

**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)
11/17/2023	2	Late CDG(clinical)	11/17/2023-2 hours
<b>Faculty’s Name</b>			<b>Initials</b>
Chandra Barnes			CB
Frances Brennan			FB
Amy Rockwell			AR
Nicholas Simonovich			NS
Heather Schwerer			HS

## 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.**

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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
<b>Competencies:</b>								NA		S	n/a	S	N/A	S				
a. Identify spiritual needs of patient (Noticing).								NA		S	N/A	S	N/A	S				
b. Identify cultural factors that influence healthcare (Noticing).								NA		S	N/A	S	N/A	S				
c. Coordinate care based on respect for patient's preferences, values, and needs (Responding).						N/A	S	S		S	N/A	S	N/A	S				
d. Use Maslow's Hierarchy of needs to determine the care needs of the assigned patient (Interpreting).						N/A	S	S		S	N/A	S	N/A	S				
						CB	FB	FB		AR	HS	HS	HS	HS				
						N/A	3T 80			3T 88	N/A	3T 83 90	N/A	3T 55 75				

Clinical Location:  
Patient age\*\*

**Comments**

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

Week 9- Excellent job caring for your medically complex patient this week. You respected her needs and preferences at all time. Keep up the great work! AR  
 Week 11-(1a, b,c) Nice job this week, you had two very different patients. You did a nice job on the second day with your patient as she really enjoyed talking with you and sharing her stories with you. It is very important to take the time and listen to your patient, I could tell that she enjoyed telling you the "praying hands story." HS

Week 13-(1c)- You respected your patient's preferences and needs while providing care. You acknowledged that he wanted to sleep however, you recognized the importance of performing peri and Foley care. HS

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

**Comments**

Week 7 (2a,b)- Nikki, These competencies were changed to a “S” because you performed a systematic head to toe assessment and retrieved all vital signs within a timely manner. The expectation is not that you are perfect but you have the main concepts down. You will improve with more experience and practice. FB

Week 9 (2a-d)- Great job with your assessment skills on your complex patient! You noticed that her pulse ox reading was lower than expected and verbalized the patient should be sitting higher up in the bed to optimize oxygenation. You also noticed a heart murmur when listening to your patient's heart sounds! Great job! (2g)- You noticed numerous abnormal diagnostic findings and through discussion you were able to relate these to your patient's current diagnosis and past medical history. Excellent job! AR

Week 11- (2a, b,d) Nice job on both patients during your assessment. You were able to identify that the patients had issues that meant that the blood pressure could only be measured on one of the arms due to the pacemaker insertion and a mastectomy on the other patient. HS

Week 13 (2a, b, c, d)- You did a nice job completing your assessment both days on your patients. You were able to identify the abnormalities and focus your assessment on the priority problem. You were then able to utilize the EMR to obtain the necessary information from the chart to assist you in caring for your patient. HS

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

**Comments**

Week 6 (3a)- This competency was changed to a “NA” because you did not receive a shift 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 (3e,f)- You provided effective and efficient communication to your patient, fellow students, healthcare team members, and instructors. You readily answered call lights and assisted others as needed! AR

Week 11 (3d,f)- You promptly notified the nurse when you took the second set of vital signs and the patient's blood pressure had significantly decreased, however you also assessed that the patient was asymptomatic with the change. You also noticed that the patient didn't have a wristband on, and you then called registration to obtain a new one to place on the patient's wrist. You also had a great conversation with the nurse as she was having a difficult time when assessing the patient's PERRLA, you encouraged her to dim the lights in order to help with the pupil response. HS

Week 13 (3a,b) You were able to receive report each day and then identify those things that were not mentioned during report, and communicate those findings with the primary nurse. (3c)- I changed this to Satisfactory, as I felt you used appropriate medical terminology in verbal and written communication with your patient. HS

