

EVALUATION OF CLINICAL PERFORMANCE TOOL
Nursing Foundations – 2023

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Lindsey Steele

Final Grade: **Satisfactory**

Semester: **Fall**

Date of Completion: 12/4/2023

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

Faculty eSignature: **Nicholas A. Simonovich**,

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
Heather Schwerer			HS

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

Satisfactory (S): Safe, accurate each time, efficient, coordinated, confident, focuses on the patient, some expenditure of excess energy, within a reasonable time period, appropriate affective behavior, occasional supporting cues, minimal faculty feedback needed related to written clinical work.

UNSATISFACTORY CLINICAL PERFORMANCE

Needs Improvement (NI): Safe, accurate each time, skillful in parts of behavior, focuses more on the skill and self rather than the patient, inefficient, uncoordinated, anxious, worried, and flustered at times, expends excess energy within a delayed time period, frequent verbal and occasional physical directive cues in addition to supportive cues, faculty feedback required in several areas of clinical written work.

Unsatisfactory (U): Failure to achieve the course competency, safe but needs faculty reminders constantly, not always accurate, unskilled, inefficient, considerable expenditure of excess energy, anxious, disruptive or omitting behaviors, focus on skills and/or self, continuous verbal and frequent physical cues, unsafe, performs at risk to patient/clients/others, unable to function, incomplete, erroneous, faulty, illegible clinical written work, no feedback sought from faculty or response to feedback not evident in submitted written work. If the student does not self-rate a competency the competency is graded "U." A "U" in a competency must be addressed in writing by the student in the Evaluation of Clinical Performance tool. The student response must include how the competency has been or will be met at a satisfactory level. If the student does not address the "U", the faculty member (s) will continue to rate the competency unsatisfactory.

OTHER

Not Available (NA): The clinical experience which would meet the competency was not available.

***Grey shaded weekly competency boxes do not need a student evaluation rating or faculty/teaching assistant initials.**

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:								NA		S	NA	S	NA	S			NA	S
a. Identify spiritual needs of patient (Noticing).								NA		S	NA	S	NA	S			NA	S
b. Identify cultural factors that influence healthcare (Noticing).								NA		S	NA	S	NA	S			NA	S
c. Coordinate care based on respect for patient's preferences, values, and needs (Responding).						NA	S	S		S	NA	S	NA	S			NA	S
d. Use Maslow's Hierarchy of needs to determine the care needs of the assigned patient (Interpreting).						NA	S	S		S	NA	S	NA	S			NA	S
						CB	FB	FB		NS	NS	NS	NS	NS			NS	NS
						NA	3-T 70			4-N 78		4-N 87		4-N 62			NA	Final

Clinical Location:
Patient age**

Comments

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

I was located in 3-Tower and my patient's age is 70. This just needs to be documented in box above. 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 1(a-d) – Lindsey, you did a great job this week coordinating your care appropriately based on your patient’s preferences and needs. You used Maslow’s hierarchy to prioritize her physiological needs through assessment to identify deviations from normal. You understood her mobility limitations following her hip fracture and surgery and helped to maintain safety throughout the time caring for you. You also prioritized her self-esteem and hygiene needs by assisting her with a bath and providing fresh linens. Additionally, you helped meet the nutritional needs of your peer’s assigned patient by assisting her with her meal while on a pureed diet to prevent aspiration. Nice job with your care throughout the day! NS

Week 11 1(a-d) – You were able to prioritize and meet your patient’s needs this week during both days caring for him. After being a little overwhelmed to start, you remained composed and focused on using Maslows and other priority frameworks to coordinate your care appropriately. Your patient required extensive skin/wound care while also having psychosocial needs that needed to be met. He expressed anxiety regarding information received from the provider prior to you assuming care. You did your best to help reassure him while also collecting important assessment details. You were flexible in your care and ultimately did a great job meeting each of his needs. NS

*** End-of-Program Student Learning Outcome**

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

Comments

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

Week 9 2(a,c) – Great work with your assessments this week. You utilized your knowledge and skills to identify deviations from normal, including: partially limited vision with the use of glasses, hoarseness as a result of being intubated and under anesthesia during surgery, generalized weakness and abnormal gait as a result of her hip fracture, chronic numbness and tingling in her feet, trauma to the right hip with muscle weakness and the use of a walker for ambulation, surgical wound to the right hip, constipation with the use of stool softeners, hyperactive bowel sounds, and a round, non-distended abdomen. Good observations! You promoted patient safety by conducting a thorough safety assessment noting her to be a high fall risk and ensured all appropriate precautions were in place to prevent injury. Good work! NS

Week 9 2(f) – This week you gained experience in assisting a patient with feeding due to dysphagia. You noted the use of a pureed diet, promoted independence when possible, and helped meet her nutritional needs with assistance. NS

