

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

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

Student:

Final Grade: **Satisfactory**

Semester: **Fall**

Date of Completion:

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

Faculty eSignature:

DIRECTIONS FOR USE:

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

METHODS OF EVALUATION:

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

ABSENCE (Refer to Attendance Policy)

Date	Number of Hours	Comments	Make Up (Date/Time)
Faculty’s Name			Initials
Chandra Barnes			CB
Frances Brennan			FB

Amy Rockwell	AR
Nicholas Simonovich	NS

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)*

	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
Clinical Experience								NA		S	S	N/A	S	N/A			NA	S
Competencies:								NA		S	S	N/A	S	N/A			NA	S
a. Identify spiritual needs of patient (Noticing).								NA		S	S	N/A	S	N/A			NA	S
b. Identify cultural factors that influence healthcare (Noticing).								NA		S	S	N/A	S	N/A			NA	S
c. Coordinate care based on respect for patient's preferences, values, and needs (Responding).						S	N/A	S		S	S	N/A	S	N/A			NA	S
d. Use Maslow's Hierarchy of needs to determine the care needs of the assigned patient (Interpreting).						S	N/A	S		S	S	N/A	S	N/A			NA	S
						FB	CB	CB		CB	CB	CB	CB	CB			CB	CB
						3T 90	N/A	NA		4N 83	4N 72	N/A	4N 78	N/A			NA	

Clinical Location;
Patient age**

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

Comments

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 9(1d): Kailee, great job this week determining your patient's needs and using Maslow's to prioritize those needs. CB

Week 10 1(c,d) – Kailee, nice job this week interacting with your patient, and respecting your patient's preferences, values, and needs. You used Maslow's to determine the importance of meeting the physiological needs of your patient first. CB

Week 12 (1a,b): Great job this week ensuring that all spiritual and cultural factors were taken into account when caring for your patient. CB

* End-of-Program Student Learning Outcomes

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

Objective

2. 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)*

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

Comments

Week 6 (2a,b)- Kailee, you performed a systematic head to toe assessment and retrieved all vital signs within a timely manner. (2c)- This competency was changed because you did not have to conduct a fall assessment or institute any precautions. Make sure you are rating on the competencies completed for the week. FB

Week 9(2a,c,g): Great job this week performing your head to toe assessment and fall assessment on your patient. You were able to calculate your patient's John Hopkins Fall Risk score and ensure that the environment was clean and free of clutter, therefore reducing the risk of falls and injuries. You were also able to tie together your patient's priority problem and lab/diagnostic testing that was done that would correlate. The only thing that I would suggest for your patient, is looking to see if there was a CXR, PCR panel completed, or a sputum culture sent. CB

Week 10(2a,e,g): Great job performing your head to toe assessment using different techniques to help you collect data on your patient. You were able to use findings from your assessment and look at diagnostic studies in the EMR to understand your patient's priority problem. You were able to look at your patient's nutritional status (BMI, meal intake, modified diets) and see how that tied in with your priority problem as well. CB

Objective

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

	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
Clinical Experience																		
Competencies:						N/A	N/A	NA		S	S	N/A	S	N/A			NA	S
a. Receive report at beginning of shift from assigned nurse (Noticing).						N/A	N/A	NA		S	S	N/A	S	N/A			NA	S
b. Hand off (report) pertinent, current information to the next provider of care (Responding).						N/A	N/A	NA		S	S	N/A	S	N/A			NA	S
c. Use appropriate medical terminology in verbal and written communication (Responding).						S	N/A	S		S	S	N/A	S	N/A			NA	S
d. Report promptly and accurately any change in the status of the patient (Responding).						S	N/A	S		S	S	N/A	S	N/A			NA	S
e. Communicate effectively with patients and families (Responding).						S	N/A	S		S	S	N/A	S	N/A			NA	S
f. Participate as an accountable health care team member in the provision of patient centered care (Responding).						S	N/A	S		S	S	N/A	S	N/A			NA	S
						FB	CB	CB		CB	CB	CB	CB	CB			CB	CB

Week 12(2d,g): Kailee, great job implementing appropriate interventions related to skin risk. Also, great job describing diagnostic findings related to your patient's priority problem. CB

* End-of-Program Student Learning Outcomes

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

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(3e): Great job this week communicating with your patient, bedside RN, and peers. CB

Week 10(3e): Kailee, great job this week communicating with your patient. You explained everything that was being done to your patient and you were able to relay important information to the bedside RN. CB

Week 12(3a,b): Good job this week receiving report from the off going shift and giving appropriate information to the bedside nurse when leaving clinical for the day. CB

* End-of-Program Student Learning Outcomes

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

Objective

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

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

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/FB

Week 6 (4 a,b,c) Satisfactory job with documentation of head to toe assessment and vital signs. Make note of areas you may have forgot to chart on during this clinical experience, so you can improve on for future clinicals. (4f) Your initial discussion post and response was completed on time and was substantial. An area of improvement would be the in-text citation and reference.

