EVALUATION OF CLINICAL PERFORMANCE TOOL
Nursing Foundations – 2023

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Jessica Greaves

Final Grade: Satisfactory/Unsatisfactory

Semester: Fall

Date of Completion:

Faculty: Frances Brennan, MSN, RN; **Amy Rockwell**, MSN, RN; **Chandra Barnes**, MSN, RN; **Nick Simonovich,** MSN, RN

Faculty eSignature:

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 in 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" the following week. 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 Checklists
Care Map Grading Rubric
Administration of Medications
Simulation Scenarios
Skills Demonstration
Evaluation of Clinical Performance Tool
Clinical Discussion Group Grading Rubric
Lasater Clinical Judgment Rubric
Faculty Feedback
Documentation
Clinical Reflection

ABSENCE (Refer to Attendance Policy)

Date	Number of Hours	Comments	Make Up (Date/Time)
9/27/2023	2	Week 6 cdg	10/2/2023-1800 (2H)

Faculty's Name	Initials
Chandra Barnes	CB
Frances Brennan	FB
Amy Rockwell	AR
Nicholas Simonovich	NS
Heather Schwerer	HA

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 needed 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, and 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 weekly competency boxes do not need a student evaluation rating or faculty/teaching assistant initials.**

Objective

1. Describe how diverse cultural, ethnic, and social backgrounds function as sources of patient, family, and community values. (2,4,6)*

Clinical Experience	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Mid-Term	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14	Week 15	Make-Up	Final
Competencies: a. Identify spiritual needs of patient (Noticing).								NA		**S**	**S**	**NA**	**S**					
b. Identify cultural factors that influence healthcare (Noticing).								NA		**S**	**S**	**NA**	**S**					
c. Coordinate care based on respect for patient's preferences, values, and needs (Responding).						**S**	N/A	S		**S**	**S**	**NA**	**S**					
d. Use Maslow's Hierarchy of needs to determine the care needs of the assigned patient (Interpreting).						**S**	N/A	S		**S**	**S**	**NA**	**S**					
						CB	CB	CB		HS	AR	AR						
Clinical Location; Patient age**						**3T 78**	N/A	NA		**3T 74**	**3T 83**	**NA**	**3T 96**					

Comments

****Document your clinical location and patient age in the designated box above.**

Week 6(1c,d) – Nice job this week interacting with a patient for the first time in the clinical setting. You were able to respect your patient's preferences, values, and needs when entering the room to obtain vital signs and a head to toe assessment. You used Maslow's to determine the importance of assessing vital signs and an assessment to meet the physiological needs of your patient first, great job! CB

Week 10- Good job in all aspects of care for your patient, and revising as needed to meet the patients needs and preferences. AR

* End-of-Program Student Learning Outcomes
Clinical judgment terminology embedded in each competency – noticing, interpreting, responding, reflecting

Objective

1. Summarize knowledge of anatomy, physiology, chemistry, nutrition, psychosocial and developmental principles in performance of basic physical assessment through use of clinical judgment skills. (3,4, 5)*

Clinical Experience	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Mid-Term	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14	Week 15	Make-Up	Final
Competencies: a. Perform head to toe assessment utilizing techniques of inspection, palpation and auscultation (Responding).						**S**	N/A	**S**		**S**	**S**	**NA**	**S**					
b. Use correct technique for vital sign measurement (Responding).						**S**	N/A	**S**		**S**	**S**	**NA**	**S**					
c. Conduct a fall/safety assessment and institute appropriate precautions (Responding).						~~**S**~~ **NA**	N/A	**NA**		**S**	**S**	**NA**	**S**					
d. Conduct a skin risk assessment and institute appropriate precautions (Responding).								NA		**S**	**S**	**NA**	**S**					
e. Collect the nutritional data of assigned patient (Noticing).								NA		**S**	**NI**	**NA**	**S**					
f. Demonstrates appropriate insertion, maintenance, and/or removal of NG tube (Responding).								NA		**NA**	**NA**	**NA**	**NA**					
g. Describe the findings and the rationale for diagnostic studies with the nursing implications for assigned patient (Interpreting).								NA		**S**	**S**	**NA**	**S**					
						CB	CB	**CB**		HS	AR	AR						

Comments

Week 6(2a,b): This week you were able to use skills learned in the lab and take content learned in theory and combine them to apply your knowledge in the clinical setting. You were successful in obtaining vital signs and a head to toe assessment on a live patient for the first time. You were able to notice your patient had abnormal cloudiness

in his eyes, and you were able to assess further and look at prior assessments to see if this was something your patient has had. Great job! Competency C was changed to a "NA" because you did not conduct or document a safety assessment. CB

