EVALUATION OF CLINICAL PERFORMANCE TOOL
Nursing Foundations – 2023

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Tylie Dauch

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

ABSENCE (Refer to Attendance Policy)

Date	Number of Hours	Comments	Make Up (Date/Time)

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: a. Identify spiritual needs of patient (Noticing).								NA		S	S	NA	S	NA			NA	S
b. Identify cultural factors that influence healthcare (Noticing).								NA		S	S	NA	S	NA			NA	S
c. Coordinate care based on respect for patient's preferences, values, and needs (Responding).						S	NA	S		S	S	NA	S	NA			NA	S
d. Use Maslow's Hierarchy of needs to determine the care needs of the assigned patient (Interpreting).						S	NA	S		S	S	NA	S	NA			NA	S
						FB	CB	CB		FB	FB	FB	FB	FB			FB	FB
Clinical Location; Patient age**						3T 89	NA	NA		3T 93	3T 49	NA	3T 74	NA				

Comments

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

Week 6 (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 10 (1c)- Nice job considering your patient's preferences while coordinating appropriate care to ensure positive patient outcomes. Your patient was a bit challenging with his respiratory complications, but you made him feel a little more comfortable through the process. FB

Week 12 (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: a. Perform head to toe assessment utilizing techniques of inspection, palpation and auscultation (Responding).						S	NA	**S**		S	S	NA	S	NA			NA	**S**
b. Use correct technique for vital sign measurement (Responding).						S	NA	**S**		S	S	NA	S	NA			NA	**S**
c. Conduct a fall/safety assessment and institute appropriate precautions (Responding).						NA	NA	**NA**		S	S	NA	S	NA			NA	**S**
d. Conduct a skin risk assessment and institute appropriate precautions (Responding).								NA		S	S	NA	S	NA			NA	**S**
e. Collect the nutritional data of assigned patient (Noticing).								NA		S	S	NA	S	NA			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		~~NA~~ S	S	NA	S	NA			NA	**S**
						FB	CB	**CB**		FB	FB	FB	FB	FB			FB	**FB**

Comments

Week 6 (2a,b)- Tylie, you performed a systematic head to toe assessment and retrieved all vital signs within a timely manner. FB

Week 9 (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. Make sure to assess all lab data and correlate with patient priority problem such as WBC and lactic acid. These levels were abnormal on your assigned patient this week. (2g) This competency was changed to a satisfactory because you discussed testing and patient status for your assigned patient providing nursing interventions and care needed on clinical and in your CDG.FB

Week 10 (2a,c,d)- You did a great job performing all assessments, especially respiratory 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 12 (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

* End-of-Program Student Learning Outcomes

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

Objective

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

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

Comments

Week 6 (3 c,d,e) Great job with the use of medical terminology use while communicating with your patient, reporting abnormal findings, and communicating effectively with your assigned patient. FB

Week 9 (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. FB

Week 10 (3e)- Great job communicating with your patient this week, this patient was a challenge but you did a great job meeting his 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 12 (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

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

Comments

I put NI for documentation because I did miss a few documentation things when documenting the head to toe assessment. After discussing with Fran, I was able to go back and correct myself.

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/FB

Week 6 (4 a,b,c) Tylie, I changed competency a to a “S” because you may have missed a few documentation items but this was your first time with a real patient. This clinical experience was a learning process. You did an awesome job for the first time. I feel you were satisfactory with documentation of the 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) Great job with head to toe assessment, vital signs, and focused assessment. You documented thoroughly and in a timely manner. 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. FB

Week 10 (4 a,b)- Great job with documentation this week with minimal editing needed. (4c)- You were able to access the medical record, gather pertinent information and interpret data. FB

