	NA	NA
Instructors Initials	DW	KA	MD	KA	DW	RH	MD	KA	KA	KA	MD	MD	NS	KA	KA	KA	KA

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. DW

Week 3 Objectives 1B and D-This week you did a nice job with correlating your patient's symptoms and pharmacotherapy with what was going on with the patient. MD

Week 4 – 1a , b, c, e– You did a nice job discussing on clinical your patient's disease process and what nursing was doing to help the patient. You were able to discuss symptoms we were monitoring and managing in your patient as well as pertinent labs for your patient diagnosis. You were able to discuss the different patients on your team and prioritize the patients according to their diagnosis and assessment. You utilized your knowledge and change in patient status to reprioritize the patients as the day went on. KA

Week 4 – 1d – You did a nice job reviewing all your medications before you administered them to the patient. You were able to discuss the reason why the patient was taking the medication as well as what we were monitoring the patient for. You also were able to discuss what information was needed to determine if the medication should be administered (i.e. blood pressure, pulse). You were able to discuss the medications of all the patients on your team and was able to work with your team member to determine appropriateness of medication administration. KA

Week 6: 1d: you did a good job researching your medications and explaining to me and your patient what each medication was for. RH

Week 9 – 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 9 – 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 12 1(a-h) – Roni, nice job this week caring for a patient with a complicated UTI, AKI, and sepsis. You were able to discuss the medical management related to antibiotic infusion, monitoring the WBC count, and monitoring vital signs closely. You correlated his symptoms of pain to his hernia that required repair. Nice job working the with assigned RN to complete the cardiac workup related to his complaints of chest pain. You reviewed the chart and research the lactic acid results and correlated the findings with the patient's situation. Good job enhancing your understanding of critical lab values. You discussed the rationale behind performing post-void residual scans to monitor for urinary retention, understanding the risk of developing a UTI. Good work encouraging movement and ambulation to promote positive outcomes. You were able to correlate his medications, including high doses of insulin related to his diabetes and infection contributing to hyperglycemia. Good discussion related to his significant heart history and catheterization, and you demonstrated understanding of nitroglycerin as it related to the cardiac arteries. Overall a good week of enhancing your clinical judgment! NS

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies:			S	S	N/A	S	S	N/A	S	S	S	S	S		N/A	N/A	S
a. Perform inspection, palpation, percussion, and auscultation in the physical assessment of assigned patient. (Noticing)			S	S	N/A	S	S	N/A	S	S	S	S	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	S	S	S	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	S	S	S	S		N/A	N/A	S
d. Communicate physical assessment. (Responding)			S	S	N/A	S	S	N/A	S	S	S	S	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	S	S	S	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	S	S	S	S		N/A	N/A	S
	DW	KA	MD	KA	DW	RH	MD	KA	KA	KA	MD	MD	NS	KA	KA	KA	KA

Comments:

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

Week 3 Objective 2-You did an excellent job with this objective this week in clinical! You were able to perform an accurate assessment and interpret the findings and access the EMR to accurately document the findings. MD

Week 4 – 2a, d – You did a nice job thoroughly assessing you patient and notifying your nurse of any pertinent information. You were also able to work with your team to keep up on the assessment changes occurring with all patients on the team. KA

Week 4 – 2f – You utilized the EMR to research your patient and determine what care needed to be provided to your patient throughout the day. You also used the EMR to research all the patients on your team and to check your classmates charting for accuracy. KA

Week 6- 2b: you did a great job helping your patient safely ambulate from the bed to the bathroom with her walker, which was an improvement from her only using the bedside commode. You then were able to report this back to the nurse and PCT who were also caring for her. RH

Week 9 – 2a, d – You did a nice job thoroughly assessing you patient and notifying your nurse of any pertinent information. KA

Week 9 – 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 12 2(a,c) – Nice job with your assessments this week, noticing numerous deviations from normal. You noticed visual impairment with the use of glasses, hearing difficulty, and anxiety. You discussed the parameters for assessing psychosocial status is it related to history of chronic illness. You auscultated diminished lung sounds bilaterally, shortness of breath on exertion, and pitting edema. You used the doppler to obtain pulses due to the peripheral edema. Generalized weakness and abnormal gait were identified. Neurological assessment noted numbness and tingling as a result of his diabetes, abnormal skin findings on his toes, and you noted a hernia with your abdominal assessment. Based on his priority problem, you noticed retention, dribbling, and urgency. A post-void residual scan was performed to monitor for retention related to his uti. You also noted a strong odor to his urine. Great job collecting both objective and subjective data! NS

