**EVALUATION OF CLINICAL PERFORMANCE TOOL**
**Nursing Foundations – 2023**

**Firelands Regional Medical Center School of Nursing**
**Sandusky, Ohio**

**Student:** Trenton McIntyre

**Final Grade: Satisfactory/Unsatisfactory**

**Semester: Fall**

**Date of Completion:**

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

**Faculty eSignature:**

**DIRECTIONS FOR USE:**

Each week the students evaluate themselves based on the competencies using the performance code on page 2. The performance code includes the terms **Satisfactory (S), Needs Improvement (NI), Unsatisfactory (U), and Not Available (NA).** The faculty member will initial if in agreement with the student's evaluation. If there is a discrepancy in the performance code evaluation between the student and the faculty member, a note is written in the comment section by the faculty member with the rationale for the evaluation. All competencies must be rated a "S, NI, U, or NA". If the student does not self-rate, then it is an automatic "U". A student who submits the clinical evaluation tool late will be rated as "U" in the appropriate competency(s) for that clinical week. Whenever a student receives a "U" in a competency, it must be addressed with a comment as to why it is no longer a "U" the following week. If the student does not state why the "U" is corrected, it will be another "U" until the student addresses it. All clinical competencies are critical to meeting the objectives of the course. If the final performance code is unsatisfactory or needs improvement in any one of the competencies, a grade of unsatisfactory is given. If a pattern of unsatisfactory performance occurs after performing the competency satisfactorily, this also constitutes a grade of unsatisfactory. An unsatisfactory or needs improvement as a final score in any single competency results in a clinical course grade of unsatisfactory; this is a failure of the course. The terms Satisfactory and Unsatisfactory will be used in evaluating the final grade or clinical course performance.

**METHODS OF EVALUATION:**

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

**ABSENCE (Refer to Attendance Policy)**

| Date | Number of Hours | Comments | Make Up (Date/Time) |
|---|---|---|---|
| 11/2/2023 | 6H | Missed Clinical – Car troubles | 11/29/2023 0700-1300 |
| | | | |
| | | | |

| 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:**<br>a. Identify spiritual needs of patient (Noticing). | | | | | | | | NA | | S | NA | S | N/A | S | | | S | |
| b. Identify cultural factors that influence healthcare (Noticing). | | | | | | | | NA | | S | NA | S | N./A | S | | | S | |
| c. Coordinate care based on respect for patient's preferences, values, and needs (Responding). | | | | | | N/A | S | S | | S | NA | S | N/A | S | | | S | |
| d. Use Maslow's Hierarchy of needs to determine the care needs of the assigned patient (Interpreting). | | | | | | N/A | S | S | | S | NA | S | N/A | S | | | S | |
| | | | | | | CB | FB | FB | | NS | NS | NS | NS | NS | | | | |
| Clinical Location; Patient age** | | | | | | N/A | 3T<br>93 | | | 4N,<br>84F | | 4N<br>66M | N/A | 4N<br>72M | | | 3T<br>70M | |

**Comments**

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

Week 7 ~~My patient was 93 years old, and my location was 3 Tower.~~ This information is documented above in appropriate box. FB

Week 7 (1c,d)- Great job showing respect for your patient's needs, being compassionate and kind while delivering care. You also demonstrated the appropriate use of Maslow's hierarchy of needs during the head to toe assessment performed on your patient during this clinical experience. FB

Week 9 – Be sure to include the clinical location and patient's age in the designated location above each week. Thanks! NS

Week 9 1(a-d) – Great job this week prioritizing your care based on your patient preferences and needs. You used Maslow's to prioritize her physiological needs first through thorough assessment. You then shifted your focus to her psychological and spiritual needs by providing truly great therapeutic communication. I have to say, this is one of the most memorable patient care experiences I have had with a student when it comes to spiritual and comfort needs being met. You demonstrated tremendous kindness and compassion by taking the time to sit and talk with her like you did. You took on the challenge of switching patient assignments due to refusal by your originally assigned patient. Without knowing much detail about your patient, you were briefly reported that she had been in restraints and was combative and confused at times. However, you went in with a great approach to perform your own assessment of the situation. In doing so, you noticed her simple desire to have someone to sit and talk with her. The fact that she presented you with a book to take home with you shows how much you meant to her. This was an awesome thing to witness in your ability to care for her and make a connection. Truly a job well done. NS

