

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

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

Student: Leah McNeely

Final Grade: Satisfactory

Semester: Fall

Date of Completion: 12/4/2023

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

Faculty eSignature: Fran Brennan MSN, RN

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)
10/11/2023	3.5 hours	Skills lab	10/26/2023/1200
10/12/2023	2 hours	Documentation lab	10/27/2023/0800
10/17/2023	1 hour	Clinical Orientation	10/31/2023
10/19/2023	5 hours	Clinical	11/29/2023 0700-1200
11/13/2023	1 hour	Simulation Survey	11/13/2023 1200
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:								NA		NA	NA	S	NA	S			S	S
a. Identify spiritual needs of patient (Noticing).								NA		NA	NA	S	NA	S			S	S
b. Identify cultural factors that influence healthcare (Noticing).								NA		NA	NA	S	NA	S			S	S
c. Coordinate care based on respect for patient's preferences, values, and needs (Responding).						S	NA	S		NA	NA	S	NA	S			S	S
d. Use Maslow's Hierarchy of needs to determine the care needs of the assigned patient (Interpreting).						S	NA	S		NA	NA	S	NA	S			S	S
						CB	FB	FB		FB	FB	FB	FB	FB			FB	FB
						3T 45	NA			NA	NA	3T- 61	NA	3T- 71			3T- 86	

Clinical Location:
Patient age**

Comments

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

Week 6(1c,d) – Nice job this week interacting with a patient for the first time in the clinical setting. You were able to respect your patient's preferences, values, and needs when entering the room to obtain vital signs and a head to toe assessment. You used Maslow's to determine the importance of assessing vital signs and an assessment to meet the physiological needs of your patient first, great job! CB

Week 11 (1c)- Nice job considering your patient's preferences while coordinating appropriate care to ensure positive patient outcomes. FB

Week 13 (1c)- Great job being respectful of patient's values and wishes while coordinating care for your patient during this clinical rotation. FB

* End-of-Program Student Learning Outcomes

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

Objective

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

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

Comments

Week 6(2a,b): This week you were able to use skills learned in the lab and take content learned in theory and combine them to apply your knowledge in the clinical setting. You were successful in obtaining vital signs and a head to toe assessment on a live patient for the first time. You were able to notice your patient had an abnormal heart

rhythm, and you were able to use your clinical judgement to further assess the situation by reviewing their trending assessment findings and the reason your patient come into the hospital. Great job! Competency C was changed to a “NA” because you did not conduct or document a safety assessment. CB

Week 11 (2a,c,d)- You did a great job performing all assessments. You also demonstrated the ability to gather information from assessments performed to determine a priority problem for your assigned patient. After determining the priority problem, you implemented all necessary interventions. FB

Week 13 (2a,c,d)- You did a great job performing appropriate assessments. You provided pertinent information from assessments, labs, and diagnostic testing to determine a priority problem for your assigned patient. Associated interventions were implemented that were relevant to the priority problem based off of information gathered. (2g) Great job interpreting the lab data and diagnostic procedures that provides substantial information for the priority problem. Keep up the good work! FB

Makeup week (2a,c,d)- Great job with patient assessments during this clinical rotation. You provided very thorough and structured assessments. You were able to identify the appropriate focused assessment based on information gathered during the initial assessment. Great job identifying the fall risk for your assigned patient and ensuring all precautions were in place. FB

*** End-of-Program Student Learning Outcomes**

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

Objective

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

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

Comments

Week 6(3e): Leah, you did a great job communicating effectively with your patient this week! I know this can be challenging for the first time in the clinical setting, however you were able to use appropriate communication skills to learn more about your patient. CB

WEEK 11: I gave myself an NI for receiving report because on Wednesday the nurse just gave me the report sheet and on Thursday the nurse went way to fast which didn't allow me to get hardly any of the information. If the nurse is going fast, ask nicely if she could slow down so you receive the information necessary to care for your patient. FB

