EVALUATION OF CLINICAL PERFORMANCE TOOL
Nursing Foundations – 2023

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Jessica Greaves

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: Amy Rockwell, 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)
9/27/2023	2	Week 6 cdg	10/2/2023-1800 (2H)
11/9/2023	6H	Clinical/Debrief- ill	11/29/2023
11/10/2023	2H	Week 12 CDG/Reply	11/13/2023 2H

Faculty's Name	Initials
Chandra Barnes	CB
Frances Brennan	FB
Amy Rockwell	AR
Nicholas Simonovich	NS
Heather Schwerer	HA

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**			**S**	S
b. Identify cultural factors that influence healthcare (Noticing).								NA		**S**	**S**	**NA**	**S**	**NA**			**S**	S
c. Coordinate care based on respect for patient's preferences, values, and needs (Responding).						**S**	N/A	S		**S**	**S**	**NA**	**S**	**NA**			**S**	S
d. Use Maslow's Hierarchy of needs to determine the care needs of the assigned patient (Interpreting).						**S**	N/A	S		**S**	**S**	**NA**	**S**	**NA**			**S**	S
						CB	CB	CB		HS	AR	AR	AR	AR			FB	AR
Clinical Location; Patient age**						**3T 78**	N/A	NA		**3T 74**	**3T 83**	**NA**	**3T 96**	**NA**			**3T 78**	

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 10- Good job in all aspects of care for your patient, and revising as needed to meet the patients needs and preferences. AR

Week 12- You did a good job in all aspects of care for your hard of hearing elderly patient. You provided the care while allowing for his needs and preferences. AR

* 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**	N/A	**S**		**S**	**S**	**NA**	**S**	**NA**			**S**	S
b. Use correct technique for vital sign measurement (Responding).						**S**	N/A	**S**		**S**	**S**	**NA**	**S**	**NA**			**S**	S
c. Conduct a fall/safety assessment and institute appropriate precautions (Responding).						~~**S**~~ **NA**	N/A	**NA**		**S**	**S**	**NA**	**S**	**NA**			**S**	S
d. Conduct a skin risk assessment and institute appropriate precautions (Responding).								NA		**S**	**S**	**NA**	**S**	**NA**			**S**	S
e. Collect the nutritional data of assigned patient (Noticing).								NA		**S**	**NI**	**NA**	**S**	**NA**			**S**	S
f. Demonstrates appropriate insertion, maintenance, and/or removal of NG tube (Responding).								NA		**NA**	**NA**	**NA**	**NA**	**NA**			**NA**	**NA**
g. Describe the findings and the rationale for diagnostic studies with the nursing implications for assigned patient (Interpreting).								NA		**S**	**S**	**NA**	**S**	**NA**			**S**	S
						CB	CB	**CB**		HS	AR	AR	AR	AR			FB	**AR**

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 abnormal cloudiness

in his eyes, and you were able to assess further and look at prior assessments to see if this was something your patient has had. Great job! Competency C was changed to a "NA" because you did not conduct or document a safety assessment. CB

Week 9 (2c): Great job in reassessing the patients fall risk as you listened in to the interaction between therapy and the patient. Based on your findings you were able to potentially prevent a fall within the hospital for the patient. HS

Week 10 (2a-d)- Good job in all aspects of assessment on your complex patient this week. You noticed that your patient was automatically a high risk for falls due to his admitting diagnosis of gastrointestinal bleeding. Great job! Be sure to review the edema scale prior to your next clinical experience so you are able to correctly identify a patient's edema. (2g) You did a great job collecting diagnostic findings, discussing them during clinical, and "putting the pieces" together with the current diagnosis and medical situation. Keep up the good work! AR

Week 12 (2a-d)- Great job with all areas of assessment on your patient. You noticed the pulse oximetry reading was changing frequently and reading very low, quickly assessed the patient and recognized he was not in respiratory distress, not cyanotic, oxygen was on and at 2l nc, etc. and sought assistance from faculty. After further assessment and choosing alternate fingers for the pulse oximetry reading (irregular due to atrial fibrillation) you verified the value was 100%. Great job with your clinical judgment! (2g)- Satisfactory discussion of diagnostic findings through discussion and CDG posting. AR

