

EVALUATION OF CLINICAL PERFORMANCE TOOL
Nursing Foundations – 2023

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student:

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 | Faculty Feedback |
| Care Map Grading Rubric | Documentation |
| Administration of Medications | Clinical Reflection |
| Simulation Scenarios | |
| Skills Demonstration | |
| Evaluation of Clinical Performance Tool | |
| Clinical Discussion Group Grading Rubric | |
| Lasater Clinical Judgment Rubric | |

ABSENCE (Refer to Attendance Policy)

Date	Number of Hours	Comments	Make Up (Date/Time)
Faculty’s Name			Initials
Chandra Barnes			CB
Frances Brennan			FB
Amy Rockwell			AR
Nicholas Simonovich			NS

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:								N/A		S	NA	S	NA	S				
a. Identify spiritual needs of patient (Noticing).								N/A		S	NA	S	NA	S				
b. Identify cultural factors that influence healthcare (Noticing).								N/A		S	NA	S	NA	S				
c. Coordinate care based on respect for patient's preferences, values, and needs (Responding).						S	NA	S		S	NA	S	NA	S				
d. Use Maslow's Hierarchy of needs to determine the care needs of the assigned patient (Interpreting).						S	NA	S		S	NA	S	NA	S				
						FB	FB	NS		NS	NS	NS	NS					
						3T 60 year old M	NA			4N 72 Year Old F		4N 82 Year Old M		4N 75 Year Old F				

Clinical Location:
Patient age**

Comments

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

Week 6 (1c,d)- Great job showing respect for your patient's needs, being compassionate and kind while delivering care. You also demonstrated the appropriate use of Maslow's hierarchy of needs during the head to toe assessment performed on your patient during this clinical experience. FB

Week 9 1(a-d) – You did a nice job this week correlating your care based on your patient’s preferences and needs. Her pain, nausea, and shortness of breath made this a challenging patient at this level of your nursing career. However, you tailored your assessments and interventions based on Maslow’s hierarchy and ensured her physiological needs were met first. You took note of her discomfort and allowed periods of rest. You respected her wishes to be in a quiet environment while also obtaining the important assessment data needed to communicate to the health care team. Nice work! NS

Week 11 1(a-d) – Marena, you had a challenging patient this week in regards to his ability to perform ADLs and mobility. His right hip fracture and left shoulder repair required you to coordinate your care differently than patient’s previously. Since he pain was mostly under control, much of your care focused on how to assist in his ADLs and promote independence and safety. You were able to help meet his self-esteem needs by assisting in hygiene care. You respected his preferences and needs in assisting him and helped to promote comfort. NS

* 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:						S	NA	N/A		S	NA	S	NA	S				
a. Perform head to toe assessment utilizing techniques of inspection, palpation and auscultation (Responding).																		
b. Use correct technique for vital sign measurement (Responding).						S	NA	S		S	NA	S	NA	S				
c. Conduct a fall/safety assessment and institute appropriate precautions (Responding).						S NA	NA	N/A		S	NA	S	NA	S				
d. Conduct a skin risk assessment and institute appropriate precautions (Responding).								N/A		S	NA	S	NA	S				
e. Collect the nutritional data of assigned patient (Noticing).								N/A		S	NA	S	NA	S				
f. Demonstrates appropriate insertion, maintenance, and/or removal of NG tube (Responding).								N/A		N/A	NA	NA	NA	NA				
g. Describe the findings and the rationale for diagnostic studies with the nursing implications for assigned patient (Interpreting).								N/A		N/A	NA	S	NA	S				
						FB	FB	NS		NS	NS	NS	NS					

Comments

Week 6 (2a,b)- Marena, you performed a systematic head to toe assessment and retrieved all vital signs within a timely manner. (2c)- This competency was changed because you did not have to conduct a fall assessment or institute any precautions. Make sure you are rating on the competencies completed for the week. FB