Week 12 (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

* 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: a. Demonstrate correct body mechanics and practices safety measures during the provision of patient care (Responding).						S	NA	S		S	S	NA	S	NA			NA	S
b. Apply the principles of asepsis and standard/infection control precautions (Responding).						S	NA	S		S	S	NA	S	NA			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).						S	NA	S		S	S	NA	S	NA			NA	S
e. Organize time providing patient care efficiently and safely (Responding).						NI	NA	NI		S	S	NA	S	NA			NA	S
f. Manages hygiene needs of assigned patient (Responding).								NA		S	NA	NA	S	NA			NA	S
g. Demonstrate appropriate skill with wound care (Responding).								NA			S	NA	NA	NA			NA	S
h. Document the location of fire pull stations and fire extinguishers. ** (Interpreting).						S	NA	S						NA				S
						FB	CB	CB		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.**

I put NI for my time because I tend to get really nervous and speed through my examines. I'm hoping with time I will be able to improve on this once I am less nervous. The fire pull is located across from room 3037 and the fire extinguisher is located across from room 3036. Nerves can get the best of all of us. The more experience you get the calmer you will become. It is okay to be a little nervous, that keeps you on your toes and always plan for the unexpected. FB

Week 9 (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

Week 10 (5e) Great job managing time effectively to provide all necessary care for your patient. Make sure to perform hygiene care on your assigned patient a different approach to hygiene care might be more effective in the future. FB

Week 12 (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

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

Comments

Week 9 (6a)- Great job providing patient centered care to your assigned patient during this clinical rotation. Tylie, you provided excellent care to your assigned patient this week. FB

Week 10 (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

* 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: a. Identify the action, rationale, dosage, side effects and the nursing implications of medications (Interpreting).								NA					S	NA			NA	**S**
b. Recognize patient drug allergies (Interpreting).								NA					S	NA			NA	**S**
c. Practice the 6 rights and 3 checks prior to medication administration (Responding).								NA					S	NA			NA	**S**
d. Administer oral, intra-muscular, subcutaneous, and intradermal medications using correct techniques (Responding).								NA					S	NA			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					S	NA			NA	**S**
g. Demonstrate medication administration documentation appropriately using BMV (Responding).								NA				~~NA~~ S	S	NA			NA	**S**
*Week 11: BMV								CB				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 12 (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		S	S	NA	S	NA			NA	S
a. Reflect on areas of strength**(Reflecting)						S	NA	S		S	S	NA	S	NA			NA	S
b. **Reflect on areas for self-growth with a plan for improvement. ****(Reflecting)						S	NA	S		S	S	NA	S	NA			NA	S
c. Incorporate instructor feedback for improvement and growth (Reflecting).						S	NA	S		S	S	NA	S	NA			NA	S
d. Follow the standards outlined in the FRMCSN policy, "Student Code of Conduct" (Responding).						S	NA	S		S	S	NA	S	NA			NA	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		S	S	NA	S	NA			NA	S
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect (Responding).						S	NA	S		S	S	NA	S	NA			NA	S
g. Comply with patient's Bill of Rights (Responding).						S	NA	S		S	S	NA	S	NA			NA	S
h. Respect the privacy of patient health and medical information as required by federal HIPAA regulations (Responding).						S	NA	S		S	S	NA	S	NA			NA	S
i. Actively engage in self-reflection. (Reflecting)						S	NA	S		S	S	NA	S	NA			NA	S
*						FB	CB	**CB**		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 (8a,b)-One strength I demonstrated this week was not giving up on myself after experiencing a bump in the road. My patient kicked me out of the room halfway through my assessment and then I was welcomed back in 15 minutes later. Even though I had to stop, I was still able to pick up where I left off without panicking or becoming frustrated. Tylie, you handled yourself very professional in the situation. Great job, remember the patient is having a bad day when they are in the hospital and need some kindness, compassion, understanding and a little time at times. FB
One thing I think I can improve is going slower during my assessments. I get really nervous and want to rush through everything to get it done. I will practice on going slower and taking my time on the mannequins in lab during my practice. So, hopefully for my next clinical I won't be in such a hurry. Great idea, you will become less nervous with practice and more clinical experiences with real patients. FB