Week 11 1(a-d) – Good job this week providing strong patient care based on his preferences and needs this week. You were presented with some interesting information during hand-off report; however, you had a great approach with your patient and ensured all of his needs were met with respect. Although he was planned to be discharged that day, you took the time to appropriately assess your patient in order to meet his physiological needs first. You provided good psychosocial support through communication as well. Nice work casting aside any judgment or bias and providing holistic patient care. NS

* End-of-Program Student Learning Outcomes

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

**Objective**

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

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

**Comments**

Week 7 (2a,b)- Trenton, you performed a systematic head to toe assessment and retrieved all vital signs within a timely manner. FB

Week 9 2(a,c,g) – Overall you did very well with your assessments this week. You used your knowledge and skills to notice deviations from normal, including: visual impairment with the use of glasses, hearing difficulty with the use of hearing aids, excessively dry mouth with darkened, stained, and missing teeth, depression, use of oxygen, diminished lung sounds upon auscultation at the lung bases, an irregular heart rhythm with an identified systolic murmur (awesome job), non-pitting edema in the lower extremities, limited movement and muscle weakness following a hip fracture, limited mobility with the use of a walker, bruising and ecchymosis around the surgical incision site,  an irregular bowel pattern, and the use of an indwelling urinary catheter with hematuria noted. Good detail in your assessments this week! NS

Week 11 2(a,c) – You were able to notice deviations from normal in your assessments this week consistent with his disease process. You noticed expiratory crackles upon auscultation, supportive of his heart failure diagnosis. You also utilized the doppler to identify his pedal pulses, ensuring adequate perfusion was occurring. You also noticed delayed capillary refill, also consistent with his admitting diagnosis. You noted in his psychosocial assessment that his lacked a support system at home. You responded by being kind and caring towards him and ensuring his psychosocial needs were being met while hospitalized. NS

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

**Objective**

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

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

**Comments**

Week 7 (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 staff RN. FB

Week 9 3(b,e,f) – Nice work during hand-off report communication with the assigned RN. You utilized the SBAR sheet to identify pertinent information that the next provider of care would want to know. Your assigned RN said you did a great job. You communicated effectively with your patient throughout the day, forming a good therapeutic relationship. I was truly impressed with your level of compassion and consideration of her needs. You were an accountable member of the health care team by performing assessments and interventions. NS

Week 11 3(e) – I thought you provided excellent communication to your patient again this week. This is certainly a strong suit for you. It was evident that he felt comfortable in your care and communicating with you. I can't emphasize enough how important communication is in health care. If a patient feels comfortable and can trust you during your care, they will open up much more. This helps us to better understand our patient's and learn more about things like social determinants of health. You have a very natural flow to communication and seem comfortable striking up conversation with anyone. This will be a major advantage to you in your career. Great job! NS

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

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

**Comments**

Week 2(4c,d): Satisfactory for listening attentively and actively participating in the Meditech orientation clinical. You showed beginning competence in the ability to access a patient's EHR, document care in an intervention, and locate patient data. You were able to access 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) Satisfactory job with documentation of head to toe assessment and vital signs. Make note of areas you may have forgot to chart on during this clinical experience, so you can improve on for future clinicals. (4f) Your initial discussion post and response was completed on time and was substantial. An area of improvement would be the in-text citation and reference.
Examples: Reference- Potter, P., Perry, A., Stockert, P., & Hall, A. (2019). *Essentials for nursing practice* (9th ed.). Mosby. **Or** Venes, D. (2021). *Taber's cyclopedic medical dictionary* (24th ed). F. A. Davis Company: Skyscape Medpresso, Inc.
In-text citations- According to Jones (1998), "students often had difficulty using APA style, especially when it was their first time" (p. 199). **or** She stated, "Students often had difficulty using APA style" (Jones, 1998, p. 199), but she did not offer an explanation as to why. **Or** APA style is a difficult citation format for first-time learners (Jones, 1998, p. 199).
If you still need some assistance reference Purdue OWL. FB

Week 9 4(c) – Great job using the patients electronic medical record to obtain data prior to entering the room. Since your assignment was switched unexpectedly, you did not receive a report on your newly assigned patient. You took the time to review the chart, physicians' notes, summary, etc to develop an understanding of the patient situation. In doing so, you identified a history of a systolic heart murmur which helped guide your cardiovascular assessment. Job well done! NS