Week 11 2(a,b,e) – Nice job again this week with your assessments! Your patient had numerous wounds to assess, change the dressing, and document on. You noticed his fragile skin and took precautions to maintain skin integrity. You noticed the various wound beds and surrounding skin. You noticed his elevated blood pressure and reported your findings promptly while also responding by re-evaluating his blood pressure following physical exertion. You noticed a new skin tear from the blood pressure cuff and reported your findings quickly so that it could be dressed according to protocol. Nice job ensuring the bleeding had stopped prior to leaving the room. You also gained experience with collaborating with the dietary department once your patient's diet order had been changed from NPO to a heart healthy diet. You ensured his nutritional needs were met by reaching out to dietary to place a breakfast order. This was important for him regarding wound healing. 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:						NA	NA	NA		S	NA	S	NA	S			NA	S
a. Receive report at beginning of shift from assigned nurse (Noticing).						NA	NA	NA		S	NA	S	NA	S			NA	S
b. Hand off (report) pertinent, current information to the next provider of care (Responding).						NA	NA	NA		S	NA	S	NA	S			NA	S
c. Use appropriate medical terminology in verbal and written communication (Responding).						NA	S	S		S	NA	S	NA	S			NA	S
d. Report promptly and accurately any change in the status of the patient (Responding).						NA	S	S		S	NA	S	NA	S			NA	S
e. Communicate effectively with patients and families (Responding).						NA	S	S		S	NA	S	NA	S			NA	S
f. Participate as an accountable health care team member in the provision of patient centered care (Responding).						NA	S	S		S	NA	S	NA	S			NA	S
						CB	FB	FB		NS	NS	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. You were an accountable member of the health care team by performing assessments, interventions, and observing and assisting when needed. You sought out additional learning opportunities and assisted your peers with patient care throughout the day. Job well done! NS

Week 11 3(d,f) – As previously mentioned, you did a great job reporting new findings promptly so that they could be addressed in a timely manner. You were an accountable member of the health care team by performing dressing changes and communicating your findings appropriately in the charting system. While it can be challenging to stay on task when you have a patient that is quite talkative, I thought you maintained composure and ensured strong communication was provided. Good work! 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:						NA	S	S		S	NA	S	NA	S			NA	S
a. Document vital signs and head to toe assessment according to policy (Responding).						NA	S	S		S	NA	S	NA	S			NA	S
b. Document the patient response to nursing care provided (Responding).						NA	S	S		S	NA	S	NA	S			NA	S
c. Access medical information of assigned patient in Electronic Medical Record (Responding).		S				NA	S	S		S	NA	S	NA	S			NA	S
d. Demonstrate beginning skill in accessing patient education material on intranet (Responding).		S						S		S NA	NA	NA	NA	NA			NA	S
e. Provide basic patient education with accurate electronic documentation (Responding).								NA		S NA	NA	NA	NA	NA			NA	NA
f. Consistently and appropriately post comments for clinical discussion groups on Edvance360 website (Reflection).						NA	S	S		S	NA	S	NA	S			NA	S
*Week 2 –Meditech		CB				CB	FB	FB		NS	NS	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(a,b,c)- I was impressed with how thorough your documentation was this week. You were independent in navigating the health record and documenting your findings. Very good work! You accurately portrayed the care and assessments that were performed in order to communicate with the health care team. You asked appropriate questions to ensure your documentation was accurate. Job well done! NS

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

Week 11 4(f) – You were very thorough in your CDG responses this week. Excellent detail was provided regarding his priority problem of impaired skin integrity with supporting assessment details. I appreciated the extra details provided regarding his blood thinner and how that impacted his skin integrity. This will certainly help your fellow classmates learn from your experience. You were observant in the discussion by the health care provider to better understand your patient and his care needs. Additionally, you did a nice job elaborating on his nutritional status and the important role it plays in helping with wound healing. Nice job with APA formatting in supporting your discussion with a reputable resource to enhance the discussion. Nice job in your response to Marena discussing the importance of nutrition and your experiences collaborating with the dietary department. All criteria were met for a satisfactory evaluation. 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:						NA	S	S		S	NA	S	NA	S			NA	S
a. Demonstrate correct body mechanics and practices safety measures during the provision of patient care (Responding).						NA	S	S		S	NA	S	NA	S			NA	S
b. Apply the principles of asepsis and standard/infection control precautions (Responding).						NA	S	S		S	NA	S	NA	S			NA	S
c. Demonstrates appropriate skill with foley catheter insertion, maintenance, and removal (Responding).								NA		NA	NA	NA	NA	NA			NA	NA
d. Manage basic patient care situations with evidence of preparation and beginning dexterity (Responding).						NA	S	S		S	NA	S	NA	S			NA	S
e. Organize time providing patient care efficiently and safely (Responding).						NA	S	S		S	NA	S	NA	S			NA	S
f. Manages hygiene needs of assigned patient (Responding).								NA		S	NA	S	NA	S			NA	S
g. Demonstrate appropriate skill with wound care (Responding).								NA			NA	S	NA	NA			NA	S
h. Document the location of fire pull stations and fire extinguishers. ** (Interpreting).						NA	S	S						NA				S
						CB	FB	FB		NS	NS	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)-On the third floor, the pull station is locked in the hallway next to the locker room. The fire extinguisher was located near the 3-Tower desk. FB