Week 9- (8a)One strength I demonstrated was communicating well with my patient and their family. I was able to answer questions for not only my patient, but their family members as well. I spent a lot of time talking and getting to know my patient and his family. I was also able to perform tasks that were verbalized to me from the family like get warm blankets. You provided excellent care for your assigned patient during this clinical rotation. Great job! FB
(8b) One thing I can improve on is always keeping myself busy. I found a lot of down time in my day where I was just standing around rather than doing something productive. I can work on this by always finding myself something to do. I will look at my patient's trends in the EMR, get to know where things are on the floor, or see if my other classmates need help to keep myself busy and proactive throughout the day. Good idea, you and your fellow classmates can always tag team with hygiene care. You can also take this time to really investigate all of the information on your patient in the Electronic Health Record. Also do some research on all abnormal findings associated with your assigned patient. You can also research the pathophysiology behind disease processes that your patient might present with on admission to the hospital. FB

Week 10- One strength I demonstrated this week was working closely with my nurses. Both Wednesday and Thursday I was with my nurses for a lot of the day watching them do different assessments on my patient. Parker showed and explained to me what the gas levels meant in his blood on Wednesday. She was very helpful with helping me understand what everything meant. Amy showed me how to put on a Bipap machine and what to look for to make sure it is on right. I felt comfortable asking them questions all day and they always gave me timely responses. Great job with communication skills during this clinical rotation. It is important to communicate with health care disciplines of care providers. Health care is definitely a team effort for positive patient outcomes. FB

One weakness I had was that I have yet to provide hygiene care on any of my patients. Fran and I talked on taking a different approach. I will practice Fran's recommended approach and implement in for the next clinicals and hopefully I can encourage my patients to practice good hygiene. Yes hygiene care is so very important and it important to educate, encourage and perform hygiene care at least daily, sometimes more often depending on the circumstances. Patient often complain they were never offered hygiene care while in the hospital. FB

Week 12- One strength I demonstrated was giving my patient a bed bath. I have yet to give any of my patient's baths because they refuse me every time. I practiced my approach and implemented the strategies Fran and I talked about. I made my bag bath and took it in the room and had the patient take one without really asking. I was able to help my patient get cleaned up before he headed home, and I believe it made him feel much better. Great job Tylie, sometimes the patient is embarrassed or gets the feeling that health care workers do not want to provide this care for them, so they refuse. FB

One weakness I believe I had was not administering the patient's medications in a timely matter. I feel I took too long not only retrieving the medications from the pixus, but also giving the meds to my patient. I will work on this by being for confident in my medication skills and using my time management skills to give my medications faster for next time. For your first medication pass, you did a great job. The more familiar you become with medications and their classifications the easier it will become for you. 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
11/18/2023	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: Tylie Dauch **Date or Clinical Week:** Week 10				**Course Objective:**	6. Develop patient-centered plans of care utilizing the nursing process. (3,4,5,6,7)*		
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	Provide specifics identified from assessment findings and data gathered such as actual oxygen saturations, grade of edema and where located, platelet count, and impression of diagnostic testing.
	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)**	1	
	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	Good job with list of priority problems. Three potential complications related to the priority problem should be identified. Physical mobility could have been a possible complication because if the patient cannot breathe appropriately they are not going to be able to be mobile without getting short of breath. Great job identifying signs and symptoms for the potential complications provided.
	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)**	2	
	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 is always a need for education, make sure to include education as part of interventions. A frequency was missing for most interventions. Make sure to follow the rubric when completing.
	9. Interventions are prioritized	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	2	
	10. All interventions include a frequency	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	1	
	11. All interventions are individualized and realistic	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	2	
	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**	2	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: • Continue plan of care • Modify plan of care • Terminate plan of care	**Complete**			**Not complete**	3	

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

Faculty/Teaching Assistant Comments: Satisfactory completion, Great job with care plan!