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

**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 7 (4 a,b,c,f) These competencies were changed to a “S” because you met expectations for the first clinical experience. If you feel that you didn’t meet these expectations, please explain in detail the reason for self-rating yourself. 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* (9<sup>th</sup> ed.). Mosby. **Or** Venes, D. (2021). *Taber's cyclopedic medical dictionary* (24<sup>th</sup> 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 (4a,b)- You did a great job with your Meditech documentation on your first "full" clinical day. There were some minor revisions needed however most documentation was accurate and complete. Keep up the great work! (4f)- Satisfactory clinical discussion posting and reply to a peer following the CDG Grading Rubric. Keep it up! AR

Week 11 (4a, b)-You did a nice job re-assessing the patient's vital signs after she had a drop in her blood pressure from the morning set and documenting within the chart. (4f)-Nice job on your CDG content for this week! Please refer to Purdue OWL for in-text citations. HS

Week 13 (4a,b,c)- Nice job this week documenting your assessment, and the care provided. You did a nice job utilizing the EMR to research the information needed to care for your patient. (4f)-I appreciate you acknowledging your CDG was completed late, however according to the CDG rubric that is considered Unsatisfactory. Be sure to address the "U" when handing this back in. You did a nice job in your CDG posting this week with the information you provided. HS

Week 13 4f Consistently and appropriately post comments for clinical discussion groups on Edvance360 website (Reflection).: **This clinical tool was marked "U" due to me turning the CDG in late. I should have done my CDG the day after clinical but for some reason I put it off and then forgot about it until the day it was due then I had to rush to finish it, so this made the post late. I will work on prioritizing what needs to be done so this does not happen again. I misjudged the amount of data needed for the CDG. BUT I wish I had done this CDG before I turned in the Care Map. This CDG gave me a better understanding of the Care Map. I had the Care Map explained to me by several people and I just didn't understand it and I was frustrated while completing it but this CDG really helped break it down for me. So, I am sure my Care Map will need fixed. Nikki, most times it will be easier to complete the assignment as soon as possible after caring for the patient when the information is still fresh in your mind. I appreciate that you have acknowledged that it is best to not wait especially when you are uncertain how long the assignment may take to complete.** HS

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

**Comments**

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

Week 7 (5h)- Pull station is across from room 3037 and fire extinguisher is across from room 3035. FB

Week 9 (5d-f)- Great job with your organizational and time management skills during clinical this week. You completed your work in a timely manner while meeting all patient needs. This will continue to get easier for you with each clinical experience. AR

Week 11 (5e,f)- Nice job managing your time and patient care, as you experienced this week there are many interruptions that occur when completing the different interventions and assessments that occur during the shift. Your patient had to go to the bathroom as you were trying to finish up prior to leaving for the day, which then caused you to move a little quicker. On the first day you did not need to provide hygiene care for your patient because he was being discharged and preferred to wait until he got home to complete it and you were able to document that within the chart. HS

Week 13 (5c)- I changed this to Satisfactory, because on day two you provided peri-care to the patient and made sure to maintain the proper procedures of caring for a patient with a Foley. (5e)- Nice job organizing your time with your patient, he made providing care difficult since he continued to fall back asleep each time you were working with him. HS

\* 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
<b>Competencies:</b>								NA		S	N/A	S	N/A	S				
a. Utilize clinical judgment skills to develop a patient-centered plan of care (Responding).								FB		AR	HS	HS	HS	HS				

**Comments**

Week 9 (6a)- You utilized your clinical judgment skills to prioritize, plan, and deliver care to your patient. During discussion you were able to put many “pieces of the puzzle” together. Great job! AR

Week 11 (6a)- After you identified that your patients blood pressure was significantly lower than the previous one that you had taken, you used your clinical judgement skills and responded appropriately by being cautious prior to ambulating her to the bathroom. HS

Week 13 (6a)- You utilized your clinical judgement skills by identifying how tired your patient was and modified the plan of care for the day around that in an attempt for him to become more alert in order to provide the care that you needed to provide. HS

