

**/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	N/A	N/A		S	S	N/A	S	N/A				
a. Identify spiritual needs of patient (Noticing).						N/A	N/A	N/A		S	S	N/A	S	N/A				
b. Identify cultural factors that influence healthcare (Noticing).						N/A	N/A	N/A		S	S	N/A	S	N/A				
c. Coordinate care based on respect for patient's preferences, values, and needs (Responding).						N/A	S	S		S	S	N/A	S	N/A				
d. Use Maslow's Hierarchy of needs to determine the care needs of the assigned patient (Interpreting).						N/A	S	S		S	S	N/A	S	N/A				
						CB	NS	NS		CB	CB	CB	CB	CB				
Clinical Location: Patient age**						N/A	3T; 71			4N; 61	4N; 80	N/A	4N; 83	N/A				

Comments

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

Week 7 1(c) – Melisa, you were presented with a challenge this week for your first patient interaction. I thought you did a great job coordinating your care based on his preferences and needs. With his pain and nausea, you were considerate of his needs and performed your assessments with this understanding. You carefully approached your assessments in order to gather important data. Despite his pain and discomfort, you executed your communication well and learned a great deal about him in a short amount of time. Overall, very well-done! NS

Week 9(1d): Melisa, great job this week determining your patient's needs and using Maslow's to prioritize those needs. CB

Week 10 1(c,d) – Melisa, nice job this week interacting with your patient, and respecting your patient's preferences, values, and needs. You used Maslow's to determine the importance of meeting the physiological needs of your patient first. CB

Week 12 (1a,b): Great job this week ensuring that all spiritual and cultural factors were taken into account when caring for your patient. CB

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

Comments

Week 7 2(a) – Great job with a difficult assessment this week! You noticed numerous deviations from normal and communicated them appropriately in your documentation. Very good work noticing his abnormal heart rhythm when obtaining vital signs and assessing pulses. You noticed that his peripheral pulses were weak and difficult to

detect. You responded by utilizing the doppler at the bedside to confirm pulses, while also noting the irregularity. You also noticed numerous skin issues among other findings. Very thorough in your approach! NS

Week 9(2a,c,g): Great job this week performing your head to toe assessment and fall assessment on your patient. You were able to calculate your patient's John Hopkins Fall Risk score and ensure that the environment was clean and free of clutter, therefore reducing the risk of falls and injuries. You were also able to tie together your patient's priority problem and lab/diagnostic testing that was done that would correlate. CB

Week 10(2a,e,g): Great job performing your head to toe assessment using different techniques to help you collect data on your patient. You were able to use findings from your assessment and look at diagnostic studies in the EMR to understand your patient's priority problem. You were able to look at your patient's nutritional status (BMI, meal intake, modified diets) and see how that tied in with your priority problem as well. CB

Week 12(2d,g): Melisa, great job implementing appropriate interventions related to skin risk. Also, great job describing diagnostic findings related to your patient's priority problem. CB

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

Comments

Week 7 3(e) – Despite your patient’s obvious discomfort, you provided a therapeutic environment and communicated effectively with him during your short time in the room. You learned a great deal about him through communication, demonstrating your desire to learn more about him. Great work! NS

Week 9(3e): Great job this week communicating with your patient, bedside RN, and peers. I changed competency 3b to a “S” due to the fact that you did an SBAR report with the bedside RN before leaving the unit for the day. CB

Week 10(3e): Melisa, great job this week communicating with your patient. You explained everything that was being done to your patient and you were able to relay important information to the bedside RN. CB

Week 12(3a,b): Good job this week receiving report from the off going shift and giving appropriate information to the bedside nurse when leaving clinical for the day. CB

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

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(f) – Excellent work with your CDG requirements this week. You responded to the question prompts thoroughly and provided good insight through reflection. Your response to Essence was well thought out and added additional thoughts to the conversation. All criteria were met for a satisfactory evaluation. Some tips related to APA formatting: Nice job including an in-text citation and reference with your posts. For in-text citations, rather than stating “in the textbook” and the page number, you

would include the author(s) last name(s) and publishing year as the in-text citation. For example, following the information that came from the resource, you would put (Potter et al., 2019). We certainly don't mark off for incorrect APA formatting, but will provide some guidance along the way for accuracy. Purdue OWL for APA formatting is an excellent resource to refer to. Also, don't ever hesitate to reach out for clarification. Great job! NS

Week 9(4c,f): You did a good job accessing medical information on your patient in Meditech. Competency 4f was changed to a "NI" because you did not include an in-text citation in your peer response, although all other requirements were met. CB

Week 10(4c,f): You did a good job of accessing your patient's EMR to look up information related to your patient's hospitalization. You did a great job on your cdg this week, meeting all requirements. CB

Week 12(4c,e): You did a great job this week accessing your patient's information on the electronic medical record. You were able to verify medication and provide education related to medication taking. CB

* End-of-Program Student Learning Outcomes

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

Objective

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

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

Comments

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

Pull Station was located across the hall from room 3037. Fire Extinguisher was located between rooms 3035 & 3036 across the hall.