Week 9 (2c): Great job in reassessing the patients fall risk as you listened in to the interaction between therapy and the patient. Based on your findings you were able to potentially prevent a fall within the hospital for the patient. HS

Week 10 (2a-d)- Good job in all aspects of assessment on your complex patient this week. You noticed that your patient was automatically a high risk for falls due to his admitting diagnosis of gastrointestinal bleeding. Great job! Be sure to review the edema scale prior to your next clinical experience so you are able to correctly identify a patient's edema. (2g) You did a great job collecting diagnostic findings, discussing them during clinical, and "putting the pieces" together with the current diagnosis and medical situation. Keep up the good work! AR

* End-of-Program Student Learning Outcomes
Clinical judgment terminology embedded in each competency – noticing, interpreting, responding, reflecting

Objective

2. Select communication techniques and appropriate boundaries with patients, families, and health care team members. (1,2,3,4,6,7)*

Clinical Experience	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Mid-Term	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14	Week 15	Make-Up	Final
Competencies: a. Receive report at beginning of shift from assigned nurse (Noticing).						**N/A**	N/A	**NA**		**S**	**S**	**NA**	**S**					
b. Hand off (report) pertinent, current information to the next provider of care (Responding).						**N/A**	N/A	**NA**		**S**	**S**	**NA**	**S**					
c. Use appropriate medical terminology in verbal and written communication (Responding).						**S**	N/A	**S**		**S**	**S**	**NA**	**S**					
d. Report promptly and accurately any change in the status of the patient (Responding).						**S**	N/A	**S**		**S**	**S**	**NA**	**S**					
e. Communicate effectively with patients and families (Responding).						~~**N/A**~~ **S**	N/A	**S**		**S**	**S**	**NA**	**S**					
f. Participate as an accountable health care team member in the provision of patient centered care (Responding).						**S**	N/A	**S**		**S**	**S**	**NA**	**S**					
						CB	CB	**CB**		HS	AR	AR						

Comments

Week 6(3e): Jessica, you did a great job communicating effectively with your patient this week, therefore competency 3e was changed to a "S". I know this can be challenging for the first time in the clinical setting, however you were able to use appropriate communication skills to learn more about your patient. CB

Week 9 (3b-f) You identified the change in the John Hopkins Fall Risk Assessment score for the patient, and then notified the nurse and other hospital staff to implement the necessary fall precautions in order to promote safety for the patient. You then educated the patient on what and why things were changing in order to promote her safety. Nice Job! HS

Week 10 (3c-f)- Excellent communication skills utilized with patient, family member, fellow students, and healthcare team members. You asked numerous questions related to the patient's diagnosis, procedure, and blood product administration to gain more insight and knowledge into his diagnosis. Keep up the great work! AR

* End-of-Program Student Learning Outcomes
Clinical judgment terminology embedded in each competency – noticing, interpreting, responding, reflecting

Objective

3. Exemplify advanced searches in accessing electronic health care information and documenting patient care. (1,4,8)*

Clinical Experience	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Mid-Term	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14	Week 15	Make-Up	Final
Competencies: a. Document vital signs and head to toe assessment according to policy (Responding).						**S**	N/A	**S**		**NI**	~~**S**~~ NI	**NA**	**NI**					
b. Document the patient response to nursing care provided (Responding).						**S**	N/A	**S**		**S**	**S**	**NA**	**S**					
c. Access medical information of assigned patient in Electronic Medical Record (Responding).		S				**S**	N/A	**S**		**S**	**S**	**NA**	**S**					
d. Demonstrate beginning skill in accessing patient education material on intranet (Responding).		S						**S**		**S**	**S**	**NA**	**S**					
e. Provide basic patient education with accurate electronic documentation (Responding).								NA		**S**	**S**	**NA**	**S**					
f. Consistently and appropriately post comments for clinical discussion groups on Edvance360 website (Reflection).						~~**S**~~ **U**	N/A	**U**		**S**	**S**	**NA**	**U**					
*Week 2 –Meditech		CB				CB	CB	**CB**		HS	AR	AR						

Comments

Week 2(4c,d): Satisfactory for listening attentively and actively participating in the Meditech orientation clinical. You showed beginning competence in the ability to access a patient's EHR, document care in an intervention, and locate patient data. You were able to access Lexicomp to locate patient education materials. Additionally, nursing policies and procedures were located on the health system intranet. Great job! NS/CB