Objective																	
3. Execute safety precautions in the implementation of quality, patient-centered care and evidence-based nursing interventions. (2,3,4,5,8)*																	
Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies:	S		S	S	N/A	S	S	N/A	S	S	S	S			N/A	N/A	S
a. Perform standard precautions. (Responding)																	
b. Demonstrate nursing measures skillfully and safely. (Responding)	S		NI	S	N/A	S	S	N/A	S	S	S	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	S	S	S			N/A	N/A	S
d. Appropriately prioritizes nursing care. (Responding)			S	S	N/A	S	S	N/A	S	S	S	S			N/A	N/A	S
e. Recognize the need for assistance. (Reflecting)			S	S	N/A	S	S	N/A	S	S	S	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	S	S	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	S	N/A	S	S	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)			N/A	S	N/A	S	S	N/A	S	S	S	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	S	S	S			N/A	N/A	S
j. Identify recommendations for change through team collaboration. (Reflecting)			S	S	N/A	S	S	N/A	S	S	S	S			N/A	N/A	S
	DW	KA	MD	KA	DW	RH	MD	KA	KA	KA	MD	MD	NS	KA	KA	KA	KA

Comments:

Week 3 Objective 3B-With this objective there were a couple of points where I believe you did have a little trouble with skillful measures. This will improve over time! MD
 Week 6: you did well prioritizing your time and took your time with nursing skills this week. Good job! RH

Week 12 3(c,d) – Your nursing care was performed in a timely manner this week, allowing you to gather data from his chart and discuss important information related to your patient’s chart and past medical history. You also collaborated with your classmates to enhance your knowledge. I appreciated your effort to prioritize care effectively, ensuring timely medications were administered appropriately. Your charting looked great, well detailed, and completed timely. A post-void residual scan was performed appropriately and communicated to the assigned RN. Your timeliness allowed you the opportunity to assist with an EKG as your learned more about the cardiovascular system. Nice job! NS

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies:			S	S	N/A	S	S	N/A	S	S	S	U	S		N/A	N/A	S
k. Administer PO, SQ, IM, or ID medications observing the rights of medication administration. (Responding)			S	S	N/A	S	S	N/A	S	S	S	S	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	S	S	S	S		N/A	N/A	S
m. Calculate medication doses accurately. (Responding)			S	S	N/A	S	S	N/A	S	S	S	S	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	S	N/A	N/A	N/A	N/A	S	N/A	N/A	N/A	S		N/A	N/A	S
o. Regulate IV flow rate. (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
p. Flush saline lock. (Responding)			N/A	S	N/A	S	S	N/A	S	S	N/A	N/A	S		N/A	N/A	S
q. D/C an IV. (Responding)			N/A	N/A	N/A	N/A	S	N/A	S	N/A	N/A	N/A	N/A		N/A	N/A	S
r. Monitor an IV. (Noticing)	S		N/A	N/A	N/A	S	S	N/A	S	S	N/A	N/A	S		N/A	N/A	S
s. Perform FSBS with appropriate interventions. (Responding)	S		N/A	N/A	N/A	S	S	N/A	S	S	S	N/A	S		N/A	N/A	S
	DW	KA	MD	KA	DW	RH	MD	KA	KA	KA	MD	MD	NS	KA	KA	KA	KA

Comments:

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

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

Week 3 Objectives 3K, L, and M-You did an awesome job with medication administration this week! You had a lot of medications and you handled the injections! Great job! MD

Week 4 – 3k – You did a nice job administering your medications this week. You observed the rights of medication administration and was able to answer all questions about your medications. You had the opportunity to pass PO and SQ medications this week. You performed the medication administration process with beginning dexterity. You also worked with your classmates on your team to determine appropriateness of medication administration for their patients and assist them with following the rights of the medication administration process. KA

Week 4 – 3p – You did a nice job flushing the patient's IV this week and ensuring patency of the IV line when administering the IV push. You were able to document this appropriately in the EMR. KA

Week 4 – 3r – You did a nice job monitoring your patient's IV site this week and documenting your assessment in the EMR. KA

Week 6- 3k, l, m: you did great calculating your medications for the patient this week as well as using the protocol to identify how many units of insulin to administer to your patient. You performed medication pass well, even if we had a small misstep by dropping a pill. You handled the situation well. RH

Week 7 – 3k – You did a nice job administering your medications this week. You observed the rights of medication administration and was able to answer all questions about your medications. You had the opportunity to pass PO, Topical, and IV medications this week. You performed the medication administration process with practiced dexterity. When a medication was prescribed differently than how it was being administered, you notified the nurse and clarified the order. KA

Week 9 – 3n – You did a nice job drawing up the medication for your IV push and administering it slowly. You ensured proper cleaning of the hub and patency of the IV before administering the medication. KA

Week 9 – 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 9 – 3r – You did a nice job monitoring your patient's IV site this week and documenting your assessment in the EMR. KA