Week 11 (3e)- Great job communicating with your patient this week, you did a great job meeting their needs and communicating in some therapeutic ways to gain the trust of your assigned patient. Communication comes in many forms and building that trusting relationship is very important to a successful plan of care. FB

Week 13 (3d,e)- You have demonstrated the ability to respond appropriately to any changes that may occur with your assigned patient. Reporting changes from assessments, vital signs, or symptoms has been prompt and to appropriate reporting structure. You have also displayed the ability to communicate appropriately with patients and their families. Great Job! FB

Makeup week (3a,b)- Great job receiving and providing pertinent information during shift report, and hand off report. Appropriate medical terminology was used during all communications provided. Good job communicating appropriately to staff RN and other health care disciplines when necessary. You identified the need for the chair alarm for patient safety and reported any abnormal findings in a timely manner. FB

*** End-of-Program Student Learning Outcomes**

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

Objective

3. Exemplify advanced searches in accessing electronic health care information and documenting patient care. (1,4,8)*

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

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 6: I gave myself a NI for access medical information of assigned patient because I need to learn Meditech better and I didn’t even look to see exactly how old my patient was. Leah, accessing meditech will get easier, and the more time you spend in it at clinical while caring for your patient, you will come more familiar with where information can be located. CB

Week 6(4 a,c,f): Good job with your documentation of vital signs and a head to toe assessment, you were very thorough and detailed. My only advice for documentation of the head to toe assessment is to make sure you click on the + sign in the top left corner every time so you don't miss anything and always have the meditech guidelines with you to ensure you are documenting on the correct areas. Great job on your first CDG, you met all requirements of the grading rubric. CB

Week 11: I gave myself an NI for accessing medical information of assigned patient because I struggled finding diagnostics and information that I was interested in as to the findings of why my patient was having issues urinating. Leah, please ask for assistance in finding information. Take your time and go through the chart, open all the tabs on the right-hand side and find what information is available. The only way to get familiar with the system is to explore. FB

Week 11 (4 a,b)- Great job with documentation this week with minimal editing needed. (4c)- You were able to access the medical record, gather some of the pertinent information and interpret data. Explore the chart to get as much information as possible on your assigned patient. FB

Week 13 (4a,b)- You are progressive showing improvement with documentation. Documentation has been thorough and accurate with minimal editing required. (4c) You have displayed the ability to access the electronic health record and gather all relevant information. (4f) CDG posts are within the guidelines provided within the CDG rubric, nice job! FB

Makeup week (4 a,b,c) Great job with head to toe assessment, vital signs, and focused assessment. Nice job accessing pertinent information and additional information within the electronic medical record. You were able to identify and gather important information regarding your patient's problems and testing to provide an accurate plan of care, nice job! (4f)- CDG was appropriately posted following the CDG rubric, on time, and in a substantive manner. Your response to a peer was also within all guidelines. Keep up the great work. FB

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

Comments

**** You must document the location of the pull station and extinguisher here for your first clinical experience. The fire extinguisher is across from room 3036 and the pull station is across from room 3037. CB**

Week 11 (5e) Great job managing time effectively to provide all necessary care for your patient. FB

Week 13 (5 d,e)- You have demonstrated great management of care for your assigned patient making sure all pertinent interventions were completed. You organize your time appropriately to provide safe, efficient care to ensure positive patient outcomes. (5f)- Try to encourage hygiene care to patients, this is very important to not only make the patient feel better, but also for infection control. FB

Makeup week (5 d,e)- Nice job with the management of the care you provided to your assigned patient. You organize your time appropriately to provide safe, efficient care while making sure to provide care that contributes to positive patient outcomes. (5f)- Nice job encouraging hygiene care for your assigned patient. FB

*** 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		NA	NA	S	NA	S			S	S
a. Utilize clinical judgment skills to develop a patient-centered plan of care (Responding).								FB		FB	FB	FB	FB	FB			FB	FB

Comments

Week 11 (6a)- Great job utilizing clinical judgement while providing care to your patient during this clinical rotation. FB