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 abnormal assessment findings and their significance to the patient's priority problem. 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).						**N/A**	N/A	**NA**		**S**	**S**	**NA**	**S**	**NA**			**S**	S
b. Hand off (report) pertinent, current information to the next provider of care (Responding).						**N/A**	N/A	**NA**		**S**	**S**	**NA**	**S**	**NA**			**S**	S
c. Use appropriate medical terminology in verbal and written communication (Responding).						**S**	N/A	**S**		**S**	**S**	**NA**	**S**	**NA**			**S**	S
d. Report promptly and accurately any change in the status of the patient (Responding).						**S**	N/A	**S**		**S**	**S**	**NA**	**S**	**NA**			**S**	S
e. Communicate effectively with patients and families (Responding).						~~**N/A**~~ **S**	N/A	**S**		**S**	**S**	**NA**	**S**	**NA**			**S**	S
f. Participate as an accountable health care team member in the provision of patient centered care (Responding).						**S**	N/A	**S**		**S**	**S**	**NA**	**S**	**NA**			**S**	S
						CB	CB	**CB**		HS	AR	AR	AR	AR			FB	AR

Comments

Week 6(3e): Jessica, you did a great job communicating effectively with your patient this week, therefore competency 3e was changed to a "S". 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 9 (3b-f) You identified the change in the John Hopkins Fall Risk Assessment score for the patient, and then notified the nurse and other hospital staff to implement the necessary fall precautions in order to promote safety for the patient. You then educated the patient on what and why things were changing in order to promote her safety. Nice Job! HS

Week 10 (3c-f)- Excellent communication skills utilized with patient, family member, fellow students, and healthcare team members. You asked numerous questions related to the patient's diagnosis, procedure, and blood product administration to gain more insight and knowledge into his diagnosis. Keep up the great work! AR

Week 12 (3d)- When you were questioning the patient's pulse oximetry reading and respiratory status you immediately sought out assistance from faculty. Great job!! (3e)- While your communication with a very hard of hearing patient went well, I have noticed and others have reported to me that at times you convert to a "childlike" voice rather than a professional adult voice. Please be mindful of this for future clinical and professional experiences, as it is not appropriate. I assume this comes from when you cared for children and I am sure it is difficult to overcome this but I know you can do it! AR

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

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(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. Competency 4f was changed from a “S” to an “U” due to your cdg not being turned in by the due date and time. For reference, there is a list of APA style references on edvance360. The proper intext for the Potter and Perry textbook is, (Potter et al., 2019). CB

- Objective 4F: During Week 6, I encountered challenges in timely posting comments for clinical discussion groups on the Edvance360 website (Reflection). To rectify this, I have proactively adjusted the due dates to be one day earlier and have implemented two reminders throughout the day to guarantee its completion. I have taken these steps to ensure this issue does not persist in the future. Jessica, this sounds like a good plan to ensure that all cdg assignments are turned in by the due date and time. CB

Week 9 (4a): I would agree with an NI for this because you missed several areas of the assessment when documenting in the EHR. Moving forward be sure to take your time and first ensure that you have done a complete head to toe assessment then document all findings within the chart.
(4f): A couple pointers for your CDG for the following weeks, when selecting a priority problem for your patient remember this should not be a medical diagnosis. I would have also liked to see the actual score that you got when completing the John Hopkins Fall Risk Assessment score. HS

Week 10 (4a)- You have received a “NI” for this competency due to the following: You required a great deal of assistance from faculty to complete your documentation; some assessment findings will be documented in more than one intervention and you must be careful to not contradict what you documented elsewhere; be mindful of the times that you are documenting on, as you double documented the physical re-assessment with the first time being 1-hour prior to the beginning of your clinical time; be sure to review the edema scale and Meditech guidelines prior to your next clinical experience. (4f)- Your clinical discussion group post/discussion and reply to a peer were satisfactory according to the CDG Grading Rubric, however you need to be careful in the future to answer each question correctly (for question #3 you discussed the John Hopkins Fall Score rather than the Mobility Level Score and mobility/activity goals/guidelines. We went over what you needed for this question during your clinical. I suggest reading the questions slowly and going back to make sure you answered them fully and accurately. AR

Week 12 (4a)- I realize you evaluated yourself as “needs improvement” for documentation, however you have shown much improvement since your previous clinical experience. I suggest continuing to take your time each time you document. It is easy to become distracted in the busy hospital environment. (4f)- Unfortunately your clinical discussion group post and reply to a peer were not completed by the due date and time. You did complete them late and technically they were satisfactory. For future CDG postings be sure to carefully read each question and answer fully (for the interventions you did not include when or how often). You did address the unsatisfactory under the Objective #8 comments, so even though you don’t have another CDG this semester you can give yourself a “S” for your Week 13 tool. AR