\* 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
<b>Competencies:</b>								NA					N/A	S				
a. Identify the action, rationale, dosage, side effects and the nursing implications of medications (Interpreting).								NA					N/A	S				
b. Recognize patient drug allergies (Interpreting).								NA					N/A	S				
c. Practice the 6 rights and 3 checks prior to medication administration (Responding).								NA					N/A	S				
d. Administer oral, intramuscular, subcutaneous, and intradermal medications using correct techniques (Responding).								NA					N/A	S				
e. Review the patient record for time of last dose before giving PRN medication (Interpreting).								NA					N/A	S				
f. Assess the patient response to PRN medications (Responding).								NA					N/A	S				
g. Demonstrate medication administration documentation appropriately using BMV (Responding).								NA				N/A S	N/A	S				
<b>*Week 11: BMV</b>								FB				HS	HS	HS				

**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

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

Week 13 (1a-g)- You did a great job this week during medication administration. You practiced the 6 rights, and followed all of the appropriate steps prior, during and after administration of the ordered medications. Nice job! HS

\* End-of-Program Student Learning Outcomes

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

**\*\* 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 7 8a. Strengths My strengths were that I performed proper hand hygiene when entering and exiting a patient's room. **Great job infection control is so important for vulnerable patients already admitted with health issues. FB**

Week 7 8b. Areas I need to improve on are my self-esteem, organization when performing a head-to-toe assessment, and preparedness. I understand now that I need to perform my head-to-toe assessment in a timely manner and if OT or PT come in, I can ask them to come back when I am finished to ensure that I give my patient the smoothest assessment possible. I must remember I am in a new role within Firelands and I can tell other departments to please come back until I am finished as long as it is not jeopardizing the safety and well-being of my patient. I must practice my head-to-toe examination when not in clinical to ensure that it flows just like the name head to toe, not head to feet to hands to stomach. I was bouncing from one area to the next. I did not perform at the best of my ability, but this also come to making sure that I come to clinical prepared. I must bring the documentation patient profile database as well as the handoff sheet that was provided to us in class with me to the next clinical as well as all upcoming clinicals to ensure that my patient gets the best care from me and that I get the most of my clinical experience. While I am not in clinical I will practice taking vitals and performing a head-to-toe assessment at least twice a week if not more, I will also work on a script that will also help keep me on track. I am confident that over time with repetition and practice, I will be able build my confidence, and clinical will run a lot smoother. 4 a,b,c. My weaknesses when documenting I had no confidence and was scared to make mistakes in which I did I will provide better documentation in my next clinical and make sure I open all the tabs and document in order. **Nikki that sounds like a good plan. Don't be so hard on yourself, it was your first clinical experience. You will improve with experience. The important factor is that you learn from your areas of improvement and practice. Practice makes perfect! I have no doubts you will improve over time and with each clinical experience. FB**

**Midterm – Nikki, you are satisfactory in all related competencies at this point in the semester, great job! Review the comments throughout your tool, reflect on your strengths and weaknesses listed from your first clinical experience, and continue working hard to improve on areas of improvement. These clinical experiences are for growth and progression of learning. Keep up the great effort, we look forward to assisting you on your nursing journey!! FB**

**Week 9 8a** My strengths were that I got a lot more comfortable with my patient. I came organized and a lot more prepared than my first clinical. **Great job. AR**

**Week 9 8b** Area to improve are finding the dorsalis pedis pulse along with the posterior tibial pulse I will practice this with various family members 3 times a week including myself to ensure that I am able to obtain this pulse by myself. This clinical did flow a lot better than the last clinical still a lot of area for improvement but this will come over time. I will also need to work on my charting and remember that I need to click the + sign in the left corner to ensure proper documentation without any skipping. I do not know how to place a time frame on charting but I look forward to the next clinical experience to move along better charting without any errors. **The important thing with the pulses is that you reached out for assistance right away and with discussion you were able to state what alternative ways you could use to verify the pulses. Everything will get better with time and practice. AR**

**Week 9- Overall you did a great job during your first "full" clinical day. You will become more comfortable with each subsequent experience. Keep up the great work. AR**