Week 11- During medication administration, the patient had orders for a medication to be cut in half. While looking for the pill cutter, I sat the medication down and did not verify it was the right medication when I picked the medication up again. I cut the wrong pill in half and administered a half dose to the patient. I should have performed the rights of medication administration again before opening the medication. When I moved on to the next pill, it was the medication that was supposed to be cut in half. The patient received proper doses of all his medications, but I performed medication administration incorrectly. For future medication administrations, I will slow myself down and safely perform the rights of medication. This is a great assessment of what occurred during medication administration this week. It is definitely important to slow down and perform all of the rights and checks that are necessary for safe medication administration. MD

Week 12 3(k-q) – I thought you did a nice job learning from your previous experience related to medication administration. Mistakes are the best opportunity to learn. We discussed how you would do things differently and how you learned from your previous clinical experience. This week your dosage calculation was spot on, administering two tablets of his famotidine. You performed the 6 rights and 3 checks to prevent medication errors and promote patient safety. You discussed the implications, side effects, and important assessments for each medication. Dosage calc was accurately performed for insulin dosage. Accurate technique was demonstrated for a subcutaneous injection. Your team leader reported all positives in your approach and education provided. Nice work! NS

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies:			S	S	S	S	S	N/A	S	S	S	S	S		N/A	N/A	S
a. Integrate professionally appropriate and therapeutic communication skills in interactions with patients, families, and significant others. (Responding)			S	S	S	S	S	N/A	S	S	S	S	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	S	S	S	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	S	S	S	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	S	S		N/A	N/A	S
e. Consistently and appropriately post comments in clinical discussion groups. (Reflecting)			S	S U	N/A S	S	N/A	N/A	S	S	S	S	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	S	S	S	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	S	S	S	S		N/A	N/A	S
	DW	KA	MD	KA	DW	RH	MD	KA	KA	KA	MD	MD	NS	KA	KA	KA	KA

Comments:

Week 3 Objective 4B-You did a great job with SBAR communication with me as well as the primary RN. MD

Week -4 – 4b, g – You did a nice job keeping your nurse up-to-date on all pertinent information throughout the day. You also provided the nurse with a concise report at the end of the day before leaving. You did a nice job working with your team members to stay up-to-date with their patients and to ensure the nurse is notified as needed. KA

Week 4 – 4e – Roni, you did a nice job responding to the CDG questions on your team leading experience. You could have been a little clearer on which principles of the Team STEPPS process you utilized while on clinical this week as team leader. I could not locate a reference of in-text citation for your response or a response to your classmate this week. Please remember since you are receiving a U for this competency to write a comment on how you will prevent receiving a U in this competency in the future. If you have any questions please let me know. KA

Week 4- I accidentally misread the instructions for the assignment because I was rushing myself during the assignment. For future CDGs, I will allot enough uninterrupted time so that I am able to read the instructions thoroughly and complete the assignment appropriately. DW

Week 4 (4e)- According to the CDG Grading Rubric, you have earned an S for your participation in the Infection Control discussion this week. Your post answered all of the questions posed and was supported by evidence. Suggestions for future improvement with APA formatting- 1. The author and year of publication are separated by a comma in the in-text citation. Ex- (Cleveland Clinic, 2019). 2. The appropriate order for formatting a reference is the author or organization, year of publication, title (in italics), and the website. Ex- Cleveland Clinic. (2019, April). *C.diff (Clostridioides difficile) infection*. Retrieved February 9, 2023, from <https://my.clevelandclinic.org/health/diseases/15548-c-diff-clostridioides-difficile-infection>. A couple resources to help with APA formatting include the APA Formatting Examples document available on Edvance360 in the MSN Clinical Resources and the Purdue Owl website (www.owl.purdue.edu). DW

Week 6: you did well with communication this week in clinical by receiving report from the night shift nurse as well as communicating with your nurse throughout our time on the floor, including handoff report. RH

Week -9 – 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 9– 4e – Roni, you did a great job discussing the SDOH that affect the patient you cared for this week in your CDG. Your response to your classmate was thoughtful and added to the conversation. You included a reference and in-text citation. Remember when in-text citing a direct quote to include a page number or paragraph number if there are no page numbers. Keep up the nice work! KA

Week 12 4(e) – Your CDG post was submitted on time with the appropriate word count. The question prompts were answered appropriately. Your response offered additional insight with the use of a reputable resource. For APA formatting of in-text citations, you only need to include the author(s) last name and publishing year, not the first initial. Also, for references that includes 3 or more authors, you only need to include in the in-text citation the last name of the first author followed by et al. For example, the appropriate in-text citation would be as follows: (Baker et al., 2002). Also, for APA formatting, you want to try to utilize resources that are within a 5 year time frame. 2002 is a pretty old resource. Some things to consider moving forward! All criteria were met for a satisfactory evaluation. NS