Week 13 (6a)- Satisfactory completion of Care map from week 10. See rubric below. FB

Makeup week (6a)- Great job providing patient centered care to your assigned patient during this clinical rotation. FB

* 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			S	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	NA S			NA	S
e. Review the patient record for time of last dose before giving PRN medication (Interpreting).								NA					NA	NA			NA	NA
f. Assess the patient response to PRN medications (Responding).								NA					NA	NA			NA	NA
g. Demonstrate medication administration documentation appropriately using BMV (Responding).								NA				NA S	NA	S			NA	S
*Week 11: BMV								FB				FB	FB	FB			FB	FB

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/FB

Week 13: I gave myself a NI for administering oral, intramuscular, subcutaneous and intrafermal medications using correct technidques because I didn't know the length of needle needed for the subcutaneous injection and I waved the alcohol dry prior to giving the injection. This competency was changed because you recognized these areas and were able to verbalize correct technique. You did a great job with your first medication administration to a patient. FB

Week 13 (7a)-Great job identifying the action, classification, rationale, and side effects of each medication administered during this clinical rotation. (7c,d)-You demonstrated the use of the six rights of medication administration and correctly administered oral medications to your assigned patient. (7g) Appropriate use of the barcode medication verification system was displayed along with correct and thorough documentation of medications administered. FB

* End-of-Program Student Learning Outcomes

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

Objective

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

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

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

Week 6:

1. My strength this week would be overcoming the fear of entering a patient's room by myself. I didn't give myself time to hesitate and just went in to get over my fear. Leah, you did a great job on clinical. The first clinical is never easy walking into a patient room for the first time, but you were able to overcome all your fears and anxieties and enter the room and perform the task at hand. I am proud of you! CB
2. I had a difficult time with continuing to do my assessment when others were coming into the room. I will practice this to get better next time by having my partner in lab incorporate interruptions when I am practicing my skills for the next three labs. Leah, it can be overwhelming when numerous other interdisciplinary team members come in while you are trying to care for your patient, but with time and more experience, you will find a balance on how to continue to do what you are doing, while they do whatever it is that they need. This is a great plan in have in place to work on this. CB

Week 11:

1. My strength this week would be supporting my patient emotionally after getting news of her cancer being back. She was emotional while I was present in the room. In addition, she expressed her emotions about not wanting her mother to know that her cancer was back and I talked with her about it. My patient also explained to me that she didn't want to be moved into the same room as her mom and I communicated that to the nurse, so it did not occur. Great job with communication skills this week. Communication comes in all forms and building a trusting relationship with your patient is important. That relationship can provide information that can lead to delivering the best care to your patient. Sometimes all we need to do is listen and be supportive. These situations are the most difficult for both the patient and the health care team. FB
2. I had a difficult time with documenting in meditech this week. With missing clinicals and documenting more than just vital signs and the head to toe assessment, I had a difficult time documenting all the correct findings. I will go into the lab 3 times a week and practice my documentation in the test meditech setting. Great idea, the more exposure you get to the documentation the easier it will become. Practice, practice, practice! The head to toe or physical assessment is the most difficult because it is lengthy. Make sure to bring the list of interventions you must document on, that way you will not miss anything that is expected of you to complete. FB

Week 11 (8f)- This competency was changed to a "U" because you did not complete and submit the correct evaluation tool into the dropbox. It is your responsibility to make sure you are completing the correct tool and submitting that tool in the dropbox by the designated due date and time. Make sure to save the tool I return to you complete for the next week, save it after you complete and submit it to the dropbox. You will have to address the "U" as stated in the beginning of the tool.

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. FB

I will improve this competency from a U to an S by downloading the latest evaluation tool and double checking that I have turned the correct clinical evaluation tool into the drop box.