**Week 11 8a Strengths:** This clinical experience went a lot better. Both of my patients were wonderful! My patient on day one I learned a little about the pacemaker and the remote pacemaker device. Having clinicals back to back make the experience much better and I felt a lot more confident on my second day. I felt that my assessment had a better flow. **You will continue to grow and increase your confidence with each interaction with the patients and as you gain knowledge in both the classroom and clinical setting. Nice job! HS**

**Week 11 8b Weaknesses:** I still struggled with the dosalis pedis and posterior tibial pulse but I was able to find it on both patients this week. My second day I was able to find her dosalis pedis pretty easily I don't know if it was her sitting in the chair that helped I did struggle on the posterior tibial pulse but I found it, (feet are not my thing, but I am going to make it my thing) I am still practicing on individuals and kids in my household. I am struggling with Meditech documentation, and remembering where

everything needs to be documented. I plan in the next set of clinicals that I will be on top of it all. The pedal pulses can be challenging, however I see that you listed this as your area for improvement from the last clinical day as well. Attempt to find a new area for improvement each week, as well as a specific plan on how you can improve. HS

Week 11- You did a nice job this week especially since you had two different patients and you then needed to research the information all over on the new patient the second day. HS

**Week 13 8a Strength:** This clinical experience went well. Both of my patients just really wanted to sleep. Which was one of the best ways to count respirations, listen to anterior lung sounds, and heart sounds. Also, I got to clean my first foley which was weird but cool at the same time. I now understand how infections happen with those things. I did figure out a much better flow for my day I start by taking vitals then ask the patient if they are having any pain then I listen to their abdomen first, heart and lung sounds, then the head to toe. I found then in this order while they eat I can finish my assessment without a hitch. **Each clinical day will be different, however the more exposure you have with patients you will become more comfortable and begin to find a flow to providing patient care.** HS

**Week 13 8b Weakness:** This week I struggled getting my CDG in on time, doing this CDG I think helped me click understand the Care map a little better. I was not receptive when help with the care map was offered to be explained to me. Honestly, I was just extremely overwhelmed this week normally I can separate home, work, and school extremely well, but I let home stress overcome me during this clinical and it just built as the day went on. This will not happen again it is very rude of me, and I apologize. I will work on new stress techniques. I underestimated how much was needed for this CDG. I will make sure that in future I am done with my CDG the day before or earlier the day of. **Nikki, school, work and home life can be a lot to handle at times be sure to ask questions as they arise and try to look ahead whenever possible so that you are able to have an idea of how much work may be required when completing an assignment. I appreciate that you acknowledged why you struggled this week, and have determined a plan moving forward.** HS

**Week 13 (8)-All of these competencies are marked as Unsatisfactory because you did not self-evaluate yourself. You did address 8a,b however you did not evaluate the competency. According to the key at the top of the tool; 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. (8f)- Professional behavior should be exhibited during the clinical experience, including when communicating with the clinical instructor and not using profanity when communicating.** HS

### Week 13.

**8a Reflect on areas of strength\*\*** (Reflecting): My areas of strength are with each clinical I am getting a better at prioritizing my assessment with each patient's needs. I knew my second patient was going to want to eat his breakfast, so I started with my assessment of his chest and abdomen area then I proceeded with my head to toe assessment. HS

**8b Reflect on areas for self-growth with a plan for improvement. \*\*** (Reflecting): My area for self-growth with plan for improvement is better at conducting myself within the clinical environment and to not be influenced by anyone else. I will become more self-aware to become a great nurse. HS

**8c Incorporate instructor feedback for improvement and growth (Reflecting): I agree with you 100% professionalism will be number one top priority I apologize for my language and communication I will improve this and both will be 1000% better by next clinicals and quarter you will see a whole new person.** HS

**8d Follow the standards outlined in the FRMCSN policy, "Student Code of Conduct" (Responding): I failed to follow the standards with my frustration and language, and I apologize for this, and it will not happen again. This nursing degree means everything to me, and I will not let my spontaneous actions ruin this for me.** HS

**8e Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions (Responding).: I understand that I am an image of the school and Firelands, and I will uphold to make sure that this image is not tainted. Your attitude is everything and it must stay positive and upbeat no matter what. I am committed to making sure that I do not repeat the same mistakes again. I will make sure that my enthusiasm is at the top of its game and will not make the same mistake twice.** HS