Examples: Reference- Potter, P., Perry, A., Stockert, P., & Hall, A. (2019). *Essentials for nursing practice* (9th ed.). Mosby. **Or** Venes, D. (2021). *Taber's cyclopedic medical dictionary* (24th ed). F. A. Davis Company: Skyscape Medpresso, Inc.

In-text citations- According to Jones (1998), "students often had difficulty using APA style, especially when it was their first time" (p. 199). **or** She stated, "Students often had difficulty using APA style" (Jones, 1998, p. 199), but she did not offer an explanation as to why. **Or** APA style is a difficult citation format for first-time learners (Jones, 1998, p. 199).

If you still need some assistance reference Purdue OWL. FB

Week 9(4c,f): You did a good job accessing medical information on your patient in Meditech. Competency 4f was changed to a "NI" because you did not include a reference in your peer response, although all other requirements were met. Also, your intext citation for your original post should be (Potter et al., 2019, p.871). Please make sure that you are reading previous comments to ensure that you know where to find resources. CB

Week 10(4c,f): You did a good job of accessing your patient's EMR to look up information related to your patient's hospitalization. You did a great job on your cdg this week, meeting all requirements. The only thing I want to point out is if you ever have an intext citation, you need to also have the appropriate reference. I know that you had to intext from the textbook and from the Cleveland Clinic, but you only referenced the Cleveland Clinic at the bottom of the cdg. CB

Week 12(4c,e,f): You did a great job this week accessing your patient's information on the electronic medical record. You were able to verify medication and provide education related to medication taking. I changed the 4f competency to an "U" due to you not answering all of the cdg questions. Please edit your original post and add the question you did not answer to it. By doing this, you will be satisfactory for week 13. CB

I added the final question below your reply because it would not let me edit. CB

* End-of-Program Student Learning Outcomes

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

Objective

5. Exemplify psychomotor skills and nursing care safely using evidence-based practice. (3,4,5,7,8)*

Clinical Experience	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Mid-Term	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14	Week 15	Make-Up	Final
Competencies:						S	N/A	S		S	S	N/A	S	N/A			NA	S
a. Demonstrate correct body mechanics and practices safety measures during the provision of patient care (Responding).						S	N/A	S		S	S	N/A	S	N/A			NA	S
b. Apply the principles of asepsis and standard/infection control precautions (Responding).						S	N/A	S		S	S	N/A	S	N/A			NA	S
c. Demonstrates appropriate skill with foley catheter insertion, maintenance, and removal (Responding).								NA		N/A	S	N/A	N/A	N/A			NA	S
d. Manage basic patient care situations with evidence of preparation and beginning dexterity (Responding).						S	N/A	S		S	S	N/A	S	N/A			NA	S
e. Organize time providing patient care efficiently and safely (Responding).						S	N/A	S		S	S	N/A	S	N/A			NA	S
f. Manages hygiene needs of assigned patient (Responding).								NA		S	S	N/A	S	N/A			NA	S
g. Demonstrate appropriate skill with wound care (Responding).								NA			N/A	N/A	N/A	N/A			NA	NA
h. Document the location of fire pull stations and fire extinguishers. ** (Interpreting).						S	N/A	S										S
						FB	CB	CB		CB	CB	CB	CB	CB			CB	CB

Comments

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

Week 6 (5h)-Fire Extinguisher across from room 3036, and an alarm across from room 3037. FB

Week 9(5a,b,f): Kailee, you did a great job demonstrating correct body mechanics while completing your assessment, ambulating and helping your patient in the bathroom, and while bathing your patient. You did a great job ensuring that you were foaming in/out when entering a patient's room, good job! CB

Week 10(5a,d): You were able to maintain correct body mechanics this week while managing basic patient care such as bathing your patient and while your patient was in bed, great job! You did a great job with removal of a foley catheter. You walked through the steps before entering the patient room, had the correct supplies that were needed, and explained what was going to happen to the patient, although the patient already knew. CB

Week 12(5e): Great job with time management this week with your medication administration. You were able to organize your time and prioritize your patient's needs. CB

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

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

Objective

6. Develop patient-centered plans of care utilizing the nursing process. (3,4,5,6,7)*

	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
Clinical Experience																		
Competencies: a. Utilize clinical judgment skills to develop a patient-centered plan of care (Responding).								NA		S	S	N/A	S	N/A			NA	S
								CB		CB	CB	CB	CB	CB			CB	CB

Comments

Week 9(6a): Great job this week realizing what your patient's priority problem would be in order to develop a plan of care. CB

Week 10(6a): Good job this week assessing your patient and gathering information from the electronic medical record to help you identify your patient's priority problem, and centering patient care around that. CB

Week 12(6a): You were able to develop a plan of care for your patient related to their priority problem, good job! CB

* End-of-Program Student Learning Outcomes

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

Objective

7. Convert basic pharmacology principles into safe medication administration. (3,5,6,7)*

	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
Clinical Experience																		
Competencies:								NA					S	N/A			NA	S
a. Identify the action, rationale, dosage, side effects and the nursing implications of medications (Interpreting).								NA					S	N/A			NA	S
b. Recognize patient drug allergies (