Week 9 4(e) – Overall you did well with your initial post and response post to Ava this week. You provided good supporting details in your discussion and described the safety assessment an intervention in good detail. Nice job discussing her priority problem related to her hip fracture and altered mobility. Deconditioning is certainly a major concern with her reluctance to move and increased confusion following surgery. "NI" was self-rated due to late submission of the reference used to support discussion. Use this as a reminder to make note of the requirements for a satisfactory evaluation moving forward. NS

Week 11 (4a,b) _ Although we didn't sit down 1:1 to review charting this week, I was able to go back and review it. Overall I thought you were very thorough in describing your findings. You also charted on many more interventions this week compared to last. This will help you gain familiarity in the charting system moving forward. Nice work. NS

Week 11 4(e) – Good work with your CDG this week. You were thorough in answering the question prompts and provided a good overview of your patient's priority problem based on his admitting diagnosis and assessment findings. I appreciated your discussion on his nutritional status and information that you learned through communication. I thought you provided good insight into his nutrition risks associated with his lack of teeth and current diet at home. Your patient presents a challenge in regards to discharge education and following recommendations related to CHF. He has numerous social determinants of health that will make it challenging for him to manage this disease process at home. Patient's with heart failure must follow a pretty strict diet with minimal sodium. This is somewhat concerning due to his discussion on relying on sandwiches for meals, especially if they contain lunch meats that are high in sodium. His lack of social support and decreased knowledge and ability to understand the disease process put him at risk for complications. When providing information in the form of quotations, its important that you cite the author(s) last name, year of publishing, and a page number in your in-text citation. Two ways you would properly cite the information in your initial post would be… According to Potter et al. (2019) "……." (pg. XX). Or, at the end of the sentence, include (Potter et al., 2019, pg. XX). The same applies for your response to Stevi. Make sure you identify who you are citing, especially when using quotes. Let me know if you have any questions. NS

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

**Comments**

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

Week 7 (5h)-The location of the pull station was by 3037 and the location of the fire extinguisher was by 3035. FB

Week 9 5(d,e) – Nice job being flexible and resilient in having your patient assignment switched unexpectedly. You were able to organize your time despite the shift in assignments and ensured all aspect of patient care were provided appropriately. You ensured appropriate time was applied to meeting her psychosocial needs by sitting and reading with her. It was evident she truly appreciated the time spent with her. NS

Week 9 5(c) – This competency was changed to "S" because the patient you cared for had a foley catheter in place which was monitored and maintained during your care. NS

Week 11 5(d) – You gained experience performing an intramuscular injection in the clinical setting for the first time. You used your knowledge and experience from medication lab to demonstrate accurate technique in performing an injection. You identified the appropriate needle gauge and length prior to entering the room. You also demonstrated good dexterity in preparing the injection. The deltoid muscle determined as the appropriate location, and excellent technique was demonstrated. The patient even said he didn't feel a thing! Awesome work. NS

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

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

**Comments**

Week 9 6(a) – Good job this week using clinical judgment skills to help formulate your plan of care. You used your assessment skills to make appropriate decisions throughout the day. NS

Week 11 6(a) – You identified your patient's priority problem as impaired gas exchange due to his increased shortness of breath and heart failure diagnosis. Good job correlating assessment findings to support your priority. Based on his pending discharge that day, much of his plan of care had been terminated. However, you did incorporate interventions aimed and preventing complications and developed a good plan for the day. NS

* End-of-Program Student Learning Outcomes

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

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

**Comments**

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

* End-of-Program Student Learning Outcomes

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

**Objective**

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

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

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

Week 7 (8a)- My area of strength was being able to smoothly do the head-to-toe assessment and perform it systematically. My patient and I held a steady conversation throughout the assessment, and it made both of us feel more comfortable and I feel like I was able to focus better on my assessment because of fluent communication. Communication with my patient was my strength for this clinical. Great job with communication. You received a "U" because you are to self-rate yourself in every competency box that is not graded out. You must follow instructions it is very similar to following physician orders. FB

**Week 7 (8b)- My biggest weakness was my inability to fill out the charting correctly for the head-to-toe assessment. I charted an indwelling catheter as an external catheter, and I also filled a section out incorrectly. I will work on this and improve this by taking advantage of the time provided during lab for MediTech and make sure I am filling everything out correctly before I leave. If I continue to have this mistake, I will ask a faculty member to set time aside with me to practice charting so I can make sure I'm filling the charts out correctly. I don't see myself having this issue again because I will take more time and chart more thoroughly.**