Week 9 2(a,b) – Nice work with your assessments this week. You were able to utilize your knowledge and skills to identify numerous deviations from normal. Upon assessment, you noticed visual impairment with the use of glasses, stained, yellow, and missing teeth with partial dentures, anxiety related to chronic illness, rhonchi upon auscultation of the lung sounds, non-productive cough, use of telemetry monitoring, back and abdominal pain, muscle weakness, irregular bowel pattern with persistent diarrhea, tender abdomen, and the use of an indwelling urinary catheter with cloudy appearing urine. Good job being thorough with your assessment! You also noticed a high blood pressure reading of 174/52, and responded by re-assessing the BP and then communicating your findings with the assigned RN. NS

Week 9 2 (c) - You conducted a thorough safety assessment and noticed a low fall score of 8. You described the factors that led to her score well in your CDG. Good discussion on measures that were taken to promote safety in the hospital setting. NS

Week 11 2(a) – Nice job with your assessments again this week, noticing deviations from normal that helped guide your care. You noticed his trauma and limited mobility in the musculoskeletal system and charted accurately and appropriately. On day two you got to observe a surgical procedure related to a pseudoaneurysm. You did a nice job describing what you learned from the experience in relation the both the patient's experience and nursing implications. NS

* 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:						S NA	NA	N/A		S	NA	S	NA	S				
a. Receive report at beginning of shift from assigned nurse (Noticing).						S NA	NA	N/A		S	NA	S	NA	S				
b. Hand off (report) pertinent, current information to the next provider of care (Responding).						S NA	NA	N/A		S	NA	S	NA	S				
c. Use appropriate medical terminology in verbal and written communication (Responding).						S	NA	S		S	NA	S	NA	S				
d. Report promptly and accurately any change in the status of the patient (Responding).						S	NA	S		S	NA	S	NA	S				
e. Communicate effectively with patients and families (Responding).						S	NA	S		N/A S	NA	S	NA	S				
f. Participate as an accountable health care team member in the provision of patient centered care (Responding).						S	NA	S		S	NA	S	NA	S				
						FB	FB	NS		NS	NS	NS	NS					

Comments

Week 6 (3a,b)- These competencies were changed to a “NA” because you did not receive a shift report and did not perform a hand of report. Make sure you are rating yourself on competencies actually completed the corresponding week. (3 c,d,e) Great job with the use of medical terminology use while communicating with your patient, reporting abnormal findings, and communicating effectively with your assigned patient. FB

Week 9 3(b,e,f) -Nice work during hand-off report communication with the assigned RN. You utilized the SBAR sheet to identify pertinent information that the next provider of care would want to know. Your assigned RN said you did a great job. Despite your patient's pain, nausea, and shortness of breath, you did well communicating with her throughout the day to help meet her needs. She was quite sick which impacts her ability and desire to communicate; however, you used a good approach in your interactions. Nice work participating as an accountable member of the health care team by communicating your findings. You promptly reported her hypertension after re-assessing for accuracy so that the RN could medicate as indicated. NS

Week 11 3(e,f) – You communicated well with both assigned patients this week. On day two your patient was quite down regarding her recent health status. You provided good therapeutic communication and demonstrated a caring approach. You were an accountable member of the health care team while being in the surgery department by learning and observing the process or pre- intra- and post-op care. You also were a strong member of the health care team by assisting your fellow classmate in performing wound care for various dressing changes. Great job being a team player! NS

* 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:						S	NA	S		S	NA	S	NA	S				
a. Document vital signs and head to toe assessment according to policy (Responding).						S	NA	S		S	NA	S	NA	S				
b. Document the patient response to nursing care provided (Responding).						S	NA	S		S	NA	S	NA	S				
c. Access medical information of assigned patient in Electronic Medical Record (Responding).		S				S	NA	S		S	NA	S	NA	S				
d. Demonstrate beginning skill in accessing patient education material on intranet (Responding).		S						S		S	NA	S	NA	S				
e. Provide basic patient education with accurate electronic documentation (Responding).								N/A		N/A	NA	NA	NA	S				
f. Consistently and appropriately post comments for clinical discussion groups on Edvance360 website (Reflection).						S	NA	S		S	NA	S	NA	S				
*Week 2 –Meditech		FB				FB	FB	NS		NS	NS	NS	NS					

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 Lexicom to locate patient education materials. Additionally, nursing policies and procedures were located on the health system intranet. Great job! NS/CB/FB

Week 6 (4 a,b,c) Satisfactory job with documentation of head to toe assessment and vital signs. Make note of areas you may have forgot to chart on during this clinical experience, so you can improve on for future clinicals. (4f) Your initial discussion post and response was completed on time and was substantial. An area of improvement would be the in-text citation and reference.