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! 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**	N/A	S		**S**	**S**	**NA**	**S**	**NA**			**S**	S
b. Apply the principles of asepsis and standard/infection control precautions (Responding).						**S**	N/A	S		**S**	**S**	**NA**	**S**	**NA**			**S**	S
c. Demonstrates appropriate skill with foley catheter insertion, maintenance, and removal (Responding).								NA		**NA**	**NA**	**NA**	**S**	**NA**			**NA**	S
d. Manage basic patient care situations with evidence of preparation and beginning dexterity (Responding).						**S**	N/A	S		**S**	**S**	**NA**	**S**	**NA**			**S**	S
e. Organize time providing patient care efficiently and safely (Responding).						**S**	N/A	S		**S**	**S**	**NA**	**S**	**NA**			**S**	S
f. Manages hygiene needs of assigned patient (Responding).								NA		**S**	**S**	**NA**	**S**	**NA**			**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**	N/A	S						**NA**				S
						CB	**CB**	**CB**		**HS**	**AR**	**AR**	**AR**	**AR**			**FB**	**AR**

Comments

****You must document the location of the pull station and extinguisher here for your first clinical experience. Pull Station is located across from room 3037. Fire Extinguisher is located across and in between rooms 3035 and 3036. CB**

Week 9 (5d, e): You managed your time with your patient appropriately and were able to spend additional time with the patient and gather information from her in order to provide the necessary care to her. HS

Week 10 (5d-f)- You worked very hard during both clinical days to organize your care and use good time management. Great job. You did recognize your patient would need hygiene prior to the scheduled procedure, and despite you being prepared the patient was taken to the procedure early. You were able to complete the hygiene prior to leaving for the day. Great job with recognizing this important need! AR

Week 12 (5c)- You assessed, cared for, and provided maintenance for your patient's foley catheter. Great job! (5d,e)- During your one clinical day this week you did struggle with organization and time management, mostly due to it being your first medication administration experience. With time and practice you will become more organized and feel more comfortable with managing your time. You did get all the patient's needs taken care of. AR

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. 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**	**S**
								CB		HS	AR	AR	AR	AR			FB	**AR**

Comments

Week 9 (6a): Nice job altering the plan of care for the patient once you had identified her increased risk of falling and also determining that her cognition may be altered as she changed a response to the therapist compared to that of what she had previously told you. HS

Week 10 (6a)- You used good clinical judgment skills while planning your patient's care, and even though he went down early for his procedure you revising the plan and still completed the care. This will come easier as you progress through the semester and program. Great job! AR

Week 12 (6a)- Great clinical judgment skills when planning and giving care to your patient, especially when you noticed the variations in his pulse oximetry reading. Keep up the good work! AR

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: 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					**S**	**NA**			**NA**	S
f. Assess the patient response to PRN medications (Responding).								NA					**S**	**NA**			**NA**	S
g. Demonstrate medication administration documentation appropriately using BMV (Responding).								NA				**S**	**S**	**NA**			**NA**	S
*Week 11: BMV								CB				AR	AR	AR			FB	AR

Comments

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

Week 12- Satisfactory with all medication administration skills during your first experience while on clinical. You administered PO medications and a PRN topical patch. You completed the 3 safety checks and followed the 6 rights of medication administration. Great job! AR

* 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:						U	N/A	S		S	S	NA	S	NA			S	S
a. Reflect on areas of strength**(Reflecting)						U	N/A	S		S	S	NA	S	NA			S	S
b. **Reflect on areas for self-growth with a plan for improvement. ****(Reflecting)						U	N/A	S		S	S	NA	S	NA			S	S
c. Incorporate instructor feedback for improvement and growth (Reflecting).						U	N/A	S		S	S	NA	S	NA			S	S
d. Follow the standards outlined in the FRMCSN policy, "Student Code of Conduct" (Responding).						U	N/A	S		S	S	NA	S	NA			S	S
e. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions (Responding).						U	N/A	S		S	S	NA	S	NA			S	S
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect (Responding).						U	S	S		S	S	NA	U	~~NA~~ S			S	S
g. Comply with patient's Bill of Rights (Responding).						U	N/A	S		S	S	NA	S	NA			S	S
h. Respect the privacy of patient health and medical information as required by federal HIPAA regulations (Responding).						U	N/A	S		S	S	NA	S	NA			S	S
i. Actively engage in self-reflection. (Reflecting)						U	N/A	S		S	S	NA	S	NA			S	S
*						CB	CB	**CB**		HS	AR	AR	AR	AR			FB	**AR**