Week 9 5(F) – Great job this week prioritizing hygiene care for your patient. This is often something that can get overlooked, and can negatively impact patient outcomes and self-esteem. You ensured that her hygiene care needs were met with assistance due to her limited mobility and promoted independence when appropriate. NS

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

* End-of-Program Student Learning Outcomes

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

Objective																		
5. Develop patient-centered plans of care utilizing the nursing process. (3,4,5,6,7)*																		
Clinical Experience	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Mid-Term	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14	Week 15	Make-Up	Final
Competencies:								NA		S	NA	S	NA	S			NA	S
a. Utilize clinical judgment skills to develop a patient-centered plan of care (Responding).								FB		NS	NS	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 effectively prioritized her circulatory assessment and promoted hygiene and mobility during the post-operative period. You used your assessment skills to make appropriate decisions throughout the day. NS

Week 11 6(a) – You appropriately identified your patient’s priority nursing problem as being related to skin integrity. Based on his very fragile skin and numerous wounds on his upper and lower extremities he required a plan of care centered around the wounds. You correlated his nutritional status and needs in addition to your assessments and wound care provided. Good work! 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:								NA					NA	S			NA	S
a. Identify the action, rationale, dosage, side effects and the nursing implications of medications (Interpreting).								NA					NA	S			NA	S
b. Recognize patient drug allergies (Interpreting).								NA					NA	S			NA	S
c. Practice the 6 rights and 3 checks prior to medication administration (Responding).								NA					NA	S			NA	S
d. Administer oral, intramuscular, subcutaneous, and intradermal medications using correct techniques (Responding).								NA					NA	S			NA	S
e. Review the patient record for time of last dose before giving PRN medication (Interpreting).								NA					NA	S			NA	S
f. Assess the patient response to PRN medications (Responding).								NA					NA	S			NA	S
g. Demonstrate medication administration documentation appropriately using BMV (Responding).								NA				S	NA	S			NA	S
*Week 11: BMV								FB				NS	NS	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:						NA	S	S		S	NA	S	NA	S			NA	S
a. Reflect on areas of strength** (Reflecting)						NA	S	S		S	NA	S	NA	S			NA	S
b. Reflect on areas for self-growth with a plan for improvement. ** (Reflecting)						NA	S	S		S	NA	S	NA	S			NA	S
c. Incorporate instructor feedback for improvement and growth (Reflecting).						NA	S	S		S	NA	S	NA	S			NA	S
d. Follow the standards outlined in the FRMCSN policy, "Student Code of Conduct" (Responding).						NA	S	S		S	NA	S	NA	S			NA	S
e. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions (Responding).						NA	S	S		S	NA	S	NA	S			NA	S
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect (Responding).						NA	S	S		S	NA	S	NA	S			NA	S
g. Comply with patient's Bill of Rights (Responding).						NA	S	S		S	NA	S	NA	S			NA	S
h. Respect the privacy of patient health and medical information as required by federal HIPAA regulations (Responding).						NA	S	S		S	NA	S	NA	S			NA	S
i. Actively engage in self-reflection. (Reflecting)						NA	S	S		S	NA	S	NA	S			NA	S
*						CB	FB	FB		NS	NS	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)–One of my strengths was the confidence I had during my clinical. The confidence allowed me to enter the room and start my assessments without any awkwardness or hesitation. I was confident in my abilities to perform my designated tasks from the in-class lectures, labs, and studying. I left the clinical feeling proud of myself for turning my fear into something positive.