Total Points: 34

Faculty/Teaching Assistant Initials: FB

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

Student Name: Tylie Dauch

Comments:

Skills Lab Competency Evaluation Performance Codes: **S**: Satisfactory **U**:Unsatisfactory		**Lab Skills**									
	Week 1 (4)*	**Week 2 (2,3,5,8)***	**Week 3 (2,3,4,5,8)***	**Week 4 (2,3,4,5,8)***	**Week 5 (2,3,4,5,8)***	**Week 6 (1,2,3,4,5,8)***	**Week 7 (2,3,4,5,8)***	**Week 8 (2,3,4,5,8)***	**Week 9 (2,3,4,5,8)***	**Week 10 (2,3,4,5,6,8)***	**Week 11 (2,5,7)***
	Date: 8/21/2023	**Date:** 8/30/2023	**Date:** 9/8/2023	**Date:** **9/13/2023**	**Date:** 9/20,21/2023	**Date:** 9/27/2023	**Date:** 10/4/2023	**Date:** 10/11/2023 10/12/2023	**Date:** 10/18/2023	**Date:** **10/25/2023**	**Date:** 10/31/2023
Evaluation:	S	S	S	S	S	S	S	S	S	S	S
Faculty Initials	AR	AR	AR	NS	AR	AR	AR	AR	AR	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**

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 two prompts during the checkoff: for rectal temperature measurement, apply lubricant 1-1/2 inches; for orthostatic vital signs, use the arm with the highest systolic reading for subsequent measurements. Overall, your Meditech documentation related to vital signs was accurate, however you omitted "98.6" for oral temperature value. 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. 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 did require 2 prompts related to assessing skin turgor and edema in the lower extremities. You demonstrated friendly, professional, and informative communication. You identified the lung sounds as crackles vs. wheezes; they were crackles. Great job!
Feedback on documentation this week: With this being the first time that you fully documented these interventions, you did a great job paying close attention to detail! There was only one minor area that was missed! 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 one area below, the remainder of your documentation was accurate and complete!
    - Integumentary: omitted "no" for wounds. 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 plugging the end of the tube prior to beginning. One prompt was required during irrigation related to injecting 10-20 mL air into tube if unable to irrigate. No prompts were needed during removal. Excellent patient education and communication was 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! AR

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. Excellent job! One prompt was needed during insertion as a reminder to place the catheter in the StatLock, then measure for the appropriate place on the leg prior to cleansing the area with alcohol and skin prep. You maintained the sterile field throughout the Foley insertion, did not contaminate the catheter or your gloves at any

point, and had very good communication with your “patient”. Great job! You correctly verbalized the differences in catheter insertion for a male patient. Actively participated in the Intake and Output stations, and completed Meditech documentation related to Urinary Catheter Management and Intake & Output. Keep up the great work!!! 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. Your communication with the patient was excellent. Great job! 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. Great job this week! AR

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

Simulation Evaluation 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. One area of strength I had was that I finished my head-to-toe assessment in a timely manner. Even with having to stop and find needed supplies, like the nasal cannula and pillow, I was still able to get through my assessment fairly quickly. I was able to identify problems in my assessment and fix them as needed.

B. One area I can improve on is that I forgot to ask the patient their name and date of birth before giving them their assessment. I will improve on this by always asking the patients name and date of birth before I do anything at any point during clinicals or sim lab. I can even work on it at home by asking the people around me their name and date of birth at different points during the day if I am helping them do something. I would like to complete this goal by next simulation.

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): Tylie Dauch(M), Presley Stang(A), Kailee Felder(O), Karlie Schnellinger(O)
GROUP #: 3
SCENARIO: NF Simulation #1
OBSERVATION DATE/TIME(S): November 7, 2023 1000-1100