Thank you, Melisa! NS

Week 9(5a,b,f): Melisa, you did a great job demonstrating correct body mechanics while completing your assessment and bathing your patient. You did a great job ensuring that you were foaming in/out when entering a patient's room, good job! Also, just FYI, you do not need to fill in greyed out boxes. CB

Week 10(5a,d): You were able to maintain correct body mechanics this week while managing basic patient care such as bathing your patient, transferring your patient to the chair/bathroom, and while your patient was in bed, great job! CB

Week 12(5e): Great job with time management this week with your medication administration. You were able to organize your time and prioritize your patient's needs. CB

* 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:						N/A	N/A	N/A		S	S	N/A	S	N/A				
a. Utilize clinical judgment skills to develop a patient-centered plan of care (Responding).								NS		CB	CB	CB	CB	CB				

Comments

Week 9(6a): Great job this week realizing what your patient’s priority problem would be in order to develop a plan of care. CB

Week 10(6a): Good job this week assessing your patient and gathering information from the electronic medical record to help you identify your patient’s priority problem, and centering patient care around that. CB

Week 12(6a): You were able to develop a plan of care for your patient related to their priority problem, good job! CB

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

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

Week 12(7a-d, g): Melisa, you did a great job with medication administration. You were able to identify why your patient was receiving the medication, potential side effects, and appropriate patient education. You followed the 6 right s of medication administration with 3 medication checks, verifying the correct patient and their allergies. You were able to utilize the BMV for medication administration documentation. 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:						N/A	S	S		S	S	N/A	S	N/A				
a. Reflect on areas of strength** (Reflecting)						N/A	S	S		NI	S	N/A	S	N/A				
b. Reflect on areas for self-growth with a plan for improvement. ** (Reflecting)						N/A	S	S		S	S	N/A	S	N/A				
c. Incorporate instructor feedback for improvement and growth (Reflecting).						N/A	S	S		S	S	N/A	S	N/A				
d. Follow the standards outlined in the FRMCSN policy, “Student Code of Conduct” (Responding).						N/A	S	S		S	S	N/A	S	N/A				
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	S	N/A	S	N/A				
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect (Responding).						N/A	S	S		S	S	N/A	S	N/A				
g. Comply with patient’s Bill of Rights (Responding).						N/A	S	S		S	S	N/A	S	N/A				
h. Respect the privacy of patient health and medical information as required by federal HIPAA regulations (Responding).						N/A	S	S		S	S	N/A	S	N/A				
i. Actively engage in self-reflection. (Reflecting)						N/A	S	S		S	S	N/A	S	N/A				
*						CB	NS	NS		CB	CB	CB	CB	CB				

**** 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.**

- a. Week 7: One of my strengths was in communicating with the patient through asking questions about their history, family, friends, and current situation to find out information to assess them better. **Awesome strength to note this week! With this being your first patient encounter in the clinical setting, communication can be nerve-wracking. In addition, your patient was experiencing pain and nausea, making communication even more challenging. However, you took the opportunity to provide comfort and demonstrate your desire to learn more about him. As mentioned above, you learned a great deal about your patient in a short period of time. Well-done! NS**
- b. Week 7: I will grow in the area of giving a head-to-toe assessment through practicing at home on family members three times this week to make sure this becomes second nature to me. **Your comfort and confidence in performing assessment will improve with each experience. The more you practice, the more natural this will become. I think you have a great plan for improvement moving forward. I look forward to seeing you grow throughout the semester. Keep up the hard work! NS**
- c. Week 8: My strength with my patient this week was in understanding that the patient was young at heart. Although my patient was a young 61 year old, I became aware very quickly through conversation and seeing the patient's

Week 9(8a,b): Melisa, I changed the "S" in these competency 8a to "NI" because you did not finish your strength and 8b to a "U" because you did not include a weakness for week 9. 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. CB

Regarding Week 9 (8a,b): I received a "U" due to the fact that I did not include a comment on reflecting on my strengths and weaknesses because I didn't realize I needed to do it every week because I was not using my brain. In the future clinical experiences & weeks I will document a comment reflecting on things I have improved on and still need work on. **CB**