Week 7 (8b)– A weakness I noticed during clinical was my communication skills. I did not have many nerves talking with my patient about vitals or the head-to-toe assessment, but I did struggle making conversation afterwards. While I was charting, I noticed I had a hard time engaging in conversation. When I did communicate, it felt very forced and not natural. Although I did learn a lot from my patient, communication is a factor that could use some improvement. To improve this skill, I am going to branch out during class and try to communicate with at least three new people during this upcoming week. By communicating with new people, I can improve my skills and practice before my next clinical. I will also practice at home with my friends and family. **Great idea, communication is very important. It will get easier with experience. You might want to resource some ice breaker conversation lines as well as reaching out to other students that you do not know. Through communication valuable information is learned. FB**

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

Week 9 (8a) – One of my strengths was my ability to do my assessments quickly and efficiently in the morning! I was able to complete and chart my assigned tasks before occupational therapy arrived. This allowed me to watch and assist with walking my patient to the bathroom. My time management skills allowed me to stay on track and I was able to learn more. I also noticed an improvement on my communication skills compared to week seven, the ice breaker questions I used were helpful! **These are awesome strengths to note, Lindsey. The ability to effectively manage your time and prioritize interventions will serve you well moving forward. This will be especially important when we start to administer medications. I thought you truly had a strong clinical performance this week. Your comfort with your patient was noticeable. You jumped at the opportunity to learn more and assist with other patients as well. A week to be proud of! NS**

Week 9 (8b) – A weakness I noticed during clinical was my charting errors. In my charting I forgot to select “Yes” or “No” when it asked if the patient was within normal limits. Even though my documentation was done correctly, I made the same error quite a few times during my charting. To improve this skill, I will go to the computer lab at least twice before my next clinical and get familiar with Meditech Expanse Test. I will practice charting on the areas I missed and become more familiar with the documentation system. **Great job using reflection to identify an area you would like to grow in. Reflection is all about learning from experiences and developing plans to improve weaknesses in the future. Overall, I thought your documentation was very thorough, with only the omissions of the Yes/No for various systems. However, you were open to feedback and developed a strong plan to improve moving forward. Keep up the hard work! NS**

Week 11 (8a) – A strength from clinical was to learn and perform wound care on a patient. I consider this a strength because it was a new skill, I was initially nervous for, but ended up enjoying. I learned how to find orders in the chart, interpret them, find the correct supplies, and utilize them. My confidence in changing wound dressings increased from the first clinical to the second. I used my knowledge to look at the microbiology reports in the chart regarding the wound culture and I learned more about what the infection is. **These are awesome strengths to note this week, Lindsey! You took on the challenge of new learning experiences and excelled in your care. I appreciated you letting your fellow classmates observe and assist to help them gain experience as well. Job well done maintaining a clean environment during wound care to help prevent complications. Nice work taking the initiative to look more into his chart related to the bacteria growing in his infected wound to help put all the pieces together. Certainly, a week to be proud of! NS**

Week 11 (8b) – A weakness I noticed during clinical was that I became overwhelmed once I became “behind” in my day. Between my patient switching from NPO to a heart healthy diet, getting his hand soaked, and my issues with the charting system I felt as if I was doing a bad job because my assessments were not documented. These feelings caused me to become flustered which is something I need to improve on. From this experience I learned that I was prioritizing my patients’ needs and gaining experience which is most important. The second clinical helped me realize that it is okay to feel overwhelmed, and it allowed me to do a better job balancing charting and

my patient care. To improve this skill, I will ask faculty or other nursing staff for tips to manage my time and to efficiently deal with my feelings of being overwhelmed. I used this clinical as a learning experience in itself and will grow from it for the next one! Really nice reflection, Lindsey! I could tell you were feeling a bit overwhelmed to start the day, which is okay! These are all new experiences for you and you were thrown for a loop from the start. However, you gained composure and provided excellent patient care. These moments will happen in your nursing career. Often times things don't go the way we plan. We learn to be resilient in situations and adapt to the care that is needed. I think you learned a great deal from this experience that will help you continue to grow. I was impressed with your ability to bounce back as you demonstrated an eagerness to learn. Keep it up! NS

Week 13 (8a) – A strength from clinical this week was my confidence and ability to learn and distribute medications. I enjoyed researching the medications and learning about what my patient was getting and why. I consider this a strength because I learned a lot during my time at clinical, my confidence increased, and I know I will have more knowledge distributing meds in the future. It is a skill I feel confident in! You did a great job with your first medication administration experience! Your excitement to learn is awesome to see. Keep up the great work, Lindsey! NS

Week 13 (8b) – A weakness I noticed I had during clinical was caring for a patient's emotional needs while they are expressing vulnerability. I feel comfortable listening and providing comfort to a patient, but I noticed I found it difficult to communicate with them without feeling like I am interrupting them. When a patient is expressing concerns, fear, or another vulnerable factor, I want to learn how to effectively communicate with them to promote patient health. To improve this skill, I will do research regarding communication and addressing a patient's psychosocial needs. I will also check the library for any books relating to this topic to help me improve my skill. This is a really nice reflection. There isn't a textbook out there that can help in these situations, because they are real-life people going through difficult times. Sometimes just simply being there to listen is the best thing you can do. These are difficult situations because there isn't always a right or wrong thing to say. Providing a caring, empathetic approach goes a long way. You are a caring person and will learn how to best respond in these situations with each new experience. NS