Week 6(4 a,c,f): Good job with your documentation of vital signs and a head to toe assessment, you were very thorough and detailed. My only advice for documentation of the head to toe assessment is to make sure you click on the + sign in the top left corner every time so you don't miss anything and always have the meditech guidelines with

you to ensure you are documenting on the correct areas. Competency 4f was changed from a “S” to an “U” due to your cdg not being turned in by the due date and time. For reference, there is a list of APA style references on edvance360. The proper intext for the Potter and Perry textbook is, (Potter et al., 2019). CB

- Objective 4F: During Week 6, I encountered challenges in timely posting comments for clinical discussion groups on the Edvance360 website (Reflection). To rectify this, I have proactively adjusted the due dates to be one day earlier and have implemented two reminders throughout the day to guarantee its completion. I have taken these steps to ensure this issue does not persist in the future. Jessica, this sounds like a good plan to ensure that all cdg assignments are turned in by the due date and time. CB

Week 9 (4a): I would agree with an NI for this because you missed several areas of the assessment when documenting in the EHR. Moving forward be sure to take your time and first ensure that you have done a complete head to toe assessment then document all findings within the chart.
(4f): A couple pointers for your CDG for the following weeks, when selecting a priority problem for your patient remember this should not be a medical diagnosis. I would have also liked to see the actual score that you got when completing the John Hopkins Fall Risk Assessment score. HS

Week 10 (4a)- You have received a “NI” for this competency due to the following: You required a great deal of assistance from faculty to complete your documentation; some assessment findings will be documented in more than one intervention and you must be careful to not contradict what you documented elsewhere; be mindful of the times that you are documenting on, as you double documented the physical re-assessment with the first time being 1-hour prior to the beginning of your clinical time; be sure to review the edema scale and Meditech guidelines prior to your next clinical experience. (4f)- Your clinical discussion group post/discussion and reply to a peer were satisfactory according to the CDG Grading Rubric, however you need to be careful in the future to answer each question correctly (for question #3 you discussed the John Hopkins Fall Score rather than the Mobility Level Score and mobility/activity goals/guidelines. We went over what you needed for this question during your clinical. I suggest reading the questions slowly and going back to make sure you answered them fully and accurately. AR

* End-of-Program Student Learning Outcomes
Clinical judgment terminology embedded in each competency – noticing, interpreting, responding, reflecting

Objective

4. Exemplify psychomotor skills and nursing care safely using evidence-based practice. (3,4,5,7,8)*

Clinical Experience	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Mid-Term	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14	Week 15	Make-Up	Final
Competencies: a. Demonstrate correct body mechanics and practices safety measures during the provision of patient care (Responding).						S	N/A	S		S	S	NA	S					
b. Apply the principles of asepsis and standard/infection control precautions (Responding).						S	N/A	S		S	S	NA	S					
c. Demonstrates appropriate skill with foley catheter insertion, maintenance, and removal (Responding).								NA		NA	NA	NA	S					
d. Manage basic patient care situations with evidence of preparation and beginning dexterity (Responding).						S	N/A	S		S	S	NA	S					
e. Organize time providing patient care efficiently and safely (Responding).						S	N/A	S		S	S	NA	S					
f. Manages hygiene needs of assigned patient (Responding).								NA		S	S	NA	S					
g. Demonstrate appropriate skill with wound care (Responding).								NA			NA	NA	NA					
h. Document the location of fire pull stations and fire extinguishers. ** (Interpreting).						S	N/A	S										
						CB	CB	CB		HS	AR	AR						

Comments

****You must document the location of the pull station and extinguisher here for your first clinical experience. Pull Station is located across from room 3037. Fire Extinguisher is located across and in between rooms 3035 and 3036. CB**

Week 9 (5d, e): You managed your time with your patient appropriately and were able to spend additional time with the patient and gather information from her in order to provide the necessary care to her. HS

Week 10 (5d-f)- You worked very hard during both clinical days to organize your care and use good time management. Great job. You did recognize your patient would need hygiene prior to the scheduled procedure, and despite you being prepared the patient was taken to the procedure early. You were able to complete the hygiene prior to leaving for the day. Great job with recognizing this important need! AR

* End-of-Program Student Learning Outcomes

Clinical judgment terminology embedded in each competency – noticing, interpreting, responding, reflecting

Objective																		
5. Develop patient-centered plans of care utilizing the nursing process. (3,4,5,6,7)*																		
Clinical Experience	**Week 1**	**Week 2**	**Week 3**	**Week 4**	**Week 5**	**Week 6**	**Week 7**	**Mid-Term**	**Week 8**	**Week 9**	**Week 10**	**Week 11**	**Week 12**	**Week 13**	**Week 14**	**Week 15**	**Make-Up**	**Final**
Competencies: a. Utilize clinical judgment skills to develop a patient-centered plan of care (Responding).								NA		**S**	**S**	**NA**	**S**					
								CB		HS	AR	AR						