- a. Week 10: One of my strengths was accessing Meditech to view the patient's history and current situation to figure out that she had protein malnutrition and I made it a point to tell my patient as well as her adult granddaughter the importance of taking in protein to promote healing and strength. My Patient had a more developed form of Alzheimer's than originally stated, so I am aware that she may not remember the education, but her granddaughter is definitely able to understand the importance. **Education is very important, and I am glad that you were able to give your patient and their granddaughter information regarding her protein intake and ways to improve it, great job! CB**
- b. Week 10: I will grow in the area of walking out in the hallways and being available when call lights are going off. I have not done well with this skill because I either haven't heard them or because I am worried I won't be able to help the patient because I don't know their history. **I know that it can be a little scary and nerve-racking not knowing a patient before you answer a call light, but the more that you take the leap and answer a call light, the more comfortable you will become. In addition, if you do not know something about a patient, you can always ask them to hold on a minute, you will find out, and be right back. CB**
- a. Week 12: One of my strengths is paying attention to the other medical staff, such as PT/OT and listening and watching the therapy they are providing and caring it out with my patient even when they aren't there. An example of this was I watched PT the first day with the patient as they explained the importance of her not putting weight on her left foot when ambulating and when getting ready to sit have her left foot out in front of her to assist in avoiding putting that pressure on the left hip/femur. Every time I was with the patient after that, ambulating and even getting ready to sit, I would remind the patient not to put the weight on her left foot. She always would say, "oh that's right". **Melisa, this is a great way to learn and see things from a different perspective. This is why we encourage students to be in the room when other disciplines are working or talking with the patient, because you can gain so much knowledge. CB**
- b. Week 12: I will grow in the area of being less upset with co-workers when I feel they are not performing good teamwork/communication. Just take a breath and be more thoughtful and patient about the situation and understand that everyone has their own way of doing things. **Sometimes things will be difficult and maybe you won't understand another person's reasoning, but taking a breath and a step back to focus on the whole picture of caring for the patient being the most important thing, is a great way to refocus. CB**

*** 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
11/20/2023	Impaired Physical Mobility	*NI/CB	*

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: Melisa Fahey		Course Objective: Develop patient-centered plans of care utilizing the nursing process. (3,4,5,6,7)*					
Date or Clinical Week: 11/20/2023							
Criteria		3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)	3	Great job noticing abnormal assessment findings, labs/diagnostic testing, and risk factors related to your patient. Some suggestions for your assessment findings would be to have ambulation, weakness, and limited ROM to assessment findings, not risk factors. Also add what your patient's fall risk score is, do they use an ambulatory aide, how was their skin integrity, dentures/glasses, etc. And remember for assessment and lab/diagnostics it is only abnormal findings, so your patient's temperature, heartrate, and SpO2.
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)	3	
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	1	Melisa, you need to list all nursing priorities related to your patient, because there were more than 2 that your patient would relate to. Also, all assessment, lab/diagnostic, and risk factors need to be highlighted that are related to Impaired Physical Mobility that you have as the priority problem. There is no requirement to list examples under the 2 problems that you have listed. Potential complications need to be listed related your priority problem, with s/sx related to each one, which you need a minimum of 3 for each of them. What are s/sx of falls, malnutrition? What can also be related to impaired physical mobility?
	5. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	2	
	6. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	2	
	7. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	2	

Responding	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	1	Interventions need to always start with assessments, interventions, and education. Interventions should always be prioritized and individualized for each patient. You did a great job adding frequencies, ensuring each intervention was realistic, and having an appropriate rationale.
	9. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	1	
	10. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	11. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	12. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
Reflecting	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	1	For the reflecting portion of the nursing caremap you need to reassess all highlighted data in the assessment box and lab/diagnostic box, due to those are the assessment findings that are related to your priority problem.
	14. Evaluation includes one of the following statements: <ul style="list-style-type: none"> • Continue plan of care • Modify plan of care • Terminate plan of care 	Complete			Not complete	3	
<p>Total Possible Points= 42 points 42-33 points = Satisfactory 32-21 points = Needs Improvement* < 21 points = Unsatisfactory*</p> <p>*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.</p> <p>Faculty/Teaching Assistant Comments: Melisa, you received a “Needs Improvement” on your nursing caremap assignment. Please review my comments related to each area of the caremap, make revisions, and submit your remediated caremap in the dropbox by Wednesday 11/29/2023 at 0800.</p>						<p>Total Points: 31/42</p> <hr/> <p>Faculty/Teaching Assistant Initials: CB</p>	