Objective

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

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

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

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

Comments:

Week 3: The patient I was assigned to this week was experiencing pain from a history of chronic back pain. I educated the patient on pain management, especially since she was active with therapy. We discussed alternatives such as using ice and heating pads due to the patient's preferences against using medications. She was not aware the hospital had heating pads and stated she would let me know if she needed one. **Great! MD**

Week 4: I was assigned to a patient who had an infection from the removal of an HD catheter. The morning before clinical, he had a surgical procedure that washed the infection out and closed the site. I educated the patient on keeping his new surgical site dry and clean to prevent the chance of new infections or developing sepsis. He verbalized understanding. **This was great education to provide to your patient and family. In the future make sure to include the resource you utilized to satisfy 5b satisfactorily. KA**

Week 6: The patient had a history of diabetes and experienced numbness and tingling in both feet. I gave the patient a handout related to her diabetes from Lexicomp and educated the patient on maintaining proper glucose levels. She verbalized understanding and stated she would occasionally go a couple days without checking her glucose while at home before her hospitalization. She stated that she would start better habits after discharge. **This is a great teaching topic for patients! I hope she read the information and kept it for reference at home. RH**

Week 7: The patient was admitted with stroke-like symptoms and confusion. She had a frequent history of UTIs which was the end diagnosis of her stay. While assisting her to the bathroom, the patient had a bowel movement and was using an improper technique that could cause future urinary tract infections. I educated the patient on the proper way to wipe, and she stated that she did not realize the way she was doing it could contribute to her infections. I printed a handout for the patient from Lexicomp for her to take home on UTIs. **Wonderful! I am glad you were able to catch this and educate her on the importance of proper hygiene techniques! MD**

Week 9: The patient was admitted with shortness of breath on exertion and had a DVT in his right lower leg the week prior. He stated that at his assisted living facility he normally does not walk much and instead gets around by scooting himself around in his wheelchair. When he is not in his wheelchair, he is sitting in a recliner. He had dark purple bruises on his lower right side of the back and stated that was from sitting in the wheelchair during the day. He did not get up to walk around much and stated it was getting harder to do so. I educated the patient on the importance of continued mobility and the risk of muscle loss when he chose his wheelchair over his walker. I used information from Skyscape to and stated that low mobility could contribute to a higher risk of DVT and he was excited to have the chance to get some muscle strength back at the skilled nursing facility. **Great job providing him education that was not only pertinent to him, but also developmentally appropriate for him. KA**

Week 10: The patient had an issue on night shift retaining urine and was bladder scanned for 999+ mL. After the straight catheter, over 1200 mL of urine was able to be drained from his bladder. He was able to start urinating on his own and he was not bladder scanned again that night. During my assessment, I bladder scanned him around 1100 post-void and found that he still had over 800 mL in his bladder. He wanted to try to void again and was able to get down to 500 mL. The patient was not hesitant about having to use the straight catheter again and I educated on the risks of retention via Skyscape. A straight catheter was attempted but was unable to be advanced past the prostate. The patient was adamant about not trying again with a coude and wanted to try voiding on his own. He was educated about attempting to void every hour whether he felt the urge to attempt to empty his bladder and he stated understanding. By the end of clinical, he was able to empty to 144mL. **Great! MD**

Week 11: The patient was admitted with a fall that resulted in a left hip fracture that was surgically fixed with screws. During admission, they found he had community acquired pneumonia and ordered a five-day antibiotic PO. During my clinical, the patient had an intermittent, non-productive cough. I educated the patient on the necessity to perform cough and deep breathing exercises to maintain clear lungs every two hours and drink 3L a day via Skyscape. He understood and stopped stifling his coughing when I was in the room. **Good! MD**

Week 12: The patient was admitted with a urinary tract infection, sepsis, and a kidney infection. The home dose of his long-acting insulin was increased by 10 units due to the infection and it's effect on raising blood sugars. The patient was upset that his home dose was increased and requested the dose to be lowered to match. He was educated on the affect infection has on trending blood sugars and the patient still adamantly refused. The home dose was administered and the lunch blood sugar was elevated into the 200s. The next day of clinical, the patient was educated again via Skyscape and asked if he would be willing to take the full dose. He was still uneasy and requested the home dose again. **Very good! It can be challenging for patient's to fully grasp why things may change from home to in the hospital. While we can't force patients to take medication, we can try our best to provide education. His UTI was resulting in hyperglycemia that needed further control. Unfortunately, your education efforts did not change his mind. However, you did the best you could to help him understand. Good example! NS**

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
a. Develop and implement a priority care map utilizing the nursing process and clinical judgment. (Noticing, Interpreting, Responding, Reflecting)			S NA	S	N/A	S	S	N/A	S	N/A	N/A	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	S	S		N/A	N/A	S
	DW	KA	MD	KA	DW	RH	MD	KA	KA	KA	MD	MD	NS	KA	KA	KA	KA

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

Comments:

See Care Map Grading Rubrics below.