**8f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect (Responding).: I am sorry for my language; I honestly do not realize that it slips out. I hold myself self-accountable for not being professional I get a little too comfortable and this will not happen again. This is where thinking before you speak comes into**

**play and I will make sure that I think before I speak and not just say what comes to mind. This is a big flaw for me, and I apologize. For the rest of my clinical experiences and into becoming a nurse I will make sure that I keep professional behavior and language. HS**

8g Comply with patient's Bill of Rights (Responding).: **I will always comply with the patient's bill of rights. I will always ensure that I provide every patient with fair and equal treatment. This is not my place to judge, and I have never judged a patient. I always treat them the way I would want to be treated and they will get the best treatment from me no matter the situation. HS**

8h Respect the privacy of patient health and medical information as required by federal HIPAA regulations (Responding).: **I always uphold HIPAA regulations by making sure that I do not take anything away from clinical that has any patient identifiers. I make sure that my clipboard is closed and placed in my pocket and that I log off every computer when I am finished looking up what I need on my assigned patient. I make sure that I do not go into any patient account that is not assigned to me. HS**

8i Actively engage in self-reflection. (Reflecting). **I was rushing through this clinical tool because I was late turning in my CDG and I thought I was late turning in everything else. I failed to double check my work and turned this in not completed. For my future clinicals I will make sure that these are done in a timely manner as soon as clinicals are finished so I do not rush through them, so they are completed properly. I honestly thought I filled out every slot. I need to slow down and double check my work. This mistake was a great way to self-reflect and really take it all in! HS**

\* 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: <b>Nikki Pappenfus</b>		Course Objective: Develop patient-centered plans of care utilizing the nursing process (3,4,5,6,7)*					
Date or Clinical Week: 11/1/2023							
Criteria		3	2	1	0	Points Earned	Comments
<b>Noticing</b>	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)	2	You only identified 6 abnormal assessment findings for this patient you did not state why you could not list 7. You could have included abnormal vital signs as an assessment finding for this patient. Six lab findings/ diagnostic findings were identified specific to your patient. You listed 6 risk factors, however symptomatic bradycardia would be listed as an assessment finding by identifying the heart rate that you obtained on your patient.
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)	3	
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)	3	
<b>Interpreting</b>	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	2	You listed 6 items within the nursing priorities however based on the abnormal assessment findings (pain, and shortness of breath) you listed there are others that would be appropriate for this patient. You also highlighted the two nursing priorities, only the <u>top</u> nursing priority problem should be highlighted. The potential complications should be directly related to the top nursing priority, infection would be appropriate for impaired skin integrity. You would then list any other potential complications that could arise based on the pacemaker placement and the risk for infection and the symptoms that you would monitor the patient for.
	5. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	1	
	6. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	0	
	7. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	2	
<b>Responding</b>	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	1	You did not identify a top nursing priority problem therefore it is difficult to determine which interventions would be appropriate for this patient. Some of the listed interventions are not appropriate for either one of the highlighted problems. Not all of the interventions are prioritized
	9. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	2	
	10. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	1	