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

Student Name: Melisa Fahey

Skills Lab Competency Evaluation	Lab Skills										
	Week 1 (4)*	Week 2 (2,3,5,8)*	Week 3 (2,3,4,5,8)*	Week 4 (2,3,4,5,8)*	Week 5 (2,3,4,5,8)*	Week 6 (1,2,3,4,5,8)*	Week 7 (2,3,4,5,8)*	Week 8 (2,3,4,5,8)*	Week 9 (2,3,4,5,8)*	Week 10 (2,3,4,5,6,8)*	Week 11 (2,5,7)*
	Date: 8/21/2023	Date: 8/31/2023	Date: 9/7/2023	Date: 9/15/2023	Date: 9/21/2023	Date: 9/28/2023	Date: 10/2/2023	Date: 10/9/2023 10/12/2023	Date: 10/19/2023	Date: 10/24/2023	Date: 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	NS	NS	DW/AR	HS	NS	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**

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 remind yourself to verify the patient's identity by asking for the name and DOB and required one prompt as a reminder to assess blood pressure in both arms and then continue to use the arm with the highest systolic pressure when obtaining orthostatic vital signs. 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 only required one prompt throughout your whole check-off related to assessing sensation of extremities by asking about the presence of numbness and tingling. You correctly identified lung sounds as crackles, nice job! You demonstrated friendly, professional, and informative communication. Great work! NS

Feedback on documentation this week: You did a good job, overall, with your Meditech documentation. You documented on the interventions listed below with very minimal omissions. You were thorough in reading the directions and navigating the interventions. Truly great work!

- Pain – accurate and complete.
- Vital signs – accurate and complete.
- Safety – accurate and complete.
- Physical assessment – Respiratory pattern misidentified as “bradypnea” instead of “tachypnea”. Identified “Pacemaker/ICD Present” as no instead of yes. Omitted commenting on gastrointestinal symptoms of “nausea and vomiting. Otherwise, accurate and complete.

Mobility Lab 9/21/2023: Satisfactory completion of mobility lab through demonstration of the following: Logrolling/turning a patient, lifting a patient in bed, repositioning from lying to sitting, repositioning from sitting to standing, stand/pivot transfer from a bed to a chair, ambulating with a walker, ambulating with crutches, ambulating with a cane, use of a gait belt, and safe use of a wheelchair. Proper body mechanics were utilized to promote safety for the health care worker and the patient. Great job with active participation throughout the duration of the lab. NS

Week 6 (Personal Hygiene Skills):

Satisfactory with patient hygiene, making an occupied bed, shaving, oral care, hearing aid care, application of ace wraps, TED Hose/SCD's, and clinical readiness scenario during guided practice. Completed Meditech documentation for Hygiene and Ted Hose. Keep up the great work! NS

Week 7 (NG Skills: Insertion, Irrigation, and Removal; Feedings):

Great job this week in lab demonstrating competence for Nasogastric Tube Insertion, Irrigation, and Removal through 1:1 observation. You are satisfactory in all NG skills. During insertion, you required one prompt related to application of skin prep to the nose. You did not require any prompts for irrigation or removal! Excellent patient education and communication provided! Great job! You were able to verbalize understanding of the difference between irrigation and flushing. You were able to practice administering intermittent tube feeding using the gravity method while also confirming tube placement with gastric residual. Additionally, you participated in the PO

intake station for accurate calculation of carbohydrate intake, accurately measured gastric output through the NG tube, practiced assisting a visually impaired patient with their meal, and completed the assigned documentation in Meditech. Keep up the hard work! DW/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. One prompt was needed during the insertion, because you placed the Foley bag on the side of the bed prior to securing the catheter to the patient’s leg with the StatLock. You also grabbed the catheter prior to cleaning with the povidone iodine swabs, however you caught yourself and did not break sterility. You did also receive one prompt on the removal because you did not empty the drainage bag prior to removing the catheter. You also received a reminder to place a waterproof pad between the patient’s legs prior to removal. 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 were able to recognize potential contamination of the sterile field and discussed how it would be resolved related to pouring saline of the gauze. One prompt was required related to obtaining the culture prior to pat drying the wound. Otherwise, job well done! 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! 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

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

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

* 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 believe an area of strength that the simulation team had was being successful in discussing the simulation during debriefing. I believe Jennifer and Destiny did a great job in the situation for the first time not knowing what to expect. It was a stressful situation to be in and once they got their bearings about them, they did a really good job of communicating about the simulation patient. Also, I think Destiny did a really great job passing meds for the most part. Was nice to watch her in action.
- B. An area of weakness I would say was the head-to-toe assessment. There were several things missed, probably due to nerves. I plan on practicing my head-to-toe assessment everyday leading up to the next simulation to make sure that doesn't happen in the next simulation lab. I will go over it with Josh before the next simulation since he and I will be the two performing next time. The more something is practiced the more it becomes second nature, and the nerves fall to the waste side.