Week 13:

1. My strength this week would be implementing nursing interventions and a good quality respiratory physical assessment. I was able to increase my patient's oxygen when I observed my patient short of breath which was effective. I was also able to implement humidification to her oxygen to help improve her dry nasal passages. During my respiratory assessment, I was able to identify wheezing and crackles. **Great job with patient care, implementing appropriate interventions, and performing great assessments. FB**
2. My weakness this week would be my subcutaneous injection. First, I was unable to identify what the appropriate length of needle to use was. Secondly, I waved the alcohol dry prior to the injection which was not an appropriate action to do. I will improve this by reviewing the lengths and gauges needed for each type of injection and reviewing a list of step by step instructions to giving an injection. **Great job with medication administration. Good idea to review information provided in skills lab information sheets as well as information provided in your text book. FB**

Week 14:

1. My strength this week would be recognizing edema, the severity of it, and if it was pitting or not. I had not had a patient with edema before so this was my first time seeing it in a patient. **Great job with your assessment skills, you are displaying the ability to notice and implement appropriate interventions based on assessment findings.**
2. My weakness this week would be identifying my patient's priority problem and what focused assessment was required. I will improve this by reviewing the priority problem list on Skyscape and familiarizing myself with different ones along with what focused assessment would be beneficial for a patient with that problem. I will do this once a week and prior to each clinical. **Leah, you are doing a great job at noticing abnormalities. As you progress through the nursing program determining the priority problem for your assigned patients will get a bit easier. Great job this semester!! FB**

* End-of-Program Student Learning Outcomes

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

Date	Care Map Top Nursing Priority	Evaluation & Instructor Initials	Remediation & Instructor Initials
11/21/2023	Impaired Gas Exchange	* S/FB	* NA/FB

Note: Students are required to submit one satisfactory care map by 11/20/2023 at 0800. If the care map is not evaluated as satisfactory upon initial submission, the student may revise the care map based on instructor feedback/remediation and resubmit one time to receive a satisfactory evaluation. ***See Attached Nursing Care Map Grading Rubric.**

Firelands Regional Medical Center School of Nursing
Care Map Grading Rubric

Student Name: Leah McNeely		Course Objective: 6. Develop patient-centered plans of care utilizing the nursing process. (3,4,5,6,7)*					
Date or Clinical Week: 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	Great job noticing all relevant data and identifying abnormal findings that are pertinent to your determination of priority problem for your assigned patient. Some lab and diagnostic findings that were missing were glucose, calcium, albumin, and the presence of COPD noted on the CXR. You provided quite a few abnormal assessment findings, make sure to include all abnormal findings not just those related to priority problem.
	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	Great job with list of priority problems and all possible complications. You also were very thorough with the signs and symptoms provided for each complication.
	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	
Responding	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	Make sure interventions are individualized to your assigned patient and prioritized. Remember to assess first, then do or implement interventions based off of assessment, and educate last. There were a couple interventions that should have been included such as administration of albuterol nebulizer, and prednisone. There should also be at least a couple of education interventions.
	9. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	10. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	11. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	12. An appropriate rationale is	> 75% complete	50-75% complete	< 50% complete	0% complete	3	

	included for each intervention						
Reflecting	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	Make sure to evaluate all the highlighted assessment findings. These are the findings that are related to the priority problem.
	14. Evaluation includes one of the following statements: <ul style="list-style-type: none"> • Continue plan of care • Modify plan of care • Terminate plan of care 	Complete			Not complete	3	
<p>Total Possible Points= 42 points 42-33 points = Satisfactory 32-21 points = Needs Improvement* < 21 points = Unsatisfactory* *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: Satisfactory completion, Great job with care map! Make sure you are reviewing there were a lot of spelling errors. FB</p>						Total Points: 42	
						Faculty/Teaching Assistant Initials: FB	