Examples: Reference- Potter, P., Perry, A., Stockert, P., & Hall, A. (2019). *Essentials for nursing practice* (9th ed.). Mosby. **Or** Venes, D. (2021). *Taber's cyclopedic medical dictionary* (24th ed). F. A. Davis Company: Skyscape Medpresso, Inc.

In-text citations- According to Jones (1998), "students often had difficulty using APA style, especially when it was their first time" (p. 199). **or** She stated, "Students often had difficulty using APA style" (Jones, 1998, p. 199), but she did not offer an explanation as to why. **Or** APA style is a difficult citation format for first-time learners (Jones, 1998, p. 199).

If you still need some assistance reference Purdue OWL. FB

Week 9 4(f) – Very good work with your CDG this week. All criteria were met for a satisfactory evaluation. APA formatting looked spot on. See my comments on your posts for further details. NS

Week 11 4(a,b) – Nice job with your documentation this week. You are continuing to improve on both speed and accuracy with each patient experience. You are doing well at communicating your findings appropriately and communicating with all members of the health care team. Keep up the hard work! NS

Week 11 4(e) – Good job identifying your patient's priority problem as being related to impaired mobility. You accurately described the situation and assessment findings that helped support your priority. Good detail in describing both his assessment and lab findings to help your peers learn from your experience. You used a reputable source to support your discussion and enhance the conversation. I was quite surprised to see his level of mobility and goals based on his recent injuries. However, to reduce complications and deconditioning, it is important to encourage him to meet those goals to the best of his ability. He will have a long road to recovery with extensive therapy, it was great to see him up and moving that day. Nice job describing factors that led to his mobility score and goal. You APA style formatting looked great on your initial post. You did well in your response to Abbi, adding additional thought to the conversation with a citation and reference to support your discussion. I liked your thoughts on promoting movement enhancing the patient's motivation to get better. I couldn't agree more! All criteria were met for a satisfactory evaluation. NS

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:						S	NA	S		S	NA	S	NA	S				
a. Demonstrate correct body mechanics and practices safety measures during the provision of patient care (Responding).						S	NA	S		S	NA	S	NA	S				
b. Apply the principles of asepsis and standard/infection control precautions (Responding).						S	NA	S		S	NA	S	NA	S				
c. Demonstrates appropriate skill with foley catheter insertion, maintenance, and removal (Responding).								N/A		S	NA	NA	NA	S				
d. Manage basic patient care situations with evidence of preparation and beginning dexterity (Responding).						S	NA	S		S	NA	S	NA	S				
e. Organize time providing patient care efficiently and safely (Responding).						S	NA	S		S	NA	S	NA	S				
f. Manages hygiene needs of assigned patient (Responding).								N/A		S	NA	S	NA	S				
g. Demonstrate appropriate skill with wound care (Responding).								N/A			NA	S	NA	NA				
h. Document the location of fire pull stations and fire extinguishers. ** (Interpreting).						S	NA	S						NA				
						FB	FB	NS		NS	NS	NS	NS					

Comments

**** You must document the location of the pull station and extinguisher here for your first clinical experience.**

Week 6 (5h)-Across room #3035 for fire extinguisher, and fire alarm pull across room #3037. FB

Week 9 5(c) – You gained experience caring for a patient with a foley catheter for the first time this week. You noted the urine characteristics in the draining bag and maintained patency throughout the day. Asepsis was maintained when emptying the urine drainage bag appropriately. NS

Week 11 5 (b,d,g) - You gained new experiences in assisting your classmate with wound care this week! You maintained asepsis throughout the procedures and were very mindful of appropriate hand hygiene and when to change your gloves to prevent potential contamination. You were able to gain experience with following the FRMC wound care protocol for a skin tear. You also gained experience in caring for an infected wound, reviewing physicians order, and implementing the orders appropriately. Various dressing supplies were utilized for a great learning experience! I thought you showed confidence in yourself and your abilities and were eager to learn. Nice job!
NS