Faculty comments: Great job reflecting on an area of strength and weakness. I know that nerves play a big role during simulation probably because you don't know what to expect. You have a great plan in place to ensure that you are prepared for simulation #2. CB

Simulation #2:

- A. I truly enjoyed doing the simulation today even though I was completely stressed. I would have to say my strength that was discussed in debriefing which I didn't realize I had done in the situation. I assessed the patient repeatedly for pain, coughing, and breathing during the simulation. I was so nervous during the simulation that I just did what I did not realizing it was the right thing. It felt nice to know I did something right in a nerve-racking situation that I was just doing what I could under the circumstances for Freda.
- B. My weakness during this simulation was that I didn't check Freda's vitals again after the pain medicine was administered. To improve this I will practice weekly at home creating situations where there are meds being administered and making sure that I do all vital signs before and after the pain med is administered so that when in this situation in the future with a real patient, I will not make this crucial mistake!

Faculty comments:

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Jennifer Collins (A), Destiny Houghtlen (M), Melisa Fahey (O), Joshua Hernandez (O)

GROUP #: 9

SCENARIO: NF #1

OBSERVATION DATE/TIME(S): 11/14/2023 1300-1400

CLINICAL JUDGMENT COMPONENTS					<u>OBSERVATION NOTES</u>
NOTICING: (1,2,4,6,7) *					
• Focused Observation:	E	A	D	B	Assessment nurse introduced self and role.
• Recognizing Deviations from Expected Patterns:	E	A	D	B	Noticed cough and instructed patient to cough and deep breath after raising the head of the bed.
• Information Seeking:	E	A	D	B	Information sought related to reason for hospitalization. Noticed temp 99.2, SpO2 87% on RA, HR 80, RR 18, B/P 130/82. Did not notice alarm for low Spo2. Pain assessment performed. Noticed abnormal lung sounds (wheezes- remediated in debriefing that lung sounds were crackles). Remember to listen to lung, heart, and bowel sounds on direct skin and not over the gown. Noticed the tissues in the patient's bed. Noticed the yellow sputum and asked how long cough and sputum production have been going on. Information sought regarding smoking habits and interest in possible nicotine

	<p>patch.</p> <p>Noticed medication orders in MAR.</p> <p>Medication nurse introduced self and role when entering the room. Accurately identified patient's name/date of birth and allergies. 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.</p> <p>Noticed indications for atorvastatin and multivitamin. Noticed potential adverse reactions and side effects (reminder to write medications down and bring sheet in room with you, remediated during debriefing).</p>
<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>Did not prioritize low SpO2. Completed head to toe assessment before applying oxygen as per physician's order.</p> <p>Promoted to assess bilateral heels after complaints of pain. No assessment performed, placed pillow under heels.</p> <p>Interpreted medication orders in MAR.</p> <p>Prioritized medication safety practicing 6 rights of medication administration.</p> <p>Interpreted some side effects of medications appropriately.</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 style="text-align: center;">B</p>	<p>Practiced standard precautions with hand hygiene before entering the room.</p> <p>Promptly performed a head-to-toe assessment.</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 87% by raising the head of the bed and instructing patient to cough and deep breath.</p> <p>Appropriately used the BMV scanning system for medication safety. Communicated medications to be administered. Remember to never leave medication unattended at bedside.</p> <p>Great education provided on use of incentive spirometer and smoking cessation using the teach back method. Consider educating patient on fall precautions and home oxygen therapy.</p>
<p>REFLECTING: (1,2,4,5,6,8) *</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B 	<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</p>

<ul style="list-style-type: none"> • Commitment to Improvement: E A D B 	<p>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>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “Beginning” 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) * • Differentiate between need for complete head to toe versus focused assessment and execute accordingly (1,5,6,8) * • Select and administer prescribed oral and intramuscular medications following the six rights (1,4,5,7) * • Identify and provide accurate patient education (1,2,3,4,5,7) * • Recognize patient oxygenation and pain control needs and provide appropriate interventions (2,4,5,6,7) * 	<p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: 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. 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: Makes an effort to prioritize data and focus on the most important, but also attends to less relevant or useful 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: Is tentative in the leader role; reassures patients and families in routine and relatively simple situations, but becomes stressed and disorganized easily. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. 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. 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: _____