Comments

Week 9 (6a): Nice job altering the plan of care for the patient once you had identified her increased risk of falling and also determining that her cognition may be altered as she changed a response to the therapist compared to that of what she had previously told you. HS

Week 10 (6a)- You used good clinical judgment skills while planning your patient's care, and even though he went down early for his procedure you revising the plan and still completed the care. This will come easier as you progress through the semester and program. Great job! AR

* End-of-Program Student Learning Outcomes

Clinical judgment terminology embedded in each competency – noticing, interpreting, responding, reflecting

Objective

6. Convert basic pharmacology principles into safe medication administration. (3,5,6,7)*

Clinical Experience	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Mid-Term	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14	Week 15	Make-Up	Final
Competencies: a. Identify the action, rationale, dosage, side effects and the nursing implications of medications (Interpreting).								NA					S					
b. Recognize patient drug allergies (Interpreting).								NA					S					
c. Practice the 6 rights and 3 checks prior to medication administration (Responding).								NA					S					
d. Administer oral, intra-muscular, subcutaneous, and intradermal medications using correct techniques (Responding).								NA					S					
e. Review the patient record for time of last dose before giving PRN medication (Interpreting).								NA					S					
f. Assess the patient response to PRN medications (Responding).								NA					S					
g. Demonstrate medication administration documentation appropriately using BMV (Responding).								NA				S	S					
*Week 11: BMV								CB				AR						

Comments

Week 11 (7g) - You are satisfactory for this competency by attending the Bedside Medication Verification (BMV) clinical orientation, actively listening, observing, and discussing accurate medication documentation and safe administration with the use of the BMV scanner. NS/CB

* End-of-Program Student Learning Outcomes

Clinical judgment terminology embedded in each competency – noticing, interpreting, responding, reflecting

Objective

2. Exemplify professional conduct through self-reflection, responsibility for learning, and goal setting. (1,5,7)*

Clinical Experience	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Mid-Term	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14	Week 15	Make-Up	Final
Competencies: **a. Reflect on areas of strength****(Reflecting)						U	N/A	S		S	S	NA	S					
b. **Reflect on areas for self-growth with a plan for improvement. ****(Reflecting)						U	N/A	S		S	S	NA	S					
c. Incorporate instructor feedback for improvement and growth (Reflecting).						U	N/A	S		S	S	NA	S					
d. Follow the standards outlined in the FRMCSN policy, "Student Code of Conduct" (Responding).						U	N/A	S		S	S	NA	S					
e. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions (Responding).						U	N/A	S		S	S	NA	S					
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect (Responding).						U	S	S		S	S	NA	U					
g. Comply with patient's Bill of Rights (Responding).						U	N/A	S		S	S	NA	S					
h. Respect the privacy of patient health and medical information as required by federal HIPAA regulations (Responding).						U	N/A	S		S	S	NA	S					
i. Actively engage in self-reflection. (Reflecting)						U	N/A	S		S	S	NA	S					
*						CB	CB	**CB**		HS	AR	AR						

**** Strength/weakness reflection (a,b): Must have different written example each week of clinical/lab. You must explain your plan for how you will improve. Example, "I am having a difficult time with obtaining a manual BP. I will get a BP cuff from Amy and practice manual BP's with at least three members of my family this week." Please ensure that you answer this section in-depth with your plan of action. Each week must be different.**

Week 6 Reflection:

Strength: Effective Communication
This week, I observed that one of my strengths is effective communication with patients. I was able to build rapport quickly and ensure that patients felt comfortable sharing their concerns and medical history with me. Great job communicating with your patient. It is interesting to see how much information someone shares in such little amounts of time. CB

Weakness: Preparation
This week I did not check my patient's room for essential supplies and had to stop the assessment to get new probes for my patient's bedside.
will focus on preparing myself mentally and gathering the necessary resources to improve my public speaking skills.
Plan of Action:
This week I recognized how important preparation is prior to an assessment. Over the next week I review proper room preparation and practice entering 3 rooms, perform a visual inspection, looking for cleanliness, tidiness, and any potential safety hazards, will be completed before 10/18. Jessica, this is a great plan to ensure that you have all the supplies that you need before you start to perform vital signs or a head to toe assessment, or anything for that matter. I am not sure what the 2nd sentence of your weakness is about, but preparation is something that will come more naturally when you gain experience and confidence. CB

Week 6 (8a-i): Jessica, you did not self-rate yourself for any of these competencies. Also, your clinical tool and cdg were turned in past the due date and time so competency 8f is an "U" for lack of responsibility. Please read the following statement carefully, and follow the directions for your clinical tool for week 7. 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.