**** 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 Reflection:

Strength: Effective Communication
This week, I observed that one of my strengths is effective communication with patients. I was able to build rapport quickly and ensure that patients felt comfortable sharing their concerns and medical history with me. Great job communicating with your patient. It is interesting to see how much information someone shares in such little amounts of time. CB

Weakness: Preparation
This week I did not check my patient's room for essential supplies and had to stop the assessment to get new probes for my patient's bedside.
will focus on preparing myself mentally and gathering the necessary resources to improve my public speaking skills.
Plan of Action:
This week I recognized how important preparation is prior to an assessment. Over the next week I review proper room preparation and practice entering 3 rooms, perform a visual inspection, looking for cleanliness, tidiness, and any potential safety hazards, will be completed before 10/18. Jessica, this is a great plan to ensure that you have all the supplies that you need before you start to perform vital signs or a head to toe assessment, or anything for that matter. I am not sure what the 2nd sentence of your weakness is about, but preparation is something that will come more naturally when you gain experience and confidence. CB

Week 6 (8a-i): Jessica, you did not self-rate yourself for any of these competencies. Also, your clinical tool and cdg were turned in past the due date and time so competency 8f is an "U" for lack of responsibility. Please read the following statement carefully, and follow the directions for your clinical tool for week 7. 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.

Week 7 Reflection / CORRECTIONS:

- Objective 4F: During Week 6, I encountered challenges in timely posting comments for clinical discussion groups on the Edvance360 website (Reflection). To rectify this, I have proactively adjusted the due dates to be one day earlier and have implemented two reminders throughout the day to guarantee its completion. I have taken these steps to ensure this issue does not persist in the future.

- Objective 8a-i: In Week 6, I encountered difficulties in adhering to the precise instructions outlined in the Evaluation of Clinical Performance Tool, which ultimately led to receiving an unsatisfactory grade ("U") for this section. I have taken the initiative to carefully review the instructions this week and have developed a checklist for my clinical assignments to ensure thorough documentation. Going forward, I am committed to completing all aspects of the document meticulously and will not omit any components. Jessica, making a checklist of what is needed is a great way to keep track of what is due and when. Great plan! CB

NA's- I did not have clinical this week.

Week 9 Reflection:

Strength: Attention to Detail
This week I learned how crucial attention to detail truly is. While my patient was with OT, she expressed that she has fallen twice within the past six months. This was contraindicative to what she just told me. By listening to her conversation with OT I was able to stop what I was doing and immediately put into place fall precautions for this patient to prevent any preventable accidents. Very nice catch! HS

Weakness: Documentation
This week while documenting I learned, if what I just documented does not show up on the system to refresh my screen first and not to re chart. This error consequently caused a lot of confusion for myself my instructors due to there being duplicates of my documentation. To prevent this from happening in the future I will refresh my screen and if what I just charted still does not show up, I will contact my instructors for advice and or IT if necessary.
Also with documentation, I learned through discussing my errors with Heather, it would be best for me to set time aside to practice at FRMCSON to become more efficient in the system. I will dedicate at least 2 additional hours to practice documentation to become more efficient and confident with documenting prior to October 25, 2023.
I would agree that there were a few issues with the documentation for clinical, it makes it important to save before leaving the computer when able. Also, to verify if the documentation is saved prior to charting it again. I do agree that additional practice charting will be helpful in familiarizing you with it because you also had missed a few different areas and marked the incorrect response within the documentation for example, you charted that you took a manual BP and did not document the pulse ox result. HS

Week 10 Reflection:

Strength: Time Management
During this week, I improved my time management skills significantly. I became more conscious of how I allocate my time and found that I could multitask more effectively. One notable example of this was when I brought my patient's bag bath into the room during my initial assessment. This small adjustment allowed me to complete the task sooner, which, in turn, ensured that my patient received the care they needed in a more efficient manner. Great job! AR

Weakness: Technical Skill: Edema
This week, I encountered a challenge in my technical skills related to edema assessment. I made an error in documenting a patient's edema condition, which made me realize a gap in my understanding. The following day, I found myself questioning my knowledge regarding the differentiation between pitting and nonpitting edema. This experience highlighted the need for me to improve my proficiency in this area of clinical practice to provide more accurate and effective patient care. To address this weakness, I will go over my notes as well as the textbook's chapter regarding edema following up and questions with my instructor to be competent in this topic before my next clinical on November 8th. Good plan for improvement. AR
I&O's
This week, I recognized a weakness in my ability to collect intake and output (I&O) data consistently and accurately from my patient. I encountered challenges in recording and monitoring their fluid intake and output. I acknowledge the need to enhance my skills and diligence in this area to ensure that I provide comprehensive and reliable care to my patients moving forward this skill will be accomplished by further education and enhancing my skills prior to my next clinical on November 8th. Good idea! AR