Week 3: The patient I was assigned to was the caretaker of her mother who was in her 90s. She vocalized her stress regarding her mother who was at home in Norwalk and how worried she was being in Sandusky, even though she was receiving the care she needed. The patient was contemplating leaving the hospital early before her daughter was able to step in as the caretaker while she received therapy. She is now able to return home with her hand almost back to normal function and she stated her relief that her mother had someone to look after her while she was away. **Great observation! MD**

Week 3 Objective 6A-You did not complete a care map this week. This objective is an NA. MD

Week 4: The patient lives with his mother and daughter with his mother keeping track of all his medications except insulin. Having the extra help at home will aide his healing, especially when he does not have full range of motion yet. Family was present during our conversation about reducing the risk of infection, so they will also be able to look for signs during the healing process. **Support is an SDOH that can positively or negatively impact the patient's health and in this case it definitely has a positive impact. Good job! KA**

Week 4 – 6a – You satisfactorily completed your care map. Please see comments on the rubric for further details. KA

Week 5: A patient in Digestive Health was getting a colonoscopy. She was in her 80s, performed all care by herself, and lived alone. This could negatively impact her health now or in the near future with the risk of cognitive decline or decrease in mobility. **DW**

Week 6: The patient was living at home alone before she was admitted. She had a history of frequent falls due to her legs giving out and in her most recent fall she was unable to get up by herself. This could potentially be extremely dangerous for her given her weakened condition, however, she has decided to go to a nursing home that will be able to provide constant care for her. This is a safer discharge plan than going home alone. **I am glad the patient and her family realized that living at home was not as**

safe for her as it would be at a facility. This was probably a very difficult decision for them to make. As the nurse caring for this patient, we would have to provide plenty of information for the patient and her family to help them make a decision. RH

Week 7: The patient's husband unfortunately passed one month prior to her hospitalization. Her son currently lives at home, but he has plans on moving out. The patient will be living alone with an abnormal gait, ambulation with a walker, weakness in bilateral limbs, and frequent falls. This can be a sensitive topic for families, but I feel like this can potentially be a dangerous environment for her. I think it would be best if she had someone living with her full-time. This is so true! I agree this situation could be very dangerous to her! Great observations! MD

Week 9: The patient had relatively good social determinants of health. He lived at an assisted living facility where he was able to receive help with care, had food security, was taking his medication regularly, and had someone monitoring his health constantly. I feel that without him staying at his assisted living facility, he may not have caught his DVT as early the previous week as he did not really understand what it was before it happened. The patient is now going to rehab to regain muscle strength and be able to have more independence and mobility when returning home to assisted living. Great job discussing your SDOH. You did an excellent job elaborating on your patient SDOH in your CDG response this week. KA

Week 10: The patient lived at home with his wife on a farm in Perkins. He was able to receive help from her, if necessary, but they are both in their 70s and may need extra help sooner rather than later. Their farm does not seem too active so I do not believe he will be straining himself with work, his house is fairly small and easily accessible to him and his walker. He states that his bathroom in his master bedroom is closer to his bed than it is at the hospital and will be easier to get to when he is at home. Overall, I think his social determinants of health are good, and he is a very independent person, but is also willing to ask for help when necessary. Great observation! MD

Week 11: The patient was in his 90s and lived at home with his wife who was also elderly. He has children who can help him, when necessary, but his age and limited mobility is a bad social determinant of health. He has a split-level home with steps between the rooms. This is what caused his fall and the left hip fracture. The multiple steps in his home is another bad determinant. However, his wife does the shopping and cooking so he does not have to worry about standing for long periods of time to make himself food. Great! MD

Week 12: The patient is 81 and lives at home alone. He has a history of 14 heart catheters and orthostatic hypertension that causes dizziness when standing. He uses a rollator at home, but the patient is too unsteady and would benefit more from a walker. His social determinants are currently poor due to his age, his unsteady gait, muscle weakness, and poor diet. It was recommended for the patient to be transferred to a skilled nursing facility to increase stability and muscle mass. The patient refuses and would like to return home alone which is a high fall risk and overall dangerous to the patient. This was a very important SDOH to note. As you heard in report, he was discharged and returned the next day. Interestingly, after you cared for him, he was discharged, and came back to the ER the following day. His reluctance to go to a skilled facility and lack of social support for care has led to misuse of the medical system and clearly has had a negative impact on his overall health. A challenging situation for sure. Good thoughts! NS