**Documentation is very important, and it must be accurate. Practice will assist with documentation, you might want to go to the library and go over the head to toe assessment a few times in the test hospital icon. That will get you very familiar with the requirements. Again you received a "U" because you did not self-rate this competency. You must address this "U" as stated in the beginning of 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. FB**

**Midterm – Trenton, you are satisfactory in most 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. You must address the "U" ratings in week 9, make sure to address per the instructions. Keep up the great effort, we look forward to assisting you on your nursing journey!! FB**

**Week 9 (8a) My area of strength for this clinical experience was patient centered care. I prioritized many of my patients needs throughout the day and it was good to see slow improvements throughout the day. From my initial assessment to the time I was done with clinical my patient had seemed like a completely different person. I could tell that someone prioritizing her needs, nutrition, talking to her, get her moving made her feel a lot better and I could tell she was thankful that someone seemed to care.** Awesome strength to note this week, Trenton! You hit the nail on the head in noting her improvements and the reasons behind them. As a result of her confusion and combativeness, I think a lot of the personal care was missing during her post-op period. Sometimes when we simply take the time to show kindness and compassion, we can see the patient for who they truly are. You demonstrated this in an exemplary way this week. That is what nursing is all about. We can have all the knowledge in the world, but if we don't take the time to show we care, we can't truly impact patients. A very impressive week to be proud of. NS

**8b: My area of improvement for this experience would be time management. I realized that I could have charted my vitals and head to toe a lot sooner. Granted, I had a switched assignment and I started late, but I realize that other healthcare members need efficient charting to help guide their plans of care as well. I'm going to improve time management by practicing head to toes on family/friends so I can get better and quicker at them, and spend extra time in Meditecth because the more familiar I am with the system the more efficiently I will be able to chart.** Nice job reflecting on your experience to identify an area for improvement. As you stated, having your assignment switched put you behind slightly. However, you were still able to complete various aspects of care while also meeting her psychosocial needs. Continuing to practice assessments will allow for good time management, especially when we start administering medications. Great plan for improvement! NS

Week 11 8a: My area of strength for this clinical would be charting. I feel like I have improved a lot on charting the last couple weeks. Although I wasn't able to review my charting during clinical and my patient was within normal limits for most body systems, I feel like I charted the head to toe thoroughly correct this time and I did it much more efficiently. I also was able to chart many other things like multiple patient rounds, I/O's, food intake, etc throughout the clinical day. I know I still have improvement to do but I feel much stronger in this area after this week. I thought your charting looked great this week. You were able to gain experience documenting some new interventions that you were not able to your previous experience. As you stated, there's always room for improvement. That goes for every nurse out there. With each experience you will continue to gain more confidence. Good work this week! NS

Week 11 8b: My area of weakness for this clinical was allowing myself to get distracted too much. Yes, I charted my head to toe correct this time, but I also realized during charting that I had missed more things than normal. I have only forgotten 1 or two questions but this time it was a few. No blame on the patient, but conversation was held pretty much the whole assessment, and I wasn't as focused as I should have been. It's great to talk with your patients and I have a hard time cutting them off when needed but I realize that this is a must, especially when it comes to assessments, which will them be charted into the EMR. I'm going to improve this by finding a balance in the conversation during assessments. I'm going to think and focus more than talk during future assessments, but still maintain a therapeutic conversation. I have appreciated your level of accountability throughout this semester. You are always willing to take feedback, constructively criticize yourself, and improve. This has been evident in class, lab and clinical and is an excellent trait to have. Don't ever lose that. As for your identified area for improvement, this is a challenge when it comes to patient's that love to talk. Its great to have that therapeutic bond where they trust you, but can also put you behind or distract you. However, as a nurse, you learn to juggle the ability to focus and talk. There will be times where unfortunately we have to cut them off, not to be rude, but to tend to more important tasks. In these instances, I always try to tell the patient I would be happy to continue the conversation, but I have to take care of some things first then I will return. This helps the patient to feel prioritized while also realizing there are other concerns that need to be addressed. Always an interesting experience. Great thoughts! NS