*** 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).								N/A		S	NA	S	NA	S				
								NS		NS	NS	NS	NS					

Comments

Week 9 6(a) – Good job this week using clinical judgment skills to help formulate your plan of care. You used your assessment skills to make appropriate decisions throughout the day. Based on her pneumonia and low Spo2 during your care, you did well to prioritize her respiratory assessment as your focus along with her UTI focusing on her GU assessment. NS

Week 11 6(a) – You appropriately determined that your patient’s priority nursing problem was related to impaired mobility. You correlated his recent hip fracture and shoulder surgery as a risk for immobility and complications associated. You correlated your assessment findings well and interpreted the importance of encouraging independence and mobility. Your plan of care was developed based on the risks of complications and preventing of negative outcomes. NS

* 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:								N/A					NA	S				
a. Identify the action, rationale, dosage, side effects and the nursing implications of medications (Interpreting).								N/A					NA	S				
b. Recognize patient drug allergies (Interpreting).								N/A					NA	S				
c. Practice the 6 rights and 3 checks prior to medication administration (Responding).								N/A					NA	S				
d. Administer oral, intramuscular, subcutaneous, and intradermal medications using correct techniques (Responding).								N/A					NA	NA				
e. Review the patient record for time of last dose before giving PRN medication (Interpreting).								N/A					NA	S				
f. Assess the patient response to PRN medications (Responding).								N/A					NA	S				
g. Demonstrate medication administration documentation appropriately using BMV (Responding).								N/A				S	NA	S				

*Week 11: BMV

								NS					NS	NS				
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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:						S	NA	S		S	NA	S	NA	S				
a. Reflect on areas of strength** (Reflecting)								S		S	NA	S	NA	S				
b. Reflect on areas for self-growth with a plan for improvement. ** (Reflecting)						S	NA	S		S	NA	S	NA	S				
c. Incorporate instructor feedback for improvement and growth (Reflecting).						S	NA	S		S	NA	S	NA	S				
d. Follow the standards outlined in the FRMCSN policy, "Student Code of Conduct" (Responding).						S	NA	S		S	NA	S	NA	S				
e. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions (Responding).						S	NA	S		S	NA	S	NA	S				
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect (Responding).						S	NA	S		S	NA	S	NA	S				
g. Comply with patient's Bill of Rights (Responding).						S	NA	S		S	NA	S	NA	S				
h. Respect the privacy of patient health and medical information as required by federal HIPAA regulations (Responding).						S	NA	S		S	NA	S	NA	S				
i. Actively engage in self-reflection. (Reflecting)						S	NA	S		S	NA	S	NA	S				
*						FB	FB	NS		NS	NS	NS	NS					

**** 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 (8a)- A strength that I had during this clinical experience was respecting the patient's privacy and explaining the procedures that I was doing on the patient. Great job providing the patient information regarding your actions. It is very important to be respectful and explain any procedures or assessments that you are performing on the patient. Patients really appreciate being included in their care. FB

(8b) I had difficulties with starting a conversation throughout the duration of the head to toe assessment. Over the next several weeks I will work on starting opening conversations with family and friends to be able to communicate with patients in the hospital setting. Great idea to practice with family and friends. You might also try to start conversations with some of the students you do not know in the class. You would be surprised how much important information you can illicit with simple conversation. You will get better with communication over time and with experience. FB

Week 9- This week the strength that I had during this clinical experience was building confidence in giving a SBAR Report back to my charge nurse after completing my clinical. I felt very confident and strong providing feedback to my charge nurse for my patient. This is a great strength to note this week! This can be a nerve-racking experience when performing for the first time. With each experience you will continue to gain confidence in your approach. Your assigned RN did make a comment about how well you did with care and communicating your findings during hand-off report. Job well done! NS