Week 10- Overall you did a great job during clinical this week and showed improvement from the prior clinical experience. Keep up the good work and striving to improve your knowledge and skills. AR

Week 11 Reflection:
I did not have a clinical experience. AR

Week 12 Reflection:

Strength: Patient Advocate
This week I was able to advocate for my patient because his pain medication was not managing his pain and symptoms. By doing this his doctor changed his pain medication. This situation made me realize that advocating for our patients is a critical nursing skill and can potentially cause a major difference in the outcome of a patient's care. Great job! AR

Weakness: Time Management
This week I was able to incorporate my first medication administration within this clinical. Time management was a big concern for me personally. I found it difficult to chart my necessary documents while having enough time to prioritize giving my patient his required medication. Moving forward I will be more aware of my time and I will continue to practice documentation. To better prepare myself for prioritizing this time I will spend at least 2 hours a week in the computer lab practicing documentation while setting a specific time to be finished to allow adequate time for medications to be safely administered. This is a great plan for improvement. You will continue to improve with each clinical experience you have. AR

Week 12 Corrections:

Responsibility: This week I submitted the wrong evaluation tool. After receiving notification of this error from my clinical instructor I made the corrections and resubmitted the correct clinical evaluation tool, 11/13/2023. To prevent this unsatisfactory remark in the future I will carefully double check that I am submitting the correct clinical evaluation tool. AR
CDG Discussions: As of 11/13/2023 I have completed the CDG discussion as well as responded to one other peer. I will make sure I have the proper clinical information to successfully complete these assignments moving forward. AR

Week 13:
I did not have a clinical experience. AR

Make-Up:
Strength: This week I felt more comfortable in documenting on medtech than I have in previous weeks. I was able to demonstrate well critical thinking in assessing and addressing my patient needs, both physical and emotional. Jessica, you did a great job using clinical judgment skills and thinking through the pathology or disease process that was presented with your assigned patient during this clinical experience. FB
Weakness: I was not able to stay in my patient room while the wound care nurses were cleaning his wound. I have not become accustomed to these types of wounds during my nursing experience yet. Through experience and knowledge I will become more comfortable with wounds during my nursing education. You will get adjusted the more experience you gain through your nursing journey. Some times you never get used to certain procedures or skills and that's okay. FB

Final- Jessica, you have shown considerable growth in the clinical area throughout this semester. As you move forward to MSN you will continue to work on your clinical/clinical judgment skills; I look forward to seeing that continued growth and working with you again in AMSN! Great job this semester! Good luck next semester. AR

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

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

Student Name: Jessica Greaves

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:** 8/28/2023	**Date:** 9/6/2023	**Date: 9/11/2023**	**Date: 9/18/2023**	**Date: 9/25/2023**	**Date:** 10/2/2023	**Date:** 10/9/2023 10/12/2023	**Date:** 10/16/2023	**Date:** 10/23/2023	**Date:** 10/31/2023
Evaluation:	**S**	**S**	**S**	**S**	**S**	**S**	**S**	**S/U**	**S**	**S**	**S**
Faculty Initials	AR	AR	AR	NS	CB	NS	RH/AR	AR/HS	AR	AR	AR
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	Insertion 10/9/2023 S-AR/HS	NA	NA	NA
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

***Course Objectives**

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 (excellent detail) along with orthostatic vital signs. You did not require any prompts throughout the entire checkoff! 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. 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. Overall you were thorough while completing your assessment, just remember to use a systematic approach, starting at the head and working your way toward the feet. You did require 2 prompts related to asking about history of falls within the last 6 months and the components of a full pain assessment. You demonstrated friendly, professional, and informative communication. You were able to correctly identify the lung sounds as crackles. Great job! CB
Feedback on documentation this week: With this being the first time that you fully documented these interventions, there are some areas for improvement. You did a good job, overall, with your Meditech documentation. You documented on the interventions listed below; however, some areas were inaccurate and omitted. NS

- Vital signs: accurate and complete
- Pain: Missing the comment for guided imagery and physician notified.
- Safety and Falls: Needs a comment for “pneumonia” to explain droplet precautions.
- Physical Re-Assessment – missed throat and mouth assessment, missed abdominal assessment. Otherwise, accurate and complete.