Week 7 Reflection / CORRECTIONS:

- Objective 4F: During Week 6, I encountered challenges in timely posting comments for clinical discussion groups on the Edvance360 website (Reflection). To rectify this, I have proactively adjusted the due dates to be one day earlier and have implemented two reminders throughout the day to guarantee its completion. I have taken these steps to ensure this issue does not persist in the future.

- Objective 8a-i: In Week 6, I encountered difficulties in adhering to the precise instructions outlined in the Evaluation of Clinical Performance Tool, which ultimately led to receiving an unsatisfactory grade ("U") for this section. I have taken the initiative to carefully review the instructions this week and have developed a checklist for my clinical assignments to ensure thorough documentation. Going forward, I am committed to completing all aspects of the document meticulously and will not omit any components. Jessica, making a checklist of what is needed is a great way to keep track of what is due and when. Great plan! CB

NA's- I did not have clinical this week.

Week 9 Reflection:

Strength: Attention to Detail
This week I learned how crucial attention to detail truly is. While my patient was with OT, she expressed that she has fallen twice within the past six months. This was contraindicative to what she just told me. By listening to her conversation with OT I was able to stop what I was doing and immediately put into place fall precautions for this patient to prevent any preventable accidents. Very nice catch! HS

Weakness: Documentation
This week while documenting I learned, if what I just documented does not show up on the system to refresh my screen first and not to re chart. This error consequently caused a lot of confusion for myself my instructors due to there being duplicates of my documentation. To prevent this from happening in the future I will refresh my screen and if what I just charted still does not show up, I will contact my instructors for advice and or IT if necessary.
Also with documentation, I learned through discussing my errors with Heather, it would be best for me to set time aside to practice at FRMCSON to become more efficient in the system. I will dedicate at least 2 additional hours to practice documentation to become more efficient and confident with documenting prior to October 25, 2023.
I would agree that there were a few issues with the documentation for clinical, it makes it important to save before leaving the computer when able. Also, to verify if the documentation is saved prior to charting it again. I do agree that additional practice charting will be helpful in familiarizing you with it because you also had missed a few different areas and marked the incorrect response within the documentation for example, you charted that you took a manual BP and did not document the pulse ox result. HS

Week 10 Reflection:

Strength: Time Management
During this week, I improved my time management skills significantly. I became more conscious of how I allocate my time and found that I could multitask more effectively. One notable example of this was when I brought my patient's bag bath into the room during my initial assessment. This small adjustment allowed me to complete the task sooner, which, in turn, ensured that my patient received the care they needed in a more efficient manner. Great job! AR

Weakness: Technical Skill: Edema
This week, I encountered a challenge in my technical skills related to edema assessment. I made an error in documenting a patient's edema condition, which made me realize a gap in my understanding. The following day, I found myself questioning my knowledge regarding the differentiation between pitting and nonpitting edema. This experience highlighted the need for me to improve my proficiency in this area of clinical practice to provide more accurate and effective patient care. To address this weakness, I will go over my notes as well as the textbook's chapter regarding edema following up and questions with my instructor to be competent in this topic before my next clinical on November 8th. Good plan for improvement. AR
I&O's
This week, I recognized a weakness in my ability to collect intake and output (I&O) data consistently and accurately from my patient. I encountered challenges in recording and monitoring their fluid intake and output. I acknowledge the need to enhance my skills and diligence in this area to ensure that I provide comprehensive and reliable care to my patients moving forward this skill will be accomplished by further education and enhancing my skills prior to my next clinical on November 8th. Good idea! AR

Week 10- Overall you did a great job during clinical this week and showed improvement from the prior clinical experience. Keep up the good work and striving to improve your knowledge and skills. AR

Week 11 Reflection:
I did not have a clinical experience. AR

Week 12 Reflection:

Strength: Patient Advocate
This week I was able to advocate for my patient because his pain medication was not managing his pain and symptoms. By doing this his doctor changed his pain medication. This situation made me realize that advocating for our patients is a critical nursing skill and can potentially cause a major difference in the outcome of a patient's care.

Weakness: Time Management
This week I was able to incorporate my first medication administration within this clinical. Time management was a big concern for me personally. I found it difficult to chart my necessary documents while having enough time to prioritize giving my patient his required medication. Moving forward I will be more aware of my time and I will continue to practice documentation. To better prepare myself for prioritizing this time I will spend at least 2 hours a week in the computer lab practicing documentation while setting a specific time to be finished to allow adequate time for medications to be safely administered.