CLINICAL JUDGMENT COMPONENTS	OBSERVATION NOTES
NOTICING: (1,2,4,6,7) * • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B	Assessment nurse introduced self and role. Noticed temp 99.2, SpO2 of 91% RA, HR 81, RR 20, B/P 131. Noticed Spo2 at 91% on RA. Did not seek further information on patient's cough (remediated during debriefing). Pain assessment performed. Noticed abnormal lung sounds upon auscultation (wheezing; remediated during debriefing). Noticed tissues in patient's bed. Noticed yellow sputum in the tissues. Recognized proper safety protocol during assessment and medication administration by properly raising HOB and adjusting bed height. Medication nurse introduced self and role when entering the room. Accurately identified patient name and date of birth. Noticed indications for all medications ordered. Noticed potential adverse reactions and side effects.
INTERPRETING: (1,2,4,6,7) * • Prioritizing Data: E A D B • Making Sense of Data: E A D B	Prioritized respiratory status. Interpreted low SpO2 of 91% as requiring oxygen per physician's order. Interventions of raising the head of the bed were attempted first. Interpreted abnormal lungs sounds as related to diagnosis of pneumonia. Promoted to assess bilateral heels after complaints of pain. Placed pillow under heels, did not assess heels (remediated during debriefing). Interpreted side effects of medications appropriately. Difficulty interpreting scheduled medications times and what mediations should be given (remediated in debriefing).
RESPONDING: (1,2,3,4,5,6,7) *	Practiced standard precautions with hand hygiene before entering the room.

• 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	Promptly performed a head-to-toe assessment. Collaborative communication between assessment and medication nurse. Communicated with patient about interventions being performed, with questions answered appropriately. Responded to low SpO2 of 91% by raising the head of the bed and applying oxygen at 2L per nasal cannula as per physician's orders. Responded to the patient's complaints of pain to bilateral heels by initiating a pillow to offload pressure, did not assess for redness (remediated in debriefing) Remember to re-evaluate SpO2 after oxygen applied. Communicated all medications to patient, not ordered am medications. Consider when the patient informs you that a medication is taken at another time to communicate this with the physician (remediated during debriefing). Education provided to patient on use of home oxygen therapy and incentive spirometer. Consider teach back method as evaluation of patient's understanding of education.
REFLECTING: (1,2,4,5,6,8) * • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	Observers provided good insight during debriefing. Noticed the good infection control measures. Discussed initiating O2 via nasal cannula for low Spo2 per orders. Discussed strengths of both the assessment nurse and medication nurse. Constructive feedback was provided. Identified potentially having the patient cough and deep breath to improve Spo2 levels. Observers discussed other potential educational needs related to the scenario. Noticed the need for the use of the six medication rights. Identified positive communication between team members and with the patient. Participated well in debriefing. Each member of the team reflected on the experience and asked appropriate questions. Members of the team noticed areas for improvement and discussed ways to make improvements in the future. Good discussions amongst all members of the team. Nice job!
SUMMARY COMMENTS: * = Course Objectives **Satisfactory completion of the simulation scenario is a score of "Beginning" or higher in all areas of the rubric.** **E= Exemplary** **A= Accomplished** **D= Developing** **B= Beginning**	Lasater Clinical Judgement Rubric Comments: Noticing: Attempts to monitor a variety of subjective and objective data but is overwhelmed by the array of data; focuses on the most obvious data, missing some important information. Identifies obvious patterns and deviations, missing some important information; unsure how to continue the assessment. Makes limited efforts to seek additional information from the patient and family; often seems not to know what information to seek and/or pursues

Scenario Objectives: • 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) *	unrelated information. Interpreting: Makes an effort to prioritize data and focus on the most important, but also attends to less relevant or useful data. In simple, common, or familiar situations, is able to compare the patient's data patterns with those known and to develop or explain intervention plans; has difficulty, however, with even moderately difficult data or situations that are within the expectations of students; inappropriately requires advice or assistance. 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. 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.

Simulation #2:

A. One area of strength I demonstrated was that I was able to catch things that my teammates missed. For example, one of the girls did not put the nasal cannula on as soon as the oxygen stats dropped. I was aware of the stats dropping and immediately thought of the doctor's order for 2 L/min via nasal cannula. I noticed that I was also able to catch things, such as vitals, very quickly compared to the beginning of the semester when it would take me awhile to notice if one of the vitals was off.

B. One area I can improve in is keeping myself quiet when I am an observer. There were a few times I wanted to tell my teammates what they were missing or answer one of their questions. There was one time I did answer my teammates question, and this is what I want to fix for next time. I can work on this by letting my teammates use each other to figure things out and then talking about what they possibly missed in debriefing.