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

Week 6 (Personal Hygiene Skills):
Satisfactory with patient hygiene, making an occupied bed, shaving, oral care, hearing aid care, application of ace wraps, TED Hose/SCD’s, and clinical readiness scenario during guided practice. Completed Meditech documentation for Hygiene and Ted Hose. Keep up the great work! NS

Week 7 (NG Skills: Insertion, Irrigation, and Removal; Feedings):
Great job this week in lab demonstrating competence for Nasogastric Tube Insertion, Irrigation, and Removal through 1:1 observation. You are satisfactory in all NG skills. During insertion, you required one prompt related to applying skin prep to the nose. Great job with checking the patient’s diet order prior to giving water. Excellent patient education provided! You did not require any prompts during irrigation or removal, additionally offered oral care to the patient following removal. Great job! You were able to verbalize understanding of the difference between irrigation and flushing. You were able to practice administering intermittent tube feeding using the gravity method while also confirming tube placement with gastric residual. Additionally, you participated in the PO intake station for accurate calculation of carbohydrate intake, accurately measured gastric output through the NG tube, practiced assisting a visually impaired patient with their meal, and completed the assigned documentation in Meditech. Keep up the hard work! RH/AR

Week 8 (Foley Skills: Insertion, Removal; Sterile Gloves; I&O, Documentation Lab):
During your first one on one observation in lab this week you were satisfactory with the following skills: Sterile Glove Application, and Foley Catheter Removal. A prompt was needed on the removal, prior to attaching the 10ml syringe you need to remember to move the plunger up and down to loosen it, and then pull the plunger back to 0.5 ml prior to attaching it to the balloon inflation port. Just as a reminder for the Foley catheter removal, you should always empty the urine from the Foley tubing and

reservoir bag, prior to removing the StatLock. During the Foley Catheter Insertion, you were unsatisfactory because of the following reasons: you immediately contaminated the sterile field when opening the sterile package, and then you placed the non-sterile bag on top of the sterile field and then completed the peri-care after you had opened the sterile kit. The Foley bag that was inside of the kit came off of the sterile field and onto the bed, the Foley catheter also touched your arm. After the insertion of the Foley you did not pull back gently until slight resistance was felt. Prior to placing the StatLock you did not cleanse the site with 3-4 alcohol pads and allow to dry, you also did not measure prior to placing the StatLock on the patient's leg, and allowing for one inch of slack between the device and insertion site. When demonstrating how to obtain a urine specimen you contaminated the inside of the cup by touching it. AR/HS

Upon remediation of the Foley Catheter Insertion you were satisfactory. You did require one prompt because you did not remove the blue sterile packaging covering the catheter prior to contaminating your second hand. At this point you required an assistant to remove the package without contaminating the field. You correctly verbalized the differences in catheter insertion for a male patient. Actively participated in the Intake and Output stations, and completed Meditech documentation related to Urinary Catheter Management and Intake & Output. Be sure to take the appropriate time to practice skills prior to completing check off. You showed drastic improvement upon completing the skills for the remediation. AR/HS

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

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

You have demonstrated competence in the skill of wound assessment and wound care through guided observation of Dry Sterile Dressing and 1:1 observation of Damp to Dry Packed Wound Dressing Change. During the Damp to Dry Packed Wound Dressing Change, you did require one prompt related to the need to pour the sterile saline over the wound packing gauze prior to placing the sterile gloves on. Also, as a reminder, when patting the wound dry only touch the edges of the 4X4's so that the portion of the gauze touching the wound remains clean. 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. 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

8/17/2023

Date	Care Map Top Nursing Priority	Evaluation & Instructor Initials	Remediation & Instructor Initials
11/20/2023	Decreased Cardiac Output	*S/AR	*NA

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

11/20/2023: Satisfactory care map! See attached rubric. AR

Firelands Regional Medical Center School of Nursing
Nursing Care Map Rubric

Student Name: Jessica Greaves				**Course Objective:** Develop patient-centered plans of care utilizing the nursing process (3,4,5,6,7)*			
Date or Clinical Week: 10							
	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	Only list if abnormal (the vital signs listed are normal); state location of edema.
	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	Great job!
	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	Great job!
Interpreting	4. List all nursing priorities and highlight the top priority problem.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	Great job! I suggest you add a problem related to nutrition (either actual or at risk for).
	5. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	Glucose is not related to cardiac output, and many of the risk factors do not relate to cardiac output.
	6. Identify all potential complications for the top nursing priority problem.	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**	3	Great job!
	7. Identify signs and symptoms to monitor for each complication.	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**	3	Great job!
Responding	8. List all nursing interventions relevant to the top nursing priority.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	While you did meet the >75% value, you would also need to include: assessment of respiratory and cardiac systems (with specifics listed) and monitor lab values (such as CBC, creatinine).
	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**	3	
	11. All interventions are individualized and realistic	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	2	Several of the interventions listed are generalized and not specific to your patient (#6-9).
	12. An appropriate rationale is	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**		