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	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	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	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	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	S			N/A	N/A	S
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (Responding)	S		S	S	S	NI	S	N/A	S	S	S	S			N/A	N/A	S
g. Demonstrate the ability to give and receive constructive feedback. (Responding)	S		S	S	S	S	S	N/A	S	S	S	S			N/A	N/A	S
h. Actively engage in self-reflection. (Reflecting)	S		S	S	S	S	S	N/A	S	S	S	S			N/A	N/A	S
	DW	KA	MD	KA	DW	RH	MD	KA	KA	KA	MD	MD	NS	KA	KA	KA	KA

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

Comments:

Week 1: I felt confident handling the IV tubing and calculating the drip rate manually while in lab. **Agreed! You did a great job with these skills; extremely efficient. DW** However, I got stuck on some steps during the IM injection. During the next week, I will review materials twice regarding IM injections to get a more concrete understanding of the material before clinicals. **Excellent idea! This time of year, all patients are evaluated for needing a flu vaccine. This may be an opportunity for you to demonstrate confidence in this skill following your review of the steps. DW**

Week 3: Overall, I felt comfortable with the medications, but I felt a lot of pressure with therapy waiting on me to finish so they could take her to her session. I was not as prepared for clinicals as I should have been this week. I did not realize my drum fell off my stethoscope which forced me to borrow a classmate's for my assessment and I forgot my scissors which I needed to administer a lidocaine patch. For the next clinical, I will make sure I have everything laid out the night before instead of just my uniform and clipboard. **You did great with medication administration even with the stress of therapy waiting on you! You handled it like a pro! As far as your preparation for clinical- I think this is a great goal for you! Being as prepared as possible the night before will help you have a great day in clinical! MD**

Week 4: I felt way more comfortable this week with medications and injections. It was more smooth and I felt less rushed and more confident in my knowledge of the medications I was passing. I did prepare my clinical things the night before to allow me to be more organized. I felt my paperwork for my patient and Team Lead position was a little hectic. I plan on reworking the medication list paper to give myself room and be more organized. **You did a nice job completing the medication administration process after your patient returned from his procedure. You did well managing your team and keep them on task. There are many different ways to organize yourself. I hope the reorganization of your paper works better for your next team leading process, however this disorganization was not evident in the way you managed your team. You were very effective in this new role. KA**

Week 5: While in digestive health, I was worried about being in the way so I was not as involved with patients as I could have been. The whole process was extremely interesting and I was glad to be able to experience the procedure. During infection control, I felt extremely confident with the different isolation procedures and navigating the hospital. It was interesting to be able to see that side of the hospital. For future clinicals, I will work on being more confident so I do not miss opportunities with patients. **Veronica, this is the start of a good goal, but it is missing a few details. How are you going to actively work towards building your confidence in unfamiliar settings? Also, how often are you going to do it and when will you do it by? These extra details will assist in actually following through with your goal and giving you a timeline to do so. Sometimes you have to think outside of the box to achieve goals sooner than later, rather than waiting for another opportunity to come along. Please make sure all of your future goals include the three details highlighted in green above to avoid receiving a U for 7b. Please let me know if you have any questions or need further assistance in developing goals in the future. DW**

Week 6: This week, I felt more comfortable with medication administration and interacting with the patient in a different role. However, I was thrown off this morning when I had forgotten the appropriate shoes for clinical. I left in a hurry and did not pay attention to what shoes I had worn to take the trash out before getting in the car. Being unprepared for clinicals has been a problem in the past, so for future clinicals, I will conduct a list of every item needed for clinical. I will review the list 3 times to ensure it is correct before Sunday this week. Before every clinical, I will review the list before leaving to be prepared and more professional. **I think this is a good goal and will help with being more prepared for clinical. RH**

Week 7: I built a strong relationship with my patient this week. She was extremely friendly and approachable and overall made me feel more confident with myself and skills. I was able to change her IV dressing and D/C it later that afternoon when she was getting discharged which I had never done on a patient. I felt extremely prepared for the Senior Center and had everything laid out in advance. However, when I arrived, I realized there was a flaw in my communication with my partner. We planned on making a snack that the seniors would assemble themselves. Part of the snack involved crushed Oreos, but my partner never made this snack before. My partner was bringing the crushed Oreos, but I should have mentioned to crush the Oreos in advance as it was difficult to do at the senior center. For the future, I will be more thorough with instructions to ensure that my thoughts are understood. I will review communication skills 3 times this week before the next clinical. **I love that you were able to develop a strong relationship with your patient this week! Great goal! Unfortunately, communication errors are always possible. I think you will be able to successfully achieve this goal! MD**