Final Clinical Comments – Lindsey, **congratulations** on completing your first semester of clinical in nursing school with a satisfactory evaluation, certainly an accomplishment worth celebrating! It was an honor to work with you throughout this semester. You have shown tremendous growth in just this one semester and I am excited to see you continue to progress throughout your time here. From your first clinical day to your last, your confidence rose and your skills improved. It was awesome to watch as you put the pieces together on your patients using clinical judgement and understanding your patients as a whole. You made great use of your time and put in the effort to learn more about your patients. You asked though-provoking questions to enhance your learning and to promote positive outcomes for your patients. I appreciated your willingness and desire to experience new learning opportunities. You jumped at the opportunity to help patients with feeding, ambulation, hygiene, and wound care. You had moments where you began to feel overwhelmed, and rather than letting those feelings consume you, you remained composed and learned how to navigate difficult situations. This shows your ability to adapt and be resilient. I also appreciated your willingness to open up about your motivations and desire to succeed in nursing school. You have a bright future ahead of you and will positively impact patients that you encounter. Overall you had a very successful first semester! I look forward to working with you next semester as you continue your journey and take one step closer to achieving your goals. Great job and keep up the hard work! NS

* 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 10	Impaired Skin Integrity	*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: Lindsey Steele		Course 6*					
Date or Clinical Week: 11		Objective:					
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 thorough list of 16 abnormal assessment findings were listed. Great detail in describing the findings and identifying numerous deviations from normal. Consider including the specific locations of the various skin tears that he had experienced in addition to the dressings on his lower extremities. Six abnormal diagnostic findings were included. Did he have any protein or albumin levels drawn? If so, consider how these could be related to his impaired skin integrity. Nice job providing a thorough list of risk factors that impacted his skin integrity.
	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	Seven high priority nursing problems were identified. All data that was relevant to the top priority problem were appropriately highlighted in support of the identified impaired skin integrity. Based on the top priority problem, 5 potential complications were listed. Three of the potential complications included specific signs and symptoms to monitor for.
	5. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	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	A well thought out list of 15 nursing interventions were provided. Consider including a pain assessment in preparation of performing wound care if the patient is
	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	2	in discomfort. This would allow the nurse to medicate the patient prior to performing dressing changes. Interventions were appropriately prioritized with assessment interventions taking highest priority. Most interventions included a frequency. Each of the education interventions did not include a frequency. You could consider stating daily, at discharge, as needed, etc. Interventions were individualized and specific to the patient situation. Appropriate rationale was included for each intervention. Nice work.
	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	An evaluation of all abnormal assessment findings was included for each identified finding. Based on the evaluation, you appropriately determined the need to continue the plan of care.
	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* *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: Lindsey, you did a very nice job with your first completed care map. You appropriately identified impaired skin integrity as being the priority problem related to his fragile skin and numerous wounds. 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</p>							<p>Total Points: 41/42 – Satisfactory</p> <p>Faculty/Teaching Assistant Initials: NS</p>

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

Student Name: Lindsey Steele

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: 8/30/2023	Date: 9/8/2023	Date: 9/13/2023	Date: 9/20/2023 & 9/21/2023	Date: 9/27/2023	Date: 10/4/2023	Date: 10/11/2023	Date: 10/18/2023	Date: 10/25/2023	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	NS	NS	NS	AR	NS	NS	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):

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 116/74, and you identified it as 118/78, great job! The second measurement was set at 156/90 and you interpreted it as 158/86, well done! You were able to verbally discuss the following measurements: axillary and rectal temperature along with orthostatic vital sign assessments. You did not require any prompts throughout the whole check-off, awesome work! You provided accurate detail in your communication with the “patient”. Your documentation overall looked good, with one minor error. You documented the temperature as 96.8 rather than 98.6. Be sure to pay close attention to detail when documenting vital sign information. Keep up the great work!! NS

Week 4 (Assessment):

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

Week 5 (Assessment; Mobility):

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 while check-off related to assessing for changes with urination (frequency, burning, urgency, etc.). You correctly identified lung sounds as wheezes instead of crackles. This is just for practice, but you could consider reviewing YouTube videos on various lung sounds to help in that area. You correctly identified hyperactive bowel sounds and communicated your findings with the patient. 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.
- Safety – accurate and complete.
- Vital signs – accurate and complete.
- Physical assessment – omitted left ear documentation under HEENT assessment. Otherwise, accurate and complete.