Week 11 8a: My area of strength during week 13 clinical would be safe medication administration. I followed the 6 rights of medication; my patient was informed of the medications that he was given, and I also performed the appropriate assessments prior to administration. I use this as a strength this week because I was a part of preventing a potential medication error; my patient had lowered his atorvastatin dose prior to his hospital stay and the system still had his old dose, and the Pyxis dispensed his previous dose, so it was returned to the Pyxis. Granted my patient only had two medications, the process was error free, and I felt confident in it. Awesome strength to note! It was a good learning experience in regards to confirming with the patient the medications and dosages that he takes at home. There was some miscommunication between the medication reconciliation and the current prescribed order. You listened to your patient's concerns and addressed them appropriately by paying close attention to the six rights during medication administration. Nice job! NS

Week 11 8b: My weakness for this clinical would be not presenting the appropriate individualized education for my patient regarding nutrition, body mechanics, and deep breathing. My patient has a history of hyperlipidemia so the correct education on diet would have been appropriate to provide. Also, my patient had diminished lung sounds right after the accident so education on the deep breathing technique for better lung expansion would have been appropriate. He had an abdominal binder on with a T12 wedge compression fracture so the appropriate education on body mechanics would have been a beneficial intervention. I did encourage cough and deep breathing, and I'm honestly not sure why I never provided education on these points, and I will improve this by identifying necessary education for my next patients and ensuring that I use time management skills and fit the appropriate education in the clinical day. Nice reflection, Trenton! I have truly appreciated your level of accountability and thoughts provided in your reflection responses. A true strength of yours! Keep up the hard work. NS

**Make up 8a: An area of strength during this clinical was time management and prioritization. I approached my clinical day in an articulate way and was well prepared which allowed me to be more efficient and allowed me to have extra time to answer other patients call lights and to observe wound care on other patients.**

**Make up 8b: An area of weakness for me this clinical was maintaining aseptic technique in my work. I caught myself a couple times going in without gloves and I remember there were two times I forgot to foam out. I will improve this by making it a priority to foam in and out of every room and making sure I have gloves on at the appropriate times.**

* 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 |
|---|---|---|---|
| Week 13 | Acute Pain | *S | *NA |

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.**

| **Student Name:** Trenton McIntyre | **Course Objective:** |
|---|---|
| **Date or Clinical Week:** 13 | |

| | **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 | A list of nine abnormal assessment findings were listed based on the care provided during the week. Your patient was overall very healthy and active, and outside of the MVA leading to the fractures, had mostly normal assessment findings. Nice job identifying those that were abnormal. Six abnormal diagnostic findings were listed, each pertinent to the identified priority problem. Nice job including the CT results demonstrating the injuries from the MVA. Five risk factors were identified, based on the patient's past medical and social history. |
| | 2. Identify all abnormal lab findings/diagnostic tests; include specific patient data. | **(lists at least 3*) *provides explanation if < 3** | | **(lists 3 but no specific patient data included)** | **(lists < 3 or gives no explanation)** | 3 | |
| | 3. Identify all risk factors relevant to the patient. | **(lists at least 5*) *provides explanation if < 5** | **(lists 4)** | **(lists 3)** | **(lists < 3 or gives no explanation)** | 3 | |
| **Interpreting** | 4. List all nursing priorities and highlight the top priority problem. | **> 75% complete** | **50-75% complete** | **< 50% complete** | **0% complete** | 3 | Five priority nursing problems were identified based on the care needed during the week. It was appropriately determined that acute pain following a MVA with multiple fractures was the top priority problem. Based on the identified priority problem, three potential complications were identified, each including at least three signs and symptoms to monitor for. Relevant data from the assessment section was appropriately highlighted to support the priority problem. |
| | 5. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem. | **> 75% complete** | **50-75% complete** | **< 50% complete** | **0% complete** | 3 | |
| | 6. Identify all potential complications for the top nursing priority problem. | **(lists at least 3)** | **(lists 2)** | | **(lists < 2)** | 3 | |
| | 7. Identify signs and symptoms to monitor for each complication. | **(lists at least 3)** | **(lists 2)** | | **(lists < 2)** | 3 | |
| **Respo** | 8. List all nursing interventions relevant to the top nursing priority. | **> 75% complete** | **50-75% complete** | **< 50% complete** | **0% complete** | 3 | Most relevant interventions related to the top priority problem were provided. Consider including assessing vital signs as hypertension and tachycardia could be an |
| | 9. Interventions are prioritized | **> 75% complete** | **50-75% complete** | **< 50% complete** | **0% complete** | 3 | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **nding** | 10. All interventions include a frequency | **> 75% complete** | **50-75% complete** | **< 50% complete** | **0% complete** | 3 | indicator of increased pain as noted on arrival. He also was utilizing the abdominal binder for support related to the back fracture, this could be included as an intervention as well. Otherwise, you did a nice job including assessing his perception of pain and including non-pharmacological pain relief techniques. Interventions were prioritized appropriately with assessments taking highest priority. The listed interventions were individualized to the patient situation, with specific medications and dosages included. A rationale was provided for each listed intervention. |
| | 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** | 3 | Most recent assessment findings were included in the evaluation section. All abnormal assessment findings from the noticing section were re-evaluated to determine progress with the plan of care being implemented. Based on the recent findings, it was appropriately determined to continue the plan of care. |
| | 14. Evaluation includes one of the following statements:<br>• Continue plan of care<br>• Modify plan of care<br>• Terminate plan of care | **Complete** | | | **Not complete** | 3 | |