	11. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	2	in the order of how you would provide care to the patient in order of importance. Each intervention needs to have a frequency listed, you only listed a frequency for one intervention. The majority of interventions were specific to the patient, however you stated to educate the patient but did not indicate what you would educate on. You did provide a rationale for each intervention, nice job.
	12. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
Reflecting	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	1	In the reassessment you did not include, an evaluation of dizziness, lightheaded, pain, bruising, or if he continued to be short of breath. You did state you would continue to the plan of care.
	14. Evaluation includes one of the following statements: <ul style="list-style-type: none"> <li>Continue plan of care</li> <li>Modify plan of care</li> <li>Terminate plan of care</li> </ul>	Complete			Not complete	3	
<p>Total Possible Points= 42 points  42-33 points = Satisfactory  32-21 points = Needs Improvement*  &lt; 21 points = Unsatisfactory*</p> <p><b>*Total points adding up to less than or equal to 32 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.</b></p> <p><b>Faculty/Teaching Assistant Comments: Nikki, please review all of the comments within the rubric. You need to identify the main concern that you had when caring for this specific patient, and identify that as the priority nursing problem. Think of any and all abnormal assessment findings that you noticed when caring for your patient. This should then assist you in determining the priority nursing problem. The potential complications are additional problems that could arise as a result of what is currently going on with your patient. Please refer to the care map examples that you have been given, the rubric, and the care map guidelines. The care map is a “needs improvement” and will need to be remediated and turned in by 11/29/2023 at 0800 please use the comments to assist you in making the corrections. Please let me know if you have additional questions. HS</b></p>							<p><b>Total Points: 26</b></p> <p><b>Faculty/Teaching Assistant Initials:</b>  HS</p>

<b>Skills Lab Competency Evaluation</b>	<b>Lab Skills</b>										
	<b>Week 1 (4)*</b>	<b>Week 2 (2,3,5,8)*</b>	<b>Week 3 (2,3,4,5,8)*</b>	<b>Week 4 (2,3,4,5,8)*</b>	<b>Week 5 (2,3,4,5,8)*</b>	<b>Week 6 (1,2,3,4,5,8)*</b>	<b>Week 7 (2,3,4,5,8)*</b>	<b>Week 8 (2,3,4,5,8)*</b>	<b>Week 9 (2,3,4,5,8)*</b>	<b>Week 10 (2,3,4,5,6,8)*</b>	<b>Week 11 (2,5,7)*</b>
	<b>Date:</b> 8/21/2023	<b>Date:</b> 8/31/2023	<b>Date:</b> 9/7/2023	<b>Date:</b> 9/15/2023	<b>Date:</b> 9/21/2023	<b>Date:</b> 9/29/2023	<b>Date:</b> 10/3/2023	<b>Date:</b> 10/9/2023 10/12/2023	<b>Date:</b> 10/19/2023	<b>Date:</b> 10/24/2023	<b>Date:</b> 10/31/2023
Performance Codes: S: Satisfactory U:Unsatisfactory											
Evaluation:	S	S	S	S	S	S	S	S	S	S	S
Faculty Initials	AR	AR	AR	AR	AR	AR	AR	HS	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

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

Student Name: Nikki Papenfuss

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):**

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 along with orthostatic vital signs. You did not require any prompts throughout the entire checkoff, however, always remember to verify the name and DOB with the patient wristband. 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. AR

**Week 5 (Assessment; Mobility):**

Great job in lab this week! You have satisfactorily demonstrated a basic head to toe assessment in the skills lab. Your approach was systematic, thorough, and overall well done. You did require 2 prompts related to assessing facial symmetry with smile and eyebrow lift, and the safety assessment for falls and assistive devices. You were able to remind yourself to do a complete skin assessment, assess for numbness/tingling, and evaluate hand grasps. You demonstrated friendly, professional, and informative communication. You were able to correctly identify the lung sounds as crackles with discussion. Great job!

Feedback on documentation this week: With this being the first time that you fully documented these interventions, you did a great job paying close attention to detail!

Overall you did a great job!

- Vital signs: accurate and complete.
- Pain: accurate and complete.
- Safety: accurate and complete.
- Physical Re-Assessment- other than the few areas below, your documentation was accurate and complete:
  - o HEENT: omitted “hearing difficulty” from right ear symptoms.
  - o Cardiovascular: omitted “no” for cardiovascular parameters.
  - o Gastrointestinal: for emesis description, it should have been “undigested food” rather than “digested food”; bowel sounds should have been “hypoactive” rather than “hyperactive”.
  - o Genitourinary: omitted “anuria” for GU symptoms. AR

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. AR

**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 did not require any prompts! You did require one prompt during irrigation and removal: Irrigation- you were provided a prompt related to the difference between irrigation and flushing; Removal- you were provided with one prompt as a reminder to flush the NG tube with 20 mL air rather than the blue pigtail. Excellent patient education provided throughout! Great job! 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):**