Week 12 Corrections:

Responsibility: This week I submitted the wrong evaluation tool. After receiving notification of this error from my clinical instructor I made the corrections and resubmitted the correct clinical evaluation tool, 11/13/2023. To prevent this unsatisfactory remark in the future I will carefully double check that I am submitting the correct clinical evaluation tool.
CDG Discussions: As of 11/13/2023 I have completed the CDG discussion as well as responded to one other peer. I will make sure I have the proper clinical information to successfully complete these assignments moving forward.

* End-of-Program Student Learning Outcomes
Clinical judgment terminology embedded in each competency – noticing, interpreting, responding, reflecting

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

Student Name: Jessica Greaves

Week 1 (Technology Lab):

During this lab you were able to satisfactorily navigate:

- Edvance360 Learning Management System.
- Skyscape Resource System.
- Assessment Technologies Institute (ATI) / Virtual Simulation (vSim) Systems.

Skills Lab Competency Evaluation Performance Codes: **S**: Satisfactory **U**:Unsatisfactory		**Lab Skills**									
	Week 1 (4)*	**Week 2 (2,3,5,8)***	**Week 3 (2,3,4,5,8)***	**Week 4 (2,3,4,5,8)***	**Week 5 (2,3,4,5,8)***	**Week 6 (1,2,3,4,5,8)***	**Week 7 (2,3,4,5,8)***	**Week 8 (2,3,4,5,8)***	**Week 9 (2,3,4,5,8)***	**Week 10 (2,3,4,5,6,8)***	**Week 11 (2,5,7)***
	Date: 8/21/2023	**Date:** 8/28/2023	**Date:** 9/6/2023	**Date:** **9/11/2023**	**Date:** **9/18/2023**	**Date:** **9/25/2023**	**Date:** 10/2/2023	**Date:** 10/9/2023 10/12/2023	**Date:** 10/16/2023	**Date:** 10/23/2023	**Date:** 10/31/2023
Evaluation:	**S**	**S**	**S**	**S**	**S**	**S**	**S**	**S/U**	**S**	**S**	**S**
Faculty Initials	AR	AR	AR	NS	CB	NS	RH/AR	AR/HS	AR	AR	AR
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	Insertion 10/9/2023 S-AR/HS	NA	NA	NA
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

***Course Objectives**

- Guided tour of library and computer lab. AR

Week 2 (Hand Hygiene; Vital Signs; PPE):

During lab this week you were able to satisfactorily demonstrate:

- Appropriate hand hygiene utilizing hand sanitizer and soap/water.
- Accurate verbalization of procedure for donning & doffing PPE.
- Appropriate level of skill during guided practice with measurement of radial and brachial pulses, along with manual blood pressure. Vital signs skills will be observed 1:1 with faculty during Week 3. Keep up the good work! AR

Week 3 (Vital Signs):

Great job in the lab this week! You satisfactorily completed the vital sign check off during 1:1 observation, including oral temperature, radial pulse, respiratory rate, pulse oximetry, and blood pressure measurement. During the blood pressure measurement, you accurately obtained two out of two blood pressure results on the Vital Sim

manikin. You were able to verbally discuss the following measurements: axillary and rectal temperature (excellent detail) along with orthostatic vital signs. You did not require any prompts throughout the entire checkoff! Your Meditech documentation related to vital signs was accurate and complete. Keep up the great work!! AR

Week 4 (Assessment):
Satisfactory with head to toe assessment guided practice, hand-off report activity, and Lexicomp/Intranet navigation activity. You will be observed 1:1 for Head to Toe Assessment competency during Week 5. NS
Week 5 (Assessment; Mobility):
Great job in lab this week! You have satisfactorily demonstrated a basic head to toe assessment in the skills lab. Overall you were thorough while completing your assessment, just remember to use a systematic approach, starting at the head and working your way toward the feet. You did require 2 prompts related to asking about history of falls within the last 6 months and the components of a full pain assessment. You demonstrated friendly, professional, and informative communication. You were able to correctly identify the lung sounds as crackles. Great job! CB
Feedback on documentation this week: With this being the first time that you fully documented these interventions, there are some areas for improvement. You did a good job, overall, with your Meditech documentation. You documented on the interventions listed below; however, some areas were inaccurate and omitted. NS

- Vital signs: accurate and complete
- Pain: Missing the comment for guided imagery and physician notified.
- Safety and Falls: Needs a comment for "pneumonia" to explain droplet precautions.
- Physical Re-Assessment – missed throat and mouth assessment, missed abdominal assessment. Otherwise, accurate and complete.