Total Possible Points= 42 points
42-33 points = Satisfactory
32-21 points = Needs Improvement*
< 21 points = Unsatisfactory*
***Total points adding up to less than or equal to 32 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.**

**Total Points: 42/42 – Satisfactory**

**Faculty/Teaching Assistant Initials:** NS

**Faculty/Teaching Assistant Comments: Trenton, you did a very nice job with your first completed care map. You appropriately identified acute pain as being the priority problem related to his motor vehicle accident. You asked appropriate questions for clarification, put good thought into the development of your care map, and demonstrated a good understanding of the rubric and care map guidelines. You are satisfactory with your first submission and are not required to do any remediation. Good use of clinical judgement in developing your plan of care! Keep up the hard work. NS**

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

***Course Objectives**

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

Student Name: Trenton McIntyre

Comments:
**Week 1 (Technology Lab):**
During this lab you were able to satisfactorily navigate:

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

- Guided tour of library and computer lab. AR

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

During lab this week you were able to satisfactorily demonstrate:

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

**Week 3 (Vital Signs):**

Awesome work in the lab this week! You satisfactorily completed the vital sign check off during 1:1 observation, including oral temperature, radial pulse, respiratory rate, pulse oximetry, and blood pressure measurement. During the blood pressure measurement, you accurately obtained two consecutive blood pressure results on the Vital Sim manikin. The first blood pressure measurement was set at 150/96, and you identified it as 148/96, great job. The second measurement was set at 122/84 and you interpreted it as 118/84, well within the desired range. You were able to verbally discuss the following measurements: axillary and rectal temperature along with orthostatic vital sign assessments. You only required one prompt throughout the whole checkoff related to asking the patient about smoking, chewing gum, eating/drinking prior to obtaining the oral temperature. You provided accurate detail in your communication with the "patient". Overall your documentation looked good. It was noted that the source (manual with auscultation) and position (supine) were not recorded. Be sure to pay close attention to detail and include all relevant information in your documentation. Keep up the great work!! NS

**Week 4 (Assessment):**

Make-up for 9/11/12023 lab. Satisfactory with head to toe assessment guided practice, hand-off report activity, and Lexicomp/Intranet navigation activity. You will be observed 1:1 for Head to Toe Assessment competency during Week 5. NS

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

Awesome job in lab this week! You have satisfactorily performed a basic head to toe assessment in the skills lab. Your approach was systematic, thorough, and overall very well done. You paid close attention to detail and were clearly well-prepared. You did not require any prompts throughout your assessment, nice work! You demonstrated professional and informative communication. You were able to correctly identify the lung sounds as crackles. Job well done! CB

Feedback on documentation this week: With this being the first time that you fully documented these interventions, there are some areas for improvement. You did a good job, overall, with your Meditech documentation. You documented on the interventions listed below; however, some areas were inaccurate and omitted. Please review each area of documentation within the next two weeks so you can examine areas that were omitted. I want you to feel comfortable and confident with Meditech documentation. NS

- Vital signs: accurate and complete
- Pain: missing pain rating (0-10 scale)
- Safety and Falls: be careful with spelling (pneumonia was spelled incorrectly); John Hopkins- you needed to do the entire scale as instructed, rather than "patient has experienced a fall during this hospitalization".
- Physical Re-Assessment:
    - HEENT: omitted documentation for "left ear"; omitted all "nose" and "throat/mouth" documentation.
    - Cardiovascular: omitted "yes" for pacemaker/AICD present; omitted documentation for "left radial".
    - All other documentation was 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! AR