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

Student Name: Leah McNeely

Skills Lab Competency Evaluation	Lab Skills										
	Week 1 (4)*	Week 2 (2,3,5,8)*	Week 3 (2,3,4,5,8)*	Week 4 (2,3,4,5,8)*	Week 5 (2,3,4,5,8)*	Week 6 (1,2,3,4,5,8)*	Week 7 (2,3,4,5,8)*	Week 8 (2,3,4,5,8)*	Week 9 (2,3,4,5,8)*	Week 10 (2,3,4,5,6,8)*	Week 11 (2,5,7)*
	Date: 8/21/2023	Date: 8/31/2023	Date: 9/7/2023	Date: 9/15/2023	Date: 9/21/2023	Date: 9/29/2023	Date: 10/3/2023	Date: 10/26/2023 & 10/27/2023	Date: 10/19/2023	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	AR	AR	AR	AR	DW/AR	AR/NS	HS	AR	AR
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

*Course Objectives

Comments:

Week 1 (Technology Lab):

During this lab you were able to satisfactorily navigate:

- Edvance360 Learning Management System.
- Skyscape Resource System.
- Assessment Technologies Institute (ATI) / Virtual Simulation (vSim) Systems.
- Guided tour of library and computer lab. AR

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

During lab this week you were able to satisfactorily demonstrate:

- Appropriate hand hygiene utilizing hand sanitizer and soap/water.
- Accurate verbalization of procedure for donning & doffing PPE.

- Appropriate level of skill during guided practice with measurement of radial and brachial pulses, along with manual blood pressure. Vital signs skills will be observed 1:1 with faculty during Week 3. Keep up the good work! AR

Week 3 (Vital Signs):

Great job in the lab this week! You satisfactorily completed the vital sign check off during 1:1 observation, including oral temperature, radial pulse, respiratory rate, pulse oximetry, and blood pressure measurement. During the blood pressure measurement, you accurately obtained two out of two blood pressure results on the Vital Sim manikin. You were able to verbally discuss the following measurements: axillary and rectal temperature along with orthostatic vital signs. You did require one prompt for orthostatic vital signs, as a reminder to use the arm with the highest systolic blood pressure. Your Meditech documentation related to vital signs was accurate and complete. Keep up the great work!! AR

Week 4 (Assessment):

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

Week 5 (Assessment; Mobility):

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 with discussion. Job well done!

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

Overall you did a great job!

- Vital signs: accurate and complete.
- Pain: accurate and complete.
- Safety: accurate and complete.
- Physical Re-Assessment- other than the few areas below, your documentation was accurate and complete:
 - o HEENT: documented “yes” for artificial eye- should have been “no”.
 - o Cardiovascular: omitted “yes” for pacemaker/AICD present.
 - o Gastrointestinal: omitted “present” for flatus; omitted “daily” for frequency of BM aids used.
 - o Genitourinary: omitted “M-W-F-“ for dialysis schedule. AR

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

Week 6 (Personal Hygiene Skills):

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

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

Great job this week in lab demonstrating competence for Nasogastric Tube Insertion, Irrigation, and Removal through 1:1 observation. You are satisfactory in all NG skills. During insertion, you required one prompt related to what measures to take if the patient is coughing/choking during insertion; you ultimately were able to determine the solution and rationale. No prompt was needed during irrigation, and one prompt was needed during removal related to injecting 20 mL of air into the NG tube rather than the blue pigtail. Excellent patient education and communication provided! Great job! You were able to verbalize understanding of the difference between irrigation and flushing. You were able to practice administering intermittent tube feeding using the gravity method while also confirming tube placement with gastric residual.

Additionally, you participated in the PO intake station for accurate calculation of carbohydrate intake, accurately measured gastric output through the NG tube, practiced assisting a visually impaired patient with their meal, and completed the assigned documentation in Meditech. Keep up the hard work! DW/AR

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

Satisfactory during 1:1 observation of sterile glove application and insertion/removal of a foley catheter on a female patient. You did not require any prompts, and maintained asepsis and the sterile field throughout the procedure. Great job! You also completed Meditech documentation related to foley catheter management. Way to go! AR

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. You remained very calm and your communication with the patient was excellent. Documentation was completed related to wound care and patient rounds in the Meditech system. Additionally, you participated in the stoma care station to gain additional knowledge and skills. Clinical scenario questions were presented to the group with active participation from all students. Great job this week! HS

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

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

Week 11 (Medication Lab):