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

Week 6 (Personal Hygiene Skills):

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

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

Nice job this week in the skills lab demonstrating competence for Nasogastric Tube Insertion, Irrigation, and Removal through 1:1 observation. For the Insertion checklist, you did not require any prompts. For irrigation, one prompt was required related to labeling the irrigation equipment appropriately. For removal, you did not require any prompts. You did a great job verifying placement with each skill. Your Great work! You were able to verbalize understanding of the difference between irrigation and flushing and aspiration precautions. 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! NS

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

You did a great job in the lab this week and were satisfactory with the following skills: Sterile Glove Application, Foley Catheter Insertion (female), and Foley Catheter Removal. No prompts were required throughout the entire process. Your approach was thorough, methodical, and very well done. You were clearly well prepared! You maintained the sterile field throughout the Foley insertion, and did not contaminate the catheter or your gloves at any point. 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. You independently completed the Meditech documentation for Urinary Catheter Management. Keep up the great work! NS
Documentation Lab – You have satisfactorily completed the documentation lab by actively participating in Meditech documentation related to vital signs, physical re-assessment, safety and falls, pain assessment, patient rounds, TED hose/SCD/Ace wrap, feeding method, Intake and Output, urinary catheter management, and writing a nurse note. You utilized your time wisely, asked appropriate questions, and gained experience with each intervention listed in preparation for clinical. Feedback and remediation were provided as needed during the documentation review. Great job! CB

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

You have demonstrated competence in the skill of wound assessment and wound care through guided observation of Dry Sterile Dressing and 1:1 observation of Damp to Dry Packed Wound Dressing Change. During the Damp to Dry Packed Wound Dressing Change, you did not require any prompts and initiated/maintained the sterile field and followed aseptic technique throughout. 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) *
Performance Codes: S: Satisfactory U: Unsatisfactory		
	Date: 11/7/2023	Date: 11/27/2023
Evaluation (See Simulation Rubric)	S	S
Faculty Initials	NS	NS
Remediation: Date/Evaluation/Initials	NA	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 was being able to have the ability to recognize abnormalities from a viewing only standpoint. I was able to put pieces together in my mind such as how the patient had pneumonia which would explain the cough and sputum. **NS**
- B. I could have taken more notes while observing. I would have taken notes on the meds and their adverse effects, and also notes regarding the patient and how the students responded. **NS**

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

Simulation #2:

- A. An area of strength was my ability to help my patient and my partner (Grace). I felt confident in my assessment of the patient, and I felt confident helping Grace with the medication administration. A specific strength was my ability to reevaluate what I implemented. An example was when I asked my patient if their pain had decreased or if their breathing ability has improved before I ended the simulation. This gave me some reassurance that I was doing well, and my patient's overall health was improving. **Awesome strength and good use of the nursing process! NS**
- B. An area of weakness was that I came into the simulation unprepared. I had not viewed the objectives before, and I wish I had. Going forward, that is something I will prioritize. Another weakness is that if I could go back, I would have done a better job at conducting a focused assessment and focusing on the patient's right sided pain. I would have implemented more care to promote patients' health. **You did quite well despite being honest about not being fully prepared. Quite honestly, it shows your ability to adapt to situations you are not completely familiar with. Nice reflection! NS**

Faculty comments:

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): **Cameron Beltran (A), Kaden Troike (M), Grace Catanese (O), Lindsey Steele (O)**

GROUP #: **2**

SCENARIO: **NF #1**

OBSERVATION DATE/TIME(S): **11/7/2023 0900-1000**

CLINICAL JUDGMENT COMPONENTS						OBSERVATION NOTES
<p>NOTICING: (1,2,4,6,7) *</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 						<p>Noticed alarm for low Spo2 of 91% on RA Recognized deviation from normal with oxygen status Asked name and DOB for patient safety when entering the room Medication nurse noticed orders in the MAR. Noticed BP 130/72, HR of 84, RR 18, temp 99.2 Sought information related to sputum production, color, etc. Medication nurse noticed order for guaifenesin Did not ask patient about allergies prior to medication. Did not look up medications prior to administration. Did not ask patient how she safely takes medication. Wristband scanned, but not confirmed with patient prior to administration. Noticed "whistling" or wheezing upon auscultation (set as crackles). Good teamwork and collaboration to confirm accurate lung sounds of crackles. Noticed tissues with yellow sputum in the bed. Noticed persistent, productive cough. Asked about last BM, normal characteristics, etc. Asked about urination and characteristics. For scheduled medication, allergies were assessed appropriately prior to administration. Did not notice reddened heels on assessment initially. When patient complained of pain performed focused assessment and noticed reddened heels. Asked patient about pain.</p>
<p>INTERPRETING: (1,2,4,6,7) *</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B 						<p>Interpreted low Spo2 appropriately. Prioritized low Spo2 initially.</p>