The difficulties that I felt that I had during this clinical was time management. I felt like I was running around getting my patient so many things like water, a new gown, socks, etc. I felt like I also spent too much time in my patient's room, or not enough time. Over the next several weeks I plan to better manage my time with my patient and get faster with documentation. I love this reflection! You had numerous strengths this week, however, we all can improve in some area. You were able to reflect on your experience to identify an area you would like to grow. Time management is truly essential in health care. While I thought you did well, I am glad that you were able to identify a plan to improve moving forward. This will be especially important when we start to give medications, so you have a great plan in place! Keep up the hard work. NS

Week 11- This week the strength I had was feeling more comfortable with patient care. I gave my patient a bed bath and I was nervous about hurting my patient since he was already in pain due to shoulder surgery. I was hesitant to give my patient a bed bath at first, but after taking breaks and having help from my peers, I felt pretty good about giving my first bed bath. That's great to hear, Marena! Although this is something you learn in class and lab, it is much different when performing on a real patient. It takes time to get comfortable in providing such personal care and also trying to promote comfort during the process. I am happy to hear that you utilized your peers to assist and gain comfort in this area. Wonderful strength! NS

I had difficulties that I had during this clinical experience was feeling that I was overstepping my patient's personal space. I was constantly in my patient's room asking him if he needed anything or wanted any help. My patient wanted me to leave him alone for a few hours and he disliked asking for help because he did not want to be a burden. On the second day of clinical this week, I was able to get in my patient's room for things that I needed to do and check up on him when I free time. On the second day, I felt that I did not overstep my patient's personal space as much as I did on the first day. Nice reflection, Marena! Its hard to find the balance between being in the room too much or too little. This is especially true as a nursing student assigned to one patient for the duration of the day. We want to show that we are caring and there for them, but also want to respect their privacy during times of pain and discomfort. We encourage you to stay in the room as much as possible, but we also understand some patient's need time alone. This was a well thought out reflection. Great job adjusting your care and respecting his wishes. Keep up the hard work! NS

Week 12- This week the strength I had was feeling more confident and comfortable passing out my medications to my patient. Days and the night before I practice gathering and looking up my own families' medications to practice and feel more comfortable doing medication rounds in the clinical setting. My patient was very understanding and calm and collective when I was giving her medications to her. I feel more comfortable giving medication.

The difficulty I had this clinical experience was dealing with my first patient on day 1 in the morning. My original patient was very sick, not feeling well, and certainly did not want me to be in the room. I tried putting myself in his shoes, but unfortunately could not relate to what he was going through. The difficulty was that I was trying to engage in a conversation with him, but again he did not want to talk or anything. I am very sociable, and love talking to the different people I meet during my clinical experiences, but he unfortunately made me stumble upon talking.

* End-of-Program Student Learning Outcomes

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

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: <ul style="list-style-type: none"> Continue plan of care Modify plan of care Discontinue plan of care 	Complete			Not complete							
	Skills Lab											
	Competency Evaluation											
	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.	Week 1 (4)*	Week 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 (1,3,3,4,5,8)*	Week 7 (2,3,4,5,8)*	Week 8 (2,3,4,5,8)*	Total Points: Week 9 (2,3,4,5,8)*	Week 10 (2,3,4,5,6,8)*	Week 11 (2,5,7)*
	Faculty/Teaching Assistant Comments:											
		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	S	S	S
	Faculty Initials	AR	AR	NS	NS	CB	AR	AR	AR/HS	NS	AR	AR
	Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
	Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

*Course Objectives

Nursing Foundations 2023
Skills Lab Competency Tool

Student Name: Marena Owen

Comments:

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.
- 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):

Awesome work 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 consecutive blood pressure results on the Vital Sim manikin. The first blood pressure measurement was set at 148/90, and you identified it as 148/90, great job. The second measurement was set at 108/74 and you interpreted it as 106/70, well within the desired range. You were able to verbally discuss the following measurements: axillary and rectal temperature along with orthostatic vital sign assessments. You did not require any prompts throughout the whole checkoff, and provided accurate detail in your communication with the “patient”. Overall your documentation looked good. It was noted that the blood pressure reading was not recorded in the documentation. Be sure to pay close attention to all details when documenting patient data. Keep up the great work!! NS

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):