Mobility Lab 9/21/2023: Satisfactory completion of mobility lab through demonstration of the following: Logrolling/turning a patient, lifting a patient in bed, repositioning from lying to sitting, repositioning from sitting to standing, stand/pivot transfer from a bed to a chair, ambulating with a walker, ambulating with crutches, ambulating with a cane, use of a gait belt, and safe use of a wheelchair. Proper body mechanics were utilized to promote safety for the health care worker and the patient. Great job with active participation throughout the duration of the lab. NS
Week 6 (Personal Hygiene Skills):
Satisfactory with patient hygiene, making an occupied bed, shaving, oral care, hearing aid care, application of ace wraps, TED Hose/SCD's, and clinical readiness scenario during guided practice. Completed Meditech documentation for Hygiene and Ted Hose. Keep up the great work! NS
Week 7 (NG Skills: Insertion, Irrigation, and Removal; Feedings):
Great job this week in lab demonstrating competence for Nasogastric Tube Insertion, Irrigation, and Removal through 1:1 observation. You are satisfactory in all NG skills. During insertion, you required one prompt related to applying skin prep to the nose. Great job with checking the patient's diet order prior to giving water. Excellent patient education provided! You did not require any prompts during irrigation or removal, additionally offered oral care to the patient following removal. Great job! You were able to verbalize understanding of the difference between irrigation and flushing. You were able to practice administering intermittent tube feeding using the gravity method while also confirming tube placement with gastric residual. Additionally, you participated in the PO intake station for accurate calculation of carbohydrate intake, accurately measured gastric output through the NG tube, practiced assisting a visually impaired patient with their meal, and completed the assigned documentation in Meditech. Keep up the hard work! RH/AR
Week 8 (Foley Skills: Insertion, Removal; Sterile Gloves; I&O, Documentation Lab):
During your first one on one observation in lab this week you were satisfactory with the following skills: Sterile Glove Application, and Foley Catheter Removal. A prompt was needed on the removal, prior to attaching the 10ml syringe you need to remember to move the plunger up and down to loosen it, and then pull the plunger back to 0.5 ml prior to attaching it to the balloon inflation port. Just as a reminder for the Foley catheter removal, you should always empty the urine from the Foley tubing and reservoir bag, prior to removing the StatLock. During the Foley Catheter Insertion, you were unsatisfactory because of the following reasons: you immediately contaminated the sterile field when opening the sterile package, and then you placed the non-sterile bag on top of the sterile field and then completed the peri-care after you had opened the sterile kit. The Foley bag that was inside of the kit came off of the sterile field and onto the bed, the Foley catheter also touched your arm. After the insertion of the Foley you did not pull back gently until slight resistance was felt. Prior to placing the StatLock you did not cleanse the site with 3-4 alcohol pads and allow

to dry, you also did not measure prior to placing the StatLock on the patient's leg, and allowing for one inch of slack between the device and insertion site. When demonstrating how to obtain a urine specimen you contaminated the inside of the cup by touching it. AR/HS

Upon remediation of the Foley Catheter Insertion you were satisfactory. You did require one prompt because you did not remove the blue sterile packaging covering the catheter prior to contaminating your second hand. At this point you required an assistant to remove the package without contaminating the field. You correctly verbalized the differences in catheter insertion for a male patient. Actively participated in the Intake and Output stations, and completed Meditech documentation related to Urinary Catheter Management and Intake & Output. Be sure to take the appropriate time to practice skills prior to completing check off. You showed drastic improvement upon completing the skills for the remediation. AR/HS

Documentation Lab – You have satisfactorily completed the documentation lab by actively participating in Meditech documentation related to vital signs, physical re-assessment, safety and falls, pain assessment, patient rounds, TED hose/SCD/Ace wrap, feeding method, Intake and Output, urinary catheter management, and writing a nurse note. You utilized your time wisely, asked appropriate questions, and gained experience with each intervention listed in preparation for clinical. Feedback and remediation were provided as needed during the documentation review. Great job! CB

Week 9 (Dressing Change: Dry Sterile, Damp to Dry Packed, Stoma Skills):