<ul style="list-style-type: none"> • Making Sense of Data: E A D B 	<p>Prioritized vital signs after stabilizing Spo2.</p> <p>Prioritized PRN medication for persistent cough.</p> <p>Did not interpret abnormal lungs sounds accurately initially. After collaboration, correctly made sense of crackles.</p>
<p>RESPONDING: (1,2,3,4,5,6,7) *</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 	<p>Introduced self and role as student nurse.</p> <p>Elevated HOB for SOB</p> <p>Initiated oxygen at 2L per nasal cannula for low Spo2. Asked patient if her breathing improved after intervention to determine effectiveness</p> <p>Provided some education on nasal cannula</p> <p>Good hand hygiene for infection control.</p> <p>Educated patient to keep sputum next time she coughs up</p> <p>Checked PERRLA, accommodation, conjunctiva, did not assess oral mucosa</p> <p>Good skin assessment, checking temperature, moisture, edema</p> <p>Good teamwork by assessment nurse assisting with medication administration. Good collaboration to confirm lung sounds.</p> <p>Looked, listened, then palpated for abdomen assessment. Nice job.</p> <p>Good communication with the patient throughout assessment.</p> <p>ROM assessed in all extremities.</p> <p>Consider timing of medication administration for safety purposes.</p> <p>Educated on potential side effects for scheduled medications. BMV Scanner used for patient safety.</p> <p>Responded to reddened heels by placing a pillow under the legs.</p>
<p>REFLECTING: (1,2,4,5,6,8) *</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Observers did a great job actively paying attention to detail throughout scenario. Constructive feedback was provided during debriefing. Observers provided good insight on safe medication administration, including the six rights of medication administration. Observers also praised students for initiating O2 via nasal cannula for low Spo2 per orders while also discussing the need for prompt intervention. Constructive feedback was provided related to areas for improvement. Good discussion and support amongst those performing in the scenario and the observers.</p> <p>Everyone participated well in debriefing. Each member of the team reflected on the experience and asked appropriate questions. Members of the team noticed areas for improvement and discussed ways to make improvements in the future. The assessment nurse and medication nurse demonstrated collaborative communication between the team members and the patient.</p>

<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p> <p>Scenario Objectives:</p> <ul style="list-style-type: none"> • Demonstrate collaborative communication with patients and healthcare team members (1,3,8) * • Execute accurate and complete head to toe assessment (1,5,6,8) * • Select and administer prescribed oral medications following the six rights (1,4,5,7) * • Identify and provide accurate patient education (1,2,3,4,5,7) * 	<p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Actively seeks subjective information about the patient’s situation from the patient and family to support planning interventions; occasionally does not pursue important leads.</p> <p>Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. In most situations, interprets the patient’s data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse.</p> <p>Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. 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. Displays proficiency in the use of most nursing skills; could improve speed or accuracy.</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>
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Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Lindsey Steele (A), Grace Catanese (M), Cameron Beltran (O), Kaden Troike (O)

GROUP #: 2

SCENARIO: NF #2

OBSERVATION DATE/TIME(S): 11/27/2023 0900-1000

CLINICAL JUDGMENT COMPONENTS	OBSERVATION NOTES
<p>NOTICING: (1,2,4,6,7) *</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B 	<p>Identified patient with name and DOB and compared to wristband for patient safety.</p> <p>Noticed SOB when entering the room. Noticed patient was not wearing oxygen when entering the room. Noticed Spo2 of 91%.</p> <p>Focused observation on patient’s pain.</p>

<ul style="list-style-type: none"> • Information Seeking: E A D B 	<p>Sought additional information related to patient’s pain (precipitating factors, relief measures, rating, type, duration). Noticed patient’s pain 7/10.</p> <p>Sought additional information by re-evaluating the patient’s breathing status after oxygen administration.</p> <p>Noticed crackles on auscultation.</p> <p>Noticed sputum/tissues in the bed. Sought further information related to duration of cough and sputum.</p> <p>Noticed order for morphine and need to perform dosage calculation.</p> <p>Sought information related to allergies prior to medication administration.</p> <p>Consider asking patient preference for injection location.</p> <p>Sought additional information after medication administration related to relief and comfort.</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>Prioritized oxygenation status, made sense of SOB and physician order for oxygen at 2L NC.</p> <p>Prioritized pain assessment when noticing patient in pain.</p> <p>Prioritized focused respiratory assessment related to pain on the right side and shortness of breath.</p> <p>Made sense of need to communicate with medication nurse to medicate for pain then prioritized returning to complete the head to toe assessment.</p> <p>Consider administering pain medications prior to continuing full assessment for patient comfort. Team members can collaborate to administer medications then return to complete full assessment.</p> <p>Made sense of the MAR for morphine administration related to pain 7/10.</p> <p>Did not make sense of MAR documentation related to morning PO medications already being administered initially, prompted by patient. Prioritized returning medications to the pyxis for medication safety.</p>
<p>RESPONDING: (1,2,3,4,5,6,7) *</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 	<p>Introduced self and role when entering the room for communication.</p> <p>Elevated HOB for shortness of breath</p> <p>Administered O2 via nasal cannula at 2L for Spo2 of 91%.</p> <p>Focused pain assessment performed (full pain assessment performed). Lifted gown to look at the area related to pain.</p> <p>Re-evaluated patient’s breathing after applying oxygen.</p> <p>Educated on performing breathing exercises with incentive spirometry.</p> <p>Good communication with the patient regarding plan for pain relief. Good communication among team members.</p> <p>Considered collecting sputum for microbiology.</p>