Awesome job in lab this week! You have satisfactorily performed a basic head to toe assessment in the skills lab. Your approach was systematic, thorough, and overall very well done. You paid close attention to detail and were clearly well-prepared. You did not require any prompts throughout your assessment, nice work! You demonstrated professional and informative communication. Job well done! 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. Please review each area of documentation within the next two weeks so you can examine areas that were omitted. I want you to feel comfortable and confident with Meditech documentation. NS

- Vital signs: accurate and complete
- Pain: Accurate and complete
- Safety and Falls: accurate and complete

- **Physical Re-Assessment:**
 - HEENT: omitted “normal” for eye position; documented “positional” for nystagmus rather than “none”; omitted “hearing difficulty” as right ear symptom; omitted documentation of left ear (normal); omitted “no throated complaints” as comment.
 - Cardiovascular: omitted “yes” for pacemaker/AICD present; do not document under “EKG method” until you are in AMSN; for left radial documentation, cap refill should have been “<3 sec”; omitted documentation of edema for left upper extremity.
 - Neurological: documented numerous times for “strength”- be sure you only document once per hand/leg, even if there are more than one entry for each.
 - Musculoskeletal: omitted “dislocated” for injury description; omitted comment for left arm/shoulder.
 - Gastrointestinal: omitted all documentation for “bowel pattern”; omitted “nausea, vomiting, constipation” for GI symptoms; omitted “witnessed” related to emesis.
 - Genitourinary: omitted “M-W-F” for dialysis schedule.

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! AR

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 as a reminder to place tape over the bridge of the nose to secure the tube. When performing an abdominal assessment, remember to inspect, auscultate, and palpate in that order. No prompts were needed during irrigation or removal. Great job! During irrigation, you were able to remind yourself to verify placement (aspiration and “cm” marking at nare) prior to irrigating the tube. 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! AR

Week 8 (Foley Skills: Insertion, Removal; Sterile Gloves; I&O, Documentation Lab):

You did a great job in the lab this week and were satisfactory with the following skills: Sterile Glove Application, Foley Catheter Insertion (female), and Foley Catheter Removal. One prompt was needed during the insertion, because you picked up the sterile tray inside the kit and moved the entire tray with non-sterile gloves on. You also did not remove the blue plastic covering from the catheter prior to becoming contaminated, you realized that you had missed this step and had assistance from a helper to maintain your sterile field. After that you maintained sterile technique throughout the procedure. You had very good communication with your “patient”. Great job! 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. Keep up the great work!!! 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, one prompt was required related to using gauze to pat dry the wound following obtaining the wound culture. A second prompt was required related to pouring the sterile saline over the gauze prior to putting on the sterile gloves to prevent potential contamination. You were very conscious of your sterile field throughout the procedure. Job well done! 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. Clinical scenario questions were presented to the group with active participation from all students. Great job this week! NS

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

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

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

Remediation: Date/Evaluation/Initials	NA	
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* 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: 11/7/2023

- A. An area of strength after participating in simulation scenario 1, was being a team member by helping the assessment nurse complete a thorough head to toe assessment. **NS**
- B. One area for improvement is to get more comfortable with being around medications and administering medications to patients. I need to work on following the six rights of medication administration and getting used to using skyscape. My goal to meet this need is to practice giving medication at home as if I was in clinical, while also using skyscape to look up the medications. **NS**

Faculty comments: **see attached rubric below. NS**

Simulation #2:

- A.
- B.

Faculty comments:

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Kara McIlrath (A), Marena Owen (M), Trenton McIntyre (O), Ava Lawson(O)

GROUP #: 4

SCENARIO: NF #1

OBSERVATION DATE/TIME(S): 11/7/2023 1130-1230

CLINICAL JUDGMENT COMPONENTS						<u>OBSERVATION NOTES</u>
NOTICING: (1,2,4,6,7) *						<p>Confirmed name and DOB when entering the room for patient safety. Did not notice alarm for low Spo2 initially. Noticed BP 132/76, noticed temp 99.2, noticed Spo2 of 92% on RA when obtaining vitals, noticed HR of 82, RR 18 Did not seek further information regarding cough and/or sputum production Noticed crackles upon auscultation throughout lung fields Focused observation on bowel and urine characteristics. Focused observation on patient's pain. Noticed tissues in the bed with yellow sputum. Did not notice reddened heels initially. Assessed medication allergies prior to administration. Asked how patient safely takes medication. Noticed medication orders in the MAR.</p>
• Focused Observation:	E	A	D	B		
• Recognizing Deviations from Expected Patterns:	E	A	D	B		
• Information Seeking:	E	A	D	B		