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

Great job this week in lab demonstrating competence for Nasogastric Tube Insertion, Irrigation, and Removal through 1:1 observation. You are satisfactory in all NG skills. During insertion, you required one prompt related to securing the tube to the patient's gown. Excellent patient education provided! You did not require any prompts during irrigation; one prompt was needed during removal as a reminder to flush the tube with 20mL of fluid prior to removal. Great job! You were able to verbalize understanding of the difference between irrigation and flushing. You were able to practice administering intermittent tube feeding using the gravity method while also confirming tube placement with gastric residual. Additionally, you participated in the PO intake station for accurate calculation of carbohydrate intake, accurately measured gastric output through the NG tube, practiced assisting a visually impaired patient with their meal, and completed the assigned documentation in Meditech. Keep up the hard work! RH/AR

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

During your first one on one observation in lab this week you were satisfactory with the following skills: Sterile Glove Application, and Foley Catheter Removal. During Foley catheter removal you did not require any prompts, however you did remind yourself to hold onto the catheter at the labia until it was removed. During the Foley Catheter Insertion, you were unsatisfactory because of the following reasons: you failed to cleanse the peri-urethral area with the cleansing cloth provided in the catheter kit. Then once opening the sterile Foley tray you contaminated the kit by touching inside the sterile filed, you then placed your sterile glove package directly on the sterile field while applying them. You did not place the bag from the Foley kit at the end of the bed to place your trash in, instead you placed the trash on the bed up by the patient's hand/body potentially contaminating your sterile gloves. Once the Foley was inserted you did not cleanse the site for the placement of the StatLock with 3-4 alcohol pads, then followed with a skin prep and allowing the site to dry. AR/HS

Upon remediation of the Foley Catheter Insertion you were satisfactory. No prompts were needed throughout the whole process! You maintained the sterile field throughout the Foley insertion, did not contaminate the catheter or your gloves at any point, and 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. Be sure to take the appropriate time prior to check off to practice skills. You showed drastic improvement upon completing the skills for the remediation. AR/HS

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

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

You have demonstrated competence in the skill of wound assessment and wound care through guided observation of Dry Sterile Dressing and 1:1 observation of Damp to Dry Packed Wound Dressing Change. During the Damp to Dry Packed Wound Dressing Change, one prompt was required related to labeling the dressing change with your initials, date, and time. You were able to remind yourself to place the waterproof pad under the wound prior to cleansing. Job well done! Documentation was completed related to wound care and patient rounds in the Meditech system. Additionally, you participated in the stoma care station to gain additional knowledge and skills. Clinical scenario questions were presented to the group with active participation from all students. Great job this week! NS

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

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

**Week 11 (Medication Lab):**

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

8/17/2023

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

| **Simulation Evaluation**<br><br>Performance Codes:<br><br>**S**: Satisfactory<br><br>**U**: Unsatisfactory | Simulation #1 (2,3,5,8) * | Simulation #2 (2,3,5,7,8) * |
|---|---|---|
| | **Date: 11/7/2023** | **Date: 11/27/2023** |
| Evaluation (See Simulation Rubric) | S | |
| Faculty Initials | NS | |
| **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. An area of strength that Kara and Marena showed was good communication. They helped each other as needed and this helped them both get through the simulation. Their good communication allowed for the correct interventions to be performed and the correct medications to be administered. NS

B. An area of improvement for Kara and Marena could be education. When the patient stated that she may have received oxygen before but wasn't sure, this would've been a good opportunity to educate on why it is administered and answer any questions about it she may have. Also, regarding medications, Marena could have been better prepared on the medications she was administering so she could better educate the patient on what they are and what they will do for the patient in a more thorough way. NS

Faculty comments:

Simulation #2:

A. An area of strength for me during this simulation was communication. Ava and I both relayed pertinent information between each other that not only helped us prevent any errors but also helped us both provide the appropriate treatment. Our communication allowed for our patient to be relieved of her pain in the correct manner.

B. A weakness for my simulation was not being detail oriented and thorough. I made two mistakes; one was not scanning the morphine initially before administering the medication and I also didn't displace the "skin."