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

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. You did forget to attach the sterile water filled syringe to the balloon port prior to contaminating one hand, however you were able to do that with one hand only and maintaining sterility. One prompt was needed during the insertion, because you did not label the bag with your initials, date and time of insertion, catheter size and department. You did not require any prompts during the sterile glove application or the removal of the catheter. 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!!! HS

**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 not require any prompts and initiated/maintained the sterile field and followed aseptic technique throughout. You did forget to apply the skin prep prior to taping the dressing down, just a reminder to apply prior. 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. Clinical scenario questions were presented to the group with active participation from all students. Great job this week! HS

**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

<b><u>Simulation Evaluation</u></b>	Simulation #1 (2,3,5,8) *	Simulation #2 (2,3,5,7,8) *
Performance Codes:  <b>S:</b> Satisfactory  <b>U:</b> Unsatisfactory	<b>Date:</b> <b>11/7/2023 or</b> <b>11/14/2023</b>	<b>Date:</b> <b>11/27/2023 or</b> <b>11/28/2023</b>
Evaluation (See Simulation Rubric)	<b>NI</b>	
Faculty Initials	<b>HS</b>	
<b>Remediation:</b> <b>Date/Evaluation/Initials</b>	<b>11/22/2023/S/HS</b>	

\* 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. I was an observer in this simulation which was torture. Its much easier to watch and spot out things that were missed or forgotten. **Please list a specific area of strength observed during the simulation. HS**

One of the areas that they did well in was communication, and when they seen each other struggling they stepped in to help. When the machine was beeping, they both stepped up to figure out why. **HS**

- B. My group did good on their first simulation. **Please list one area for improvement and set a specific goal from the simulation. HS**  
 One area for improvement would be to make sure to address the little things, such as when the patient was responding and she was coughing you could ask how long the cough has been going on, does anything come up, does it hurt when you cough. When the tissue was found she should have addressed that there was sputum in the tissue and note what color. **HS**

Faculty comments:

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): Jenny Bilbrey(M), Nikki Papenfuss(O), Seannita Byrd(A)

GROUP #: 5

SCENARIO: NF Simulation #1

OBSERVATION DATE/TIME(S): November 7, 2023 1300-1400

<b>CLINICAL JUDGMENT COMPONENTS</b>						<b><u>OBSERVATION NOTES</u></b>
<b>NOTICING: (1,2,4,6,7) *</b>						
• Focused Observation:	E	A	D	B		Assessment nurse introduced self and role. Identified patient with name and date of birth when entering the room for patient safety.
• Recognizing Deviations from Expected Patterns:	E	A	D	B		Noticed temp 99.2, SpO2 of 91% RA, HR 78, RR 20, B/P 130/74.
• Information Seeking:	E	A	D	B		Noticed temp 99.2 as slightly elevated. Noticed Spo2 at 91% on RA. Did not seek further information on patient's cough.
						Pain assessment performed.
						Noticed crackles upon auscultation.
						Noticed tissues in patient's bed. Did not notice yellow sputum (remediated in debriefing).
						Medication nurse introduced self and role when entering the room.
						Performed 6 rights of medication administration by using the BMV scanning system for patient safety. Accurately identified patient name and date of birth.
						Information obtain from patient about how medications are taken at home.
						Asked patient about allergies.