Faculty comments: See rubric below for comments.

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Karli Schnellinger(A), Kailee Felder(M), Tylie Dauch(O), Presley Stang(O)
GROUP #: 3
SCENARIO: NF simulation #2
OBSERVATION DATE/TIME(S): 11/27/2023 1000-1100

CLINICAL JUDGMENT COMPONENTS	OBSERVATION NOTES
NOTICING: (1,2,4,6,7) * • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B	Identified self and role when entering the room. Identified patient's identification band for name and date of birth. Noticed VS T 99.5, RR 28. Noticed increased respiratory rate (28), sought information about shortness of breath, and raised the head of the bed. Noticed patient moaning, sought information related to pain (location, rating) and looked at patient's right side. Noticed SpO2 alarm sounding and applied O2 at 2L per nasal cannula for a SpO2 of 88% on RA. Medication nurse noticed PRN pain medication ordered in MAR. Medication nurse introduced self. Identified patient's identification band for name and date of birth. Sought information related to patient's allergies.
INTERPRETING: (1,2,4,6,7) * • Prioritizing Data: E A D B • Making Sense of Data: E A D B	Made sense of low SpO2, applied O2 at 2L per nasal cannula. Prioritized patient's shortness of breath and difficulty breathing and raised the head of the bed.

	Medication nurse prioritized morphine over Percocet administration based on physician orders. Medication nurse made sense of the morphine order, correctly wasting excess medication and prioritizing needing a witness for the waste.
RESPONDING: (1,2,3,4,5,6,7) * • 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	Communicated interventions to be performed. Communicated pertinent information to medication nurse. Remember to prioritize a thorough, focused respiratory assessment, a full set of vital signs, and a full pain assessment due to the patient's complaints. Responded to complaints of difficulty breathing by raising the head of the bed. Responded to low SpO2 alarm and SpO2 of 88% by applying O2 at 2L per nasal cannula. Prioritized reassessment of respiratory rate before and after medication nurse administered morphine. Medication nurse responded to pain rating 7/10 by administering prn pain medication. Medication nurse selected proper medication, dose, verified name and date of birth with patient, wristband, and BMV. Verified allergies. Prepped site, used 90-degree angle and aspirated appropriately. Provided patient education on medication related to effects/side effects. Used appropriate IM injection needle (22gx1") and appropriately engaged the safety cap using the table. Remember when prepping the site, you need to use aseptic technique. Remember when administering medications, the patient's wristband is scanned prior to any medications. Reassessment and evaluation of effectiveness of morphine completed, with patient rating pain 3/10 after medication administration. Overall good communication and teamwork.
REFLECTING: (1,2,4,5,6,8) * • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	Each member participated well in debriefing. Each member of the team reflected on the experience and asked appropriate questions. Members of the team noticed areas of strength and areas for improvement including, performing a focused assessment vs. a full

	head to toe assessment, performing a full pain assessment, education related to patient's condition, proper technique when performing an IM injection, and reassessment of a full set of vitals after administration of a narcotic. Each member of the team reflected on clinical judgement and critical thinking. Emotions, thoughts and feelings were explored. Each member of the team demonstrated a desire to improve nursing performance.
SUMMARY COMMENTS: * = Course Objectives **Satisfactory completion of the simulation scenario is a score of "Developing" or higher in all areas of the rubric.** **E= Exemplary** **A= Accomplished** **D= Developing** **B= Beginning** **Scenario Objectives:** • 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) *	Lasater Clinical Judgement Rubric Comments: 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. Interpreting: Makes an effort to prioritize data and focus on the most important, but also attends to less relevant or useful 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. 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. 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. **Satisfactory Completion of NF Simulation #2.**

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 overall had a great experience in my clinicals. I feel it provided me with many learning opportunities and my instructors were more than helpful!

Student eSignature & Date: _____Tylie Dauch 12/02/2023_____