Faculty comments:

# Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Kara McIlrath (A), Marena Owen (M), Trenton McIntyre (O), Ava Lawson(O)
GROUP #: 4
SCENARIO: NF #1
OBSERVATION DATE/TIME(S): 11/7/2023 1130-1230

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

| | |
|---|---|
| **INTERPRETING: (1,2,4,6,7) *** <br>• Prioritizing Data: E A D B <br>• Making Sense of Data: E A D B | Prioritized vital signs when entering the room. Did not prioritize low spo2 initially.<br>Made sense of provider orders to maintain Spo2 >93%<br>Made sense of crackles related to pneumonia.<br>Prioritized patients' complaint of heel pain.<br>Made sense of medication orders using the six rights.<br>Did not make sense of Lipitor order (stated for COPD/Asthma). Review the therapeutic effects of Lipitor. |
| **RESPONDING: (1,2,3,4,5,6,7) *** <br>• Calm, Confident Manner: E A D B <br>• Clear Communication: E A D B <br>• Well-Planned Intervention/ Flexibility: E A D B <br>• Being Skillful: E A D B | Introduced self and role when entering the room. Performed hand hygiene for infection control.<br>Further assessed respiratory status based on Spo2 of 92%, asked about shortness of breath<br>Consider elevating the HOB for shortness of breath<br>Responded to low Spo2 by initiating oxygen at 2L per nc per physician orders<br>Calmly responded to alarm and low Spo2 with communication towards the patient<br>Good communication with the patient regarding planned interventions<br>Thorough neuro assessment performed, orientation status observed.<br>Cardiovascular and respiratory assessment performed appropriately.<br>Educated on crackles and potential for fluid in the lungs.<br>Good technique with abdomen assessment (looked, listened, then palpated).<br>ROM performed, hand grasps, dorsal flexion/extension performed.<br>Capillary refill assessed.<br>Good skin assessment, did not notice reddened heels initially<br>Responded to patient's heel discomfort by propping up on pillows.<br>Safety assessment performed.<br>Good communication regarding assessment findings and medications to be administered.<br>Good teamwork with reviewing medication orders.<br>Medication nurse identified role when entering the room. Confirmed name and DOB when entering the room. Used BMV scanner for safety.<br>Elevated HOB for medication safety.<br>Did not look up medication initially. Good teamwork to review medications in skyscape.<br>Re-evaluated breathing status and asked about need for nebulizer. |

| | |
|---|---|
| **REFLECTING: (1,2,4,5,6,8) ***<br>• Evaluation/Self-Analysis: E A D B<br>• Commitment to Improvement: E A D B | Observers did a great job actively paying attention to detail throughout scenario. Constructive feedback was provided during debriefing. Observers provided good insight on safe medication administration, including the six rights of medication administration. Observers also praised students for initiating O2 via nasal cannula for low Spo2 per orders while also discussing the need for prompt intervention. Constructive feedback was provided related to areas for improvement. Good discussion and support amongst those performing in the scenario and the observers.<br><br>Everyone participated well in debriefing. Each member of the team reflected on the experience and asked appropriate questions. Members of the team noticed areas for improvement and discussed ways to make improvements in the future. The assessment nurse and medication nurse demonstrated collaborative communication between the team members and the patient. |
| **SUMMARY COMMENTS: * = Course Objectives**<br><br>**Satisfactory completion of the simulation scenario is a score of "Developing" or higher in all areas of the rubric.**<br><br>**E= Exemplary**<br><br>**A= Accomplished**<br><br>**D= Developing**<br><br>**B= Beginning**<br><br>**Scenario Objectives:**<br>• Demonstrate collaborative communication with patients and healthcare team members (1,3,8) *<br>• Execute accurate and complete head to toe assessment (1,5,6,8) *<br>• Select and administer prescribed oral medications following the six rights (1,4,5,7) *<br>• Identify and provide accurate patient education (1,2,3,4,5,7) * | Lasater Clinical Judgement Rubric Comments:<br><br>Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Identifies obvious patterns and deviations, missing some important information; unsure how to continue the assessment. Actively seeks subjective information about the patient's situation from the patient and family to support planning interventions; occasionally does not pursue important leads.<br>Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. In simple, common, or familiar situations, is able to compare the patient's data patterns with those known and to develop or explain intervention plans; has difficulty, however, with even moderately difficult data or situations that are within the expectations of students; inappropriately requires advice or assistance<br>Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Communicates effectively; explains interventions; calms and reassures patients and families; directs and involves team members, explaining and giving directions; checks for understanding. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. Is hesitant or ineffective in using nursing skills.<br>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.<br>Satisfactory completion of NF Scenario #1. |

**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: ____TRENTON MCINTYRE 11/30/23_____