You have demonstrated competence in the skill of wound assessment and wound care through guided observation of Dry Sterile Dressing and 1:1 observation of Damp to Dry Packed Wound Dressing Change. During the Damp to Dry Packed Wound Dressing Change, you did require one prompt related to the need to pour the sterile saline over the wound packing gauze prior to placing the sterile gloves on. Also, as a reminder, when patting the wound dry only touch the edges of the 4X4's so that the portion of the gauze touching the wound remains clean. Your communication with the patient was excellent. Documentation was completed related to wound care and patient rounds in the Meditech system. Additionally, you participated in the stoma care station to gain additional knowledge and skills. Great job this week! AR

Week 10 (Safety; Infection Control; Prioritization; Weight; Pressure Ulcer Prevention; Soft Restraints; Doppler BP):

Satisfactory participation with the following stations: Prioritization, Patient Weight, Restraints, Doppler BP, Meditech documentation, and Patient Scenario involving Safety, Infection Control, and Pressure Ulcer Prevention. Keep up the hard work! AR

Week 11 (Medication Lab):

Satisfactory participation and performance of the following skills in the medication lab: Oral, IM, SQ, and ID medication administration; performance of IM injection on fellow student; performance of SQ & ID injection on practice sponge; use of and drawing medication out of ampule and vial; communication/accountability activity with awareness of allergies & dosage calculation. AR

8/17/2023

Date	Care Map Top Nursing Priority	Evaluation & Instructor Initials	Remediation & Instructor Initials
		*	*

Note: Students are required to submit one satisfactory care map by 11/20/2023 at 0800. 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 one time to receive a satisfactory evaluation. ***See Attached Nursing Care Map Grading Rubric.**

Firelands Regional Medical Center School of Nursing
Care Map Grading Rubric

Student Name:	**Course Objective:** 6* Develop patient-centered plans of care utilizing the nursing process
Date or Clinical Week:	

	Criteria	**3**	**2**	**1**	**0**	**Points Earned**	**Comments**
Noticing	1.Identify all abnormal assessment findings. (subjective and objective)	**(lists at least 7*) *provides explanation if < 7**	**(lists 5-6)**		**(lists < 5 or gives no explanation)**		
	2. Identify all abnormal lab findings/diagnostic tests.	**(lists at least 3*) *provides explanation if < 3**			**(lists < 3 or gives no explanation)**		
	3. Identify all risk factors.	**(lists at least 5*) *provides explanation if < 5**	**(lists 4)**	**(lists 3)**	**(lists < 3 or gives no explanation)**		
	4. Highlight all of the related/relevant data from the Noticing boxes to develop a priority nursing problem.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**		
Interpreting	5. List all nursing priorities and highlight the top priority problem.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**		
	6. Identify all potential complications for the top nursing priority problem.	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**		
	7. Identify signs and symptoms to monitor for each complication.	**(lists at least 3)**	**(lists at least 2)**		**(lists < 2)**		
Responding	8. List all nursing interventions relevant to the top nursing priority.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**		
	9. Interventions are prioritized	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**		
	10. All interventions include a frequency	**> 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**		
	12. An appropriate rationale is	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**		

	included for each intervention						
Reflecting	13. List the reassessment findings for the top nursing priority.	**>75% complete**	**50-75% complete**	**<50% complete**	**0% complete**		
	14. Evaluation includes one of the following statements: • Continue plan of care • Modify plan of care • Terminate plan of care	**Complete**			**Not complete**		

Total Possible Points= 42 points 42-30 points = Satisfactory 29-18 points = Needs Improvement* < 18 points = Unsatisfactory* ***Total points adding up to less than or equal to 29 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.** **Faculty/Teaching Assistant Comments:**	**Total Points:** **Faculty/Teaching Assistant Initials:**

Nursing Foundations 2023
Simulation Evaluations

Simulation Evaluation Performance Codes: **S**: Satisfactory **U**: Unsatisfactory	Simulation #1 (2,3,5,8) *	Simulation #2 (2,3,5,7,8) *
	Date: 11/7/2023 or 11/14/2023	**Date: 11/27/2023 or 11/28/2023**
Evaluation (See Simulation Rubric)		
Faculty Initials		
Remediation: Date/Evaluation/Initials		

* Course Objectives

A. Reflect on an area of strength after observing/participating in each simulation scenario.
B. Recognize one area for improvement and set a goal to meet this need.

The goal must include what you will do to improve, how often you will do this, and when you will complete the goal (example- "I forgot to raise the head of the bed when the patient began having trouble breathing. I will review the proper nursing interventions for dyspnea in the textbook and on skyscape twice before the next simulation scenario").

Simulation #1:
A.

B.

Faculty comments:

Simulation #2:
A.

B.

Faculty comments:

EVALUATION OF CLINICAL PERFORMANCE TOOL
Nursing Foundations – 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 & Date: _____