	included for each intervention					3	Great job with rationale's!
Reflecting	13. List all of the highlighted reassessment findings for the top nursing priority.	**>75% complete**	**50-75% complete**	**<50% complete**	**0% complete**	0	For the evaluation you are to include all areas that were highlighted in the noticing boxes, and list the specific value/assessment finding for the day of your evaluation (second day of your clinical week). The information you included were generalized goals that you would want met rather than the specific details (ex- current lung sounds, status of dyspnea, current CBC results, etc.). I agree with continuing the plan of care.
	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:
Jessica,
You did a great job on your first clinical care map! The suggestions I made are to be considered for future care maps throughout the program. AR

Total Points:
37- Satisfactory
Great job on your care map!

Faculty/Teaching Assistant Initials: AR

Simulation Evaluation Performance Codes: **S**: Satisfactory **U**: Unsatisfactory	Simulation #1 (2,3,5,8) * **Date: 11/7/2023 or 11/14/2023**	Simulation #2 (2,3,5,7,8) * **Date: 11/27/2023 or 11/28/2023**
Evaluation (See Simulation Rubric)	S	S
Faculty Initials	AR	AR
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. Anticipating the care for the client that was required. Be sure to elaborate on this area more in depth after simulation #2. AR
B. As an observer I should have reviewed the patient's chart prior to the simulation. Be sure to elaborate on this area more in depth after simulation #2. AR

Faculty comments:

Simulation #2:

A. I was able to recognize the need to do med math to administer the correct dose of morphine as well as critical assessing the correct needle gauge that was needed of this IM injection. Good Job! AR
B. While I was discarding an *opioid* I forgot to have a registered nurse watch the process as well as having an RN verify the correct dose. Although I forgot these steps I recognized this immediately after. The place to forget things is in the simulation lab; you will take this experience and grow from it in the clinical setting. AR

Faculty comments:

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Andrea Pulizzi (A),Brittany Rodisel (M), Jessica Greaves (O)
GROUP #: 7
SCENARIO: NF #1
OBSERVATION DATE/TIME(S): 11/14/2023 1000-1100

CLINICAL JUDGMENT COMPONENTS	OBSERVATION NOTES
NOTICING: (1,2,4,6,7) *	Assessment nurse introduced self and role, asked name/date of birth.
• Focused Observation: E A D B	Noticed cough and raised head of bed.
• Recognizing Deviations from Expected Patterns: E A D B	Noticed temp 99.2, SpO2 89% on RA, HR 81, RR 18, B/P 130/81.
• Information Seeking: E A D B	Noticed low SpO2 on RA, applied PRN oxygen.
	Pain assessment performed.
	Noticed crackles upon auscultation of lung sounds.
	Noticed tissues in patient's bed. Noticed yellow sputum in the tissues. Did not seek further information about cough (remediated in debriefing).
	Recognized proper safety protocol during assessment and medication administration by properly raising the HOB and adjusted the bed height.
	Medication nurse introduced self and role when entering the room. Accurately identified patient's name/date of birth and allergies. Performed 6 rights of medication administration by using the BMV scanning system for patient safety. Accurately identified patient name and date of birth. Information obtain from patient about how medications are taken at home.
	Noticed indications for atorvastatin and multivitamin. Noticed potential adverse reactions and side effects.
INTERPRETING: (1,2,4,6,7) *	Prioritized respiratory status.
• Prioritizing Data: E A D B	Interpreted low SpO2 of 91% as requiring oxygen per physician's order.
• Making Sense of Data: E A D B	Interpreted crackles as related to diagnosis of pneumonia.
	Promoted to assess bilateral heels after complaints of pain. Placed pillow under heels.
	Interpreted medication orders in MAR.
	Prioritized medication safety practicing 6 rights of medication administration.