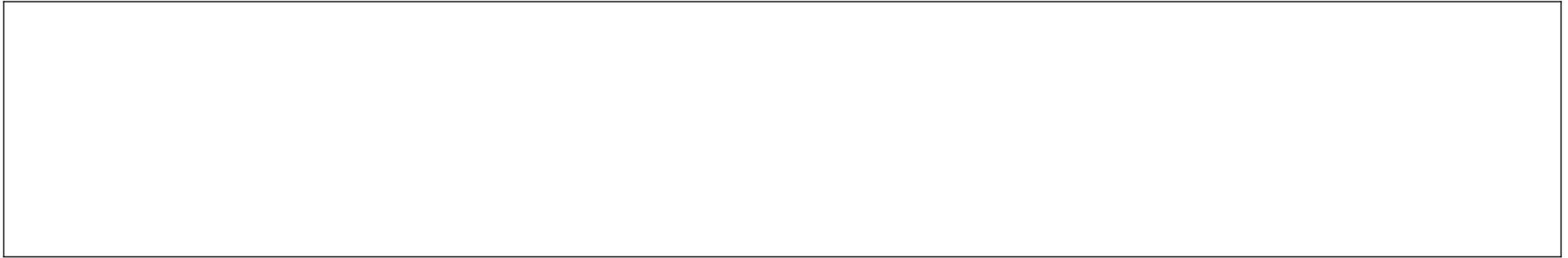
	<p>Good communication with the patient during assessment for comfort.</p> <p>Dosage calculation performed accurately to determine need to waste 1ml (2mg) of morphine. Ordered 4mg (2ml), administered 4mg (2mL). Witnessed waste of excess narcotics.</p> <p>Good communication to determine medication orders. Returned unused medications after noticing they have already been administered.</p> <p>Selected appropriately sized needle for IM injection (22g, 1inch). Good aseptic technique with changing needles. Alcohol swab performed to clean injection site. Prematurely activated safety needle prior to injection. New needle obtained and applied.</p> <p>Educated on constipation and confusion side effects of morphine. Consider educating on drowsiness, risk for falls.</p> <p>Selected deltoid muscle for IM injection site. IM needle injected at 90-degree angle. Remember to aspirate prior to injecting medication to assess for presence of blood. Teamwork and collaboration noted to initiate safety appropriately for disposal.</p> <p>Re-evaluated Spo2 of 94% after oxygen administration and additional interventions, re-evaluated patient's breathing status after medication administration.</p> <p>Encouraged patient to utilize incentive spirometer. Education provided on appropriate use of incentive spirometer. Encouraged coughing and deep breathing after medication.</p> <p>Re-assessed vital signs to evaluate following narcotic administration. Re-assessed pain following medication. Great job evaluating effectiveness of interventions performed.</p> <p>Elevated heels on pillow for redness.</p>
<p>REFLECTING: (1,2,4,5,6,8) *</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Each member actively participated in debriefing. Each member of the team reflected on the experience and asked appropriate questions. Members of the team noticed areas for improvement related to prioritization and IM injections and discussed ways to make improvements in the future. Observers provided good insight on med safety and communication amongst team members and with the patient. Identified educational opportunities that were presented in the scenario. Reflected on clinical judgement and critical thinking that required. Emotions, thoughts and feelings were explored. Each member demonstrated a desire to improve nursing performance.</p>
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p>	<p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Assertively seeks information to plan intervention; carefully collects useful subjective data from observing and interacting with the patient and family.</p> <p>Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. In most situations, interprets the patient's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse.</p> <p>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</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>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. Displays proficiency in the use of most 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 #2.</p>
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**EVALUATION OF CLINICAL PERFORMANCE TOOL
Nursing Foundations – 2023**

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

I was given the opportunity to review my final clinical ratings in each course competency. I was given the opportunity to ask questions about my clinical performance. I have the following comments to make about my clinical performance/final clinical evaluation:



Student eSignature & Date: *Lindsey Steele* 12-01-23