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

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

<u>Simulation Evaluation</u> Performance Codes: S: Satisfactory U: Unsatisfactory	Simulation #1 (2,3,5,8) *	Simulation #2 (2,3,5,7,8) *
	Date: 11/7/2023 or 11/14/2023	Date: 11/27/2023 or 11/28/2023
Evaluation (See Simulation Rubric)	S	S
Faculty Initials	FB	FB
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. My strength after participating in my first simulation scenario would be assessing the patient and implementing nursing interventions to better help the patient. I did this by placing the nasal canula on the patient to improve SpO2 percentage. In addition, I placed a pillow under the patient's calves to help the patient with pressure pain on the heels.
- B. One area of improvement that I could do is to continue working while other professionals are working with the patient also. A goal to meet this need would be to continue my assessment when there are interruptions in a patient's room during clinical next week.

Faculty comments: See Rubric below.

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Leah McNeely (A), Kylie Cheek (M), Katherine Isaac (O)

GROUP #: 6

SCENARIO: NF #1

OBSERVATION DATE/TIME(S): 11/7/2023 1400-1500

CLINICAL JUDGMENT COMPONENTS						<u>OBSERVATION NOTES</u>
<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 BP of 132/76, temperature of 99.2, Spo2 of 91%, HR 82, RR 18 Sought additional information related to cough. Asked about production of sputum with cough. Identified patient with name and DOB prior to administration of medication. Remember to ask about allergies prior to medication administration – information seeking. Noticed tissues in the bed with yellow sputum. Noticed redness to the heels Noticed crackles upon auscultation. Sought information on how the patient swallows medications. Sought additional information related to fell (symptoms such as dizziness)</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>Made sense of provider orders related to low Spo2 level. Prioritized oxygenation appropriately by initiating O2 per orders. Made sense of medication orders in the MAR Made sense of crackles related to disease process of pneumonia. Remember to prioritize patient education related to medications. Interpreted reddened heels as altered skin integrity and need for intervention.</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. Hand hygiene performed for infection control. Responded to low Spo2 by initiating oxygen at 2L per NC per physician orders Consider elevating the HOB for low Spo2 Educated patient to take deep breaths when applying oxygen Provided tissues to collect sputum Used BMV scanner for patient safety related to medication administration. Thorough HEENT assessment performed, oral mucosa, conjunctiva, etc. Neuro assessment performed including PERRLA. Remember to ask about orientation (person, place, time)</p>

	<p>Thorough skin assessment. Thorough extremity assessment.</p> <p>Good focused bowel and urinary assessment. Looked, listened, then palpated.</p> <p>Good teamwork and communication related to roles.</p> <p>Elevated HOB for medication administration.</p> <p>Remember to look medications up prior to administering to provide education.</p> <p>Responded to reddened heels by placing pillow under the legs.</p> <p>Good communication with the patient throughout.</p> <p>Educated patient on crackles and pneumonia diagnosis.</p> <p>Safety assessment performed related to fall. Consider implementing safety precautions (yellow sign, socks, bed alarm, etc.)</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>Observer 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 observer.</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) * 	<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 subtle patterns and deviations from expected patterns in data and uses these to guide the assessment. Actively seeks subjective information about the patient’s situation from the patient and family to support planning interventions; occasionally does not pursue important leads</p> <p>Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. In 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 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. 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</p>

<ul style="list-style-type: none"> 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>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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Simulation #2:

- A. My strength would be observing that the patient's chest pain was likely caused by worsening pneumonia and it would be crucial to treat the pain so the patient could continue to cough and deep breathe to get better.
- B. My weakness would be not observing that the medication nurse did not verify the narcotic medication with another nurse prior to giving it to the patient. I will improve on this by reviewing the medications that require verification once a week.