<p><b>INTERPRETING: (1,2,4,6,7) *</b></p> <ul style="list-style-type: none"> <li>• Prioritizing Data:           E     A     D     B</li> <li>• Making Sense of Data:    E     A     D     B</li> </ul>	<p>Prioritized respiratory status, seeking information related to breathing.</p> <p>Interpreted temp 99.2 as related to pneumonia diagnosis.</p> <p>Interpreted low SpO2 of 91% as requiring oxygen per physician’s order.</p> <p>Interpreted crackles as related to diagnosis of pneumonia (fluid in lungs).</p> <p>Prioritized safety precautions related to recent fall.</p>
<p><b>RESPONDING: (1,2,3,4,5,6,7) *</b></p> <ul style="list-style-type: none"> <li>• Calm, Confident Manner:   E     A     D     B</li> <li>• Clear Communication:     E     A     D     B</li> <li>• Well-Planned Intervention/ Flexibility:                   E     A     D     B</li> <li>• Being Skillful:             E     A     D     B</li> </ul> <p style="margin-left: 20px;">B</p>	<p>Practiced standard precautions with hand hygiene before entering the room.</p> <p>Promptly performed a head-to-toe assessment.</p> <p>Collaborative communication between assessment and medication nurse.</p> <p>Communicated with patient about interventions being performed, with questions answered appropriately.</p> <p>Good therapeutic communication utilized by the assessment and medication nurse while with the patient.</p> <p>Responded to low SpO2 of 91% by raising the head of the bed and applying oxygen at 2L per nasal cannula as per physician’s orders.</p> <p>Responded to redness of the bilateral heels by initiating a pillow to offload pressure.</p> <p>Encouraged patient to cough and deep breath.</p> <p>Appropriately used the BMV scanning system for medication safety. Communicated medications to be administered.</p> <p>Difficulty answering questions related to reason medications are taken prompted by patient. Consider writing information about medications down and bringing it with you to the bedside. Remember to never leave medication unattended at the bedside.</p>
<p><b>REFLECTING: (1,2,4,5,6,8) *</b></p> <ul style="list-style-type: none"> <li>• Evaluation/Self-Analysis:   E     A     D     B</li> <li>• Commitment to Improvement: E     A     D     B</li> </ul>	<p>Observers provided good insight during debriefing. Noticed the good infection control measures. Discussed initiating O2 via nasal cannula for low Spo2 per orders. Discussed strengths of both the assessment nurse and medication nurse. Constructive feedback was provided. Observers discussed potential educational needs related to the scenario. Noticed the implementation of the six medication rights. Identified positive communication between team members and with the patient.</p> <p>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. Good discussions amongst all members of the team. Nice job!</p>

<p><b>SUMMARY COMMENTS: * = Course Objectives</b></p> <p><b>Satisfactory completion of the simulation scenario is a score of “Beginning” or higher in all areas of the rubric.</b></p> <p><b>E= Exemplary</b></p> <p><b>A= Accomplished</b></p> <p><b>D= Developing</b></p> <p><b>B= Beginning</b></p> <p><b>Scenario Objectives:</b></p> <ul style="list-style-type: none"> <li>• Demonstrate collaborative communication with patients and healthcare team members (1,3,8) *</li> <li>• Differentiate between need for complete head to toe versus focused assessment and execute accordingly (1,5,6,8) *</li> <li>• Select and administer prescribed oral and intramuscular medications following the six rights (1,4,5,7) *</li> <li>• Identify and provide accurate patient education (1,2,3,4,5,7) *</li> <li>• Recognize patient oxygenation and pain control needs and provide appropriate interventions (2,4,5,6,7) *</li> </ul>	<p>Lasater Clinical Judgement Rubric Comments:</p> <p><b>Noticing:</b></p> <p>Attempts to monitor a variety of subjective and objective data but is overwhelmed by the array of data; focuses on the most obvious data, missing some important information.</p> <p>Identifies obvious patterns and deviations, missing some important information; unsure how to continue the assessment.</p> <p>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><b>Interpreting:</b></p> <p>Makes an effort to prioritize data and focus on the most important, but also attends to less relevant or useful data.</p> <p>In most situations, interprets the patient’s data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse.</p> <p><b>Responding:</b></p> <p>Is tentative in the leader role; reassures patients and families in routine and relatively simple situations, but becomes stressed and disorganized easily.</p> <p>Generally, communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport.</p> <p>Develops interventions on the basis of the most obvious data; monitors progress but is unable to make adjustments as indicated by the patient’s response.</p> <p>Is hesitant or ineffective in using nursing skills.</p> <p><b>Reflecting:</b></p> <p>Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered.</p> <p>Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.</p>
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**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: \_\_\_\_\_