Midterm – Veronica, you have done a great job during the first half of the semester. You have done a nice job demonstrating your nursing skills and abilities while on clinical. You are a terrific team member offering assistance to your classmates and staff members while on clinical. You provide thoughtful holistic care utilizing your clinical judgment skills. You advocate for your patients and ensure their needs are met. You have had the opportunity to demonstrate all competencies satisfactorily during the first half of the semester. If there are any skills you would like to have further experience with, let your clinical faculty know so they can assist you in finding opportunities to work on these skills. Congratulations on completing both of your care maps before midterm. Wonderful job and keep up the hard work and finish the semester off strong! KA

Week 9: Overall, I feel like I was able to meet the needs of my patient well. I was able to find his pulses with the doppler in his feet when I was unable to palpate them and I educated the patient multiple times on different medications, positioning, and mobility. However, I was rushing myself too much during medication pass and made a couple of mistakes at the pyxis. Instead of pulling 3 tablets, I pulled 1 and I also pulled the tablet from the wrong slot. I need to be better at slowing down and doing the medication checks while in the medication room instead of catching it while in the patient's room. This week, I will review checks of medication administration 3 times before next week and will slow down while pulling medications from the pyxis. Great job identifying this area for improvement. I agree slowing down during your medication pass and checking the quantity and medication name against what is on the pyxis screen will help to prevent errors at the pyxis. KA

Week 10: I believe my strength this week was improving with my medication administration when in comparison the beginning of the semester to now. Overall I felt confident and organized, I gave a new injection, and I did not make any errors when pulling the medications. Wonderful! A weakness would have to be getting a better rhythm when setting up my sterile field. I knew how to do it, but when doing it on a real person, I felt like I was fumbling a bit and more awkward than I should have been. I will work on setting up my kit at home and reviewing the check off four times before next week in preparation for future clinicals. You will get more comfortable with this in time as well! Great goal! MD

Week 11: My weakness this week was definitely the medication administration. I need to slow down more when administering medications and make sure that I am following the rights of medication if I sit the medication down again. Because of this, I will watch 3 different videos about the rights of medication administration to prepare for the next clinical. Excellent! My strength this week would be recognizing cues my patient was giving off. The patient this week was very determined to finish therapy, however, he was pushing through sessions without breaks when he may have wanted one. His knees started buckling and he was not standing up as straight. He ended therapy great, but I was glad I was able to recognize the cues to support him more when necessary. Wonderful! MD

Week 12: I feel like my strength this week was improving on my medication administration. I forced myself to slow down to make sure that my medication administration was accurate and safe for the patient. I had also slowed down at the Pyxis to make sure I was pulling the proper medications and doses. This is what learning is all about. Taking a learning experience from the previous week, and turning it into a strength the following week. Through self-reflection, and focused attention to detail, you did a great job with med administration this week. Keep it up! NS

My weakness this week was recognizing what labs are used to assess the patient's overall health during blood draws. This week, I will review lab values four times and the purpose for each lab value. We discussed some ways to help improve in this area. Utilize the website we talked about for a simpler understanding. The more you review them the easier it is to understand. As always, don't hesitate to ask questions when you notice something abnormal. This comes with experience. I like your plan for improvement moving forward! NS

Final – Roni, you have satisfactorily completed the clinical portion of the course. You have had the opportunity to successfully demonstrate all competencies on the clinical tool. You have worked very hard over the course of this semester. Remember to slow down and think through the steps when completing tasks to ensure both efficiency and accuracy of your skills. You are kind and compassionate when working with your patient's and advocate for them to receive the best care possible. You are always willing to help others and work well as a team member. Keep up the hard work to strengthen and hone your nursing skills. Your passion for caring for others shows in all your interactions with patients and will take you far. Great job this semester! KA

Student Name: Veronica Cromwell				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: 2/2/23							
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	Roni, you did a nice job completing the noticing section of your care map. I would suggest adding ascites into the assessment section for this patient. KA
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)	3	
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	Roni, you did a nice job identifying the patient's nursing priorities and potential complications along with their signs and symptoms. You listed the nursing priority as "Risk for electrolyte imbalances" however I think it is better stated as "Imbalanced electrolytes" since the patient has actual imbalances not just the risk for them. When highlighting the assessment section edema and jaundice could be associated with the electrolyte imbalance. All other important areas were highlighted. Nice job! 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	2	
	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	Roni, you did a nice job including appropriate nursing interventions and prioritizing them. In the future consider breaking out each medication into their own intervention. This will especially be useful if there are different frequencies. For interventions you would maybe want to add assessing the patient's edema and the patient's fluid restriction. Both of these interventions relate to the patient's nursing priority. KA
	9. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	10. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	2	
	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	Roni, you did a nice job completing this section. If you would highlight the 2 areas of the assessment suggested above you