Faculty comments: See rubric below. FB

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Katherine Isaac (M), Hannah Castro (A), Leah McNeely (O), Kylie Cheek (O)

GROUP #: 10

SCENARIO: NF #2

OBSERVATION DATE/TIME(S): 11/28/2023 1300-1400

CLINICAL JUDGMENT COMPONENTS	<u>OBSERVATION NOTES</u>
<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>Introduced self and role when entering the room.</p> <p>Noticed low Spo2 of 91%.</p> <p>Sought information related to patient's complaint of pain. (location, rating, type, duration).</p> <p>Noticed pain 7/10.</p> <p>Noticed BP 140/82, Spo2 94% on 2L NC, temp 99.5, RR 26.</p> <p>Noticed tissue with sputum in the bed.</p> <p>Sought additional information on sputum production.</p>

	<p>Noticed PRN orders for pain relief.</p> <p>Remember to ask about allergies prior to medication administration.</p> <p>Noticed improved pain 3/10 after medication administration.</p> <p>Noticed crackles on auscultation.</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 when entering the room for low Spo2.</p> <p>Made sense of provider orders to maintain Spo2 >93%</p> <p>Made sense of low spo2 related to pneumonia and COPD diagnoses.</p> <p>Prioritized focused pain assessment.</p> <p>Prioritized vital sign assessment</p> <p>Made sense of RR being elevated related to disease processes.</p> <p>Prioritized focused respiratory assessment</p> <p>Made sense of PRN pain medication orders based on patient pain rating.</p> <p>Prioritized pain medication quickly to provide comfort.</p> <p>Made sense of potential side effects of morphine administration.</p> <p>Made sense of crackles being related to pneumonia.</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 <li style="padding-left: 20px;">B 	<p>Remember to confirm patient's name and DOB when entering the room for patient safety. This was remembered and corrected during the scenario.</p> <p>Elevated HOB for low oxygen status.</p> <p>Educated patient on applying oxygen (nasal cannula) for low Spo2.</p> <p>Focused pain assessment performed due to patient complaint. Be sure to look at the pain site to gather additional data.</p> <p>Performed focused respiratory assessment.</p> <p>Communicated vital sign results with the medication nurse.</p> <p>Medication nurse identified patient with name and DOB and compared with wristband. BMV scanner utilized.</p> <p>Educated patient on morphine being an opioid. Educated on IM injection.</p> <p>Dosage calculation performed accurately (2ml to be administered, 4mg). Some confusion related to dose in mg to be administered (stated 2mg, actual syringe 4mg). Remediated during scenario and administered accurately.</p> <p>Wasted excess medication. Remember to always have a witness when</p>

	<p>wasting narcotics.</p> <p>Educated on injection location. Educated on potential side effects (low BP, low HR, RR), drowsiness, dizziness.</p> <p>Cleaned site with alcohol swab with aseptic technique Injected at 90-degree angle, remember to aspirate for presence of blood prior to injecting, slowly injected. Needle safety performed.</p> <p>Educated on splinting with a pillow due to pain. Encouraged the patient to cough and deep breath to clear secretions.</p> <p>Re-assessed pain after medication to determine effectiveness.</p> <p>Encouraged water intake to clear secretions. Good communication from teammate to provide education.</p> <p>Re-assessed vital signs after medication administration to evaluate effectiveness. Communicated vital signs with medication nurse.</p> <p>Good communication with the patient related to comfort.</p> <p>Educated on smoking cessation. Educated on potential alternatives to smoking to help with cessation.</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. Makes limited efforts to seek additional information from the patient.</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. Even when facing complex, conflicting, or confusing data, is able to (a) note and make sense of patterns in the patient’s data, (b) compare these with known patterns (from the nursing knowledge base, research, personal experience, and intuition), and (c) develop plans for interventions that can be justified in terms of their likelihood of success.</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</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>establishing rapport. Interventions are tailored for the individual patient; monitors patient progress closely and is able to adjust treatment as indicated by patient 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>
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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:

I enjoyed every clinical experience I was a part of this semester. While clinicals were based on basic nursing skills, I learned a lot of valuable information, formed a solid base for my future nursing career and found a true love for patient care.

Student eSignature & Date: Leah Joy McNeely 12/1/2023