	Interpreted side effects of medications appropriately.
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	Practiced standard precautions with hand hygiene before entering the room. Promptly performed a head-to-toe assessment. Safety assessment performed related to fall. Consider implementing all fall precautions (bed alarm, yellow signs, etc). Collaborative communication between assessment and medication nurse. Communicated with patient about interventions being performed, with questions answered appropriately. Good therapeutic communication utilized by the assessment and medication nurse while with the patient. 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. Re-evaluated SpO2 after oxygen applied. Appropriately used the BMV scanning system for medication safety. Communicated medications to be administered. Remember to never leave medication unattended at bedside. Consider educating patient on fall precautions, coughing and deep breathing, smoking cessation, home oxygen therapy, and incentive spirometer.
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 lung expansions to improve Spo2 levels. Observers discussed potential educational needs related to the scenario. Noticed the implementation of the six medication rights. Identified positive communication between team members and with the patient. 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** **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. Makes limited efforts to seek additional information from the patient and family; often seems not to know what information to seek and/or pursues unrelated information. 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. 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. 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.

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Jessica Greaves (M), Zachary Grosswiler (A), Brittany Rodisel (O), Andrea Pulizzi (O)
GROUP #: 6
SCENARIO: NF #2
OBSERVATION DATE/TIME(S): 11/28/2023 0800-0900

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	Confirmed name and DOB when entering the room with wristband. Noticed Spo2 alarm for Spo2 of 91%. Noticed HR at 94. Noticed hypertension. Noticed RR of 28. Noticed physician order to maintain Spo2 >93%. Noticed tissues with sputum in the bed. Noticed patient was experiencing pain. Sought additional information related to pain (rating, duration, type, location, worsening/alleviating factors, radiating pain). Noticed pain 7/10. Sought information related to patient preference regarding receiving pain medications before or after assessment. Noticed PRN orders for two different pain medications Medication nurse verified name and DOB and compared to wristband prior to administering medications for patient safety. Sought information related to patient receiving an IM injection in the past. Sought information regarding reactions to IM injections. Sought information related to injection location preference. Noticed need for fall precautions. Noticed improved respiratory rate of 20 after interventions performed.
INTERPRETING: (1,2,4,6,7) * • Prioritizing Data: E A D B • Making Sense of Data: E A D B	Made sense of physician order to maintain Spo2 >93%. Prioritized applying oxygen for spo2 of 91%. Prioritized elevating the HOB for oxygenation. Consider performing a focused respiratory assessment at this time. Prioritized focused pain assessment. Made sense of patient experiencing pain. Made sense of PRN reasons for pain medications. Made sense of dosage calculation needed for morphine. Prioritized administration of pain medication prior to completing full assessment. Made sense of potential side effects with Morphine. Prioritized remaining assessment after pain was relieved.

	Made sense of crackles being related to fluid and pneumonia.
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	Introduced self and role when entering the room for communication. Communicated with the patient that Spo2 is low at this time. Educated about order for oxygen to maintain >93%. Focused respiratory assessment performed. Elevated the HOB for low oxygenation and difficulty breathing. Verified physician order for oxygen administration. Applied oxygen at 2L via nasal cannula. Communicated vital sign results with the patient. Focused pain assessment performed. Looked at the pain site. Asked the patient preference to receive pain medication prior to assessment being performed. Educated patient on pain medications helping to slow her breathing. Communicated with medication nurse to determine pain relief orders. Dosage calculation performed accurately. (2ml administered or 4mg). Excess amount wasted, Remember, this has to be done with a witness. Used BMV scanner for medication safety. Cleaned site with alcohol swab with aseptic technique. Appropriate needle size selected (22g, 1in). good technique with injection. Remember to aspirate for presence of blood prior to injecting. Medication pushed slowly. Needle safety performed. Re-assessed patient for discomfort at the side. Applied band aid. Good teamwork to complete assessment and to administer medications simultaneously without interfering. Educated patient on morphine for “severe pain” 7/10. Educated on side effects of itching, flushing, “sleepiness”. Elevated heels on pillows to relieve pressure. Educated on deep breaths and coughing following morphine administration. Educated on the use of incentive spirometer. Good teamwork for education. Return demonstration to confirm education provided. Re-assessed pain after medication administration to determine effectiveness. Re-assessed blood pressure and respirations.
REFLECTING: (1,2,4,5,6,8) * • Evaluation/Self-Analysis: E A D B	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

• Commitment to Improvement: E A D B	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.
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: Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful information. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Assertively seeks information to plan intervention; carefully collects useful subjective data from observing and interacting with the patient. Interpreting: Generally focuses on the most important data and seeks further relevant information. 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. 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. 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. 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.

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

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

Student eSignature & Date: _____