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	would want to add them to this section. However with how it is currently written everything is appropriately addressed. KA
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: Roni, you have satisfactorily completed your care map. See comments above on areas to address in the future to improve your care maps. Nice work! KA							Total Points: 40/42 Faculty/Teaching Assistant Initials: KA

Student Name: Veronica Cromwell				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: 2/15/2023							
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	Good job filling out the noticing part of your care map. It is detailed and fulfills all requirements.
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)	3	
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	5. I would suggest that there is a possibility of degenerative disc disease could be highlighted because this can be painful to some. I am unsure if this was related to your patient’s pain because she also had fallen, just a suggestion for future care maps.
	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	10. You need a frequency for all interventions, even if it is “once,” or “prn.” I would like to see a reference for your rationales, but since this is not on the rubric no points were taken off for that. It is just to get you used to using references and APA formatting
	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	2	
	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	

	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: Good job with your care map! Yay for being done with them for the semester. Please see comments in red for feedback.						Total Points: 41 Satisfactory	
						Faculty/Teaching Assistant Initials: RH	

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

Student name: Veronica Cromwell								
<u>Skills Lab Competency Evaluation</u> 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 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	DW	DW	DW	DW	DW	DW	DW	KA
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA

*Course Objectives

Comments:

Week 1

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

(Assessment)- You were able to satisfactorily demonstrate the Basic Head to Toe Assessment during lab. KA/RH

(Insulin)- You were able to correctly prepare an insulin pen and administer subcutaneous insulin. Insulin requirements were accurately identified and calculated through the corrective scale and carbohydrate coverage orders. MD

(Lab Day)- You satisfactorily completed the mandatory lab review of nursing foundational skills. This was achieved through simulating care for a patient in a scenario requiring competency in assessment, communication, medication administration (including PO and IM injection), nasogastric tube insertion and maintenance, patient mobility and hygiene, use of PPE for Contact Isolation, wound care, and foley insertion. NS/LM

(IV Skills)- You have satisfactorily completed the IV lab including a saline flush, IV push, hanging a primary and secondary IV solution, adjusting a flow rate to run by gravity, discontinuing IV solution, and monitoring the IV site for infiltration, phlebitis, and signs of complication. NS/MD/RH

Week 2

(Trach Care & Suctioning 1/19/2023) – During this lab, you satisfactorily demonstrated competence with tracheal airway suctioning and tracheostomy care. You did a good job explaining the procedure to your patient. Take your time and slow down some of your steps. You did break the sterile field but identified it immediately. Slowing down will decrease your chances of contaminating in practice. Keep up the good work! RH

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

Firelands Regional Medical Center School of Nursing
Medical Surgical Nursing 2023
Simulation Evaluations

<u>Simulation Evaluation</u> Performance Codes: S: Satisfactory U: Unsatisfactory	Student Name: Veronica Cromwell							
	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	S	U	S	S	S	S	S
Faculty/Teaching Assistant Initials	MD	DW	MD	KA	KA	KA	KA	KA
Remediation: Date/Evaluation/Initials	NA	NA	S 2/25/23 MD	NA	NA	NA	NA	NA

* Course Objectives

Comments:

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

4/13/23 - 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! KA

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) * • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B	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 pain assessment. Duration of pain, rating (10/10). Focused observation on affected extremity due to complaints of pain. Removed blankets, removed sock. Noticed pallor, noticed absent pulse, delayed cap refill, noticed cold to touch, noticed paresthesia, noticed paralysis. Name and DOB for patient safety with medications. Asked about preferred preference for injection location. Asked about patient allergies.
INTERPRETING: (1) * • Prioritizing Data: E A D B • Making Sense of Data: E A D B	Prioritized obtaining vital signs. Prioritized focused neurovascular assessment (6Ps). Interpreted findings as being related to potential compartment syndrome. 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) * • 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	Removed ice and pillow due to suspected compartment syndrome. Calm demeanor related to new assessment findings. Notified provider related to 6P assessment. SBAR report provided with associated data. Be sure to provide the background of the patient. Re-assured patient related to assessment findings and notified her that surgery was going to be expedited. 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: - Select physical assessment priorities based on individual patient needs. (2)* - Implement appropriate nursing interventions based on patient’s assessment. (1,3,6)* - Communicate appropriately with the patient, family, team members, and healthcare providers incorporating elements of clinical judgment and conflict resolution. (4,7)* - Provide patient centered care with consideration to cultural, ethnic, and social diversity. (2,3,6)* - 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	<u>OBSERVATION NOTES</u>
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. 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)*	Lasater Clinical Judgement Rubric Comments: Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes most obvious patterns and deviations in data and uses these to continually assess. 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:

Veronica Cromwell 5/1/2023

12/9/2022