<p>INTERPRETING: (1,2,4,6,7) *</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 	<p>Prioritized vital signs when entering the room. Did not prioritize low spo2 initially.</p> <p>Made sense of provider orders to maintain Spo2 >93%</p> <p>Made sense of crackles related to pneumonia.</p> <p>Prioritized patients' complaint of heel pain.</p> <p>Made sense of medication orders using the six rights.</p> <p>Did not make sense of Lipitor order (stated for COPD/Asthma). Review the therapeutic effects of Lipitor.</p>
<p>RESPONDING: (1,2,3,4,5,6,7) *</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 	<p>Introduced self and role when entering the room. Performed hand hygiene for infection control.</p> <p>Further assessed respiratory status based on Spo2 of 92%, asked about shortness of breath</p> <p>Consider elevating the HOB for shortness of breath</p> <p>Responded to low Spo2 by initiating oxygen at 2L per nc per physician orders</p> <p>Calmly responded to alarm and low Spo2 with communication towards the patient</p> <p>Good communication with the patient regarding planned interventions</p> <p>Thorough neuro assessment performed, orientation status observed.</p> <p>Cardiovascular and respiratory assessment performed appropriately.</p> <p>Educated on crackles and potential for fluid in the lungs.</p> <p>Good technique with abdomen assessment (looked, listened, then palpated).</p> <p>ROM performed, hand grasps, dorsal flexion/extension performed.</p> <p>Capillary refill assessed.</p> <p>Good skin assessment, did not notice reddened heels initially</p> <p>Responded to patient's heel discomfort by propping up on pillows.</p> <p>Safety assessment performed.</p> <p>Good communication regarding assessment findings and medications to be administered.</p> <p>Good teamwork with reviewing medication orders.</p> <p>Medication nurse identified role when entering the room. Confirmed name and DOB when entering the room. Used BMV scanner for safety.</p> <p>Elevated HOB for medication safety.</p> <p>Did not look up medication initially. Good teamwork to review medications in skyscape.</p> <p>Re-evaluated breathing status and asked about need for nebulizer.</p>

<p>REFLECTING: (1,2,4,5,6,8) *</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Observers did a great job actively paying attention to detail throughout scenario. Constructive feedback was provided during debriefing. Observers provided good insight on safe medication administration, including the six rights of medication administration. Observers also praised students for initiating O2 via nasal cannula for low Spo2 per orders while also discussing the need for prompt intervention. Constructive feedback was provided related to areas for improvement. Good discussion and support amongst those performing in the scenario and the observers.</p> <p>Everyone participated well in debriefing. Each member of the team reflected on the experience and asked appropriate questions. Members of the team noticed areas for improvement and discussed ways to make improvements in the future. The assessment nurse and medication nurse demonstrated collaborative communication between the team members and the patient.</p>
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p> <p>Scenario Objectives:</p> <ul style="list-style-type: none"> • Demonstrate collaborative communication with patients and healthcare team members (1,3,8) * • Execute accurate and complete head to toe assessment (1,5,6,8) * • Select and administer prescribed oral medications following the six rights (1,4,5,7) * • Identify and provide accurate patient education (1,2,3,4,5,7) * 	<p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Identifies obvious patterns and deviations, missing some important information; unsure how to continue the assessment. Actively seeks subjective information about the patient’s situation from the patient and family to support planning interventions; occasionally does not pursue important leads.</p> <p>Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. In simple, common, or familiar situations, is able to compare the patient’s data patterns with those known and to develop or explain intervention plans; has difficulty, however, with even moderately difficult data or situations that are within the expectations of students; inappropriately requires advice or assistance</p> <p>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 using nursing skills.</p> <p>Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.</p> <p>Satisfactory completion of NF Scenario #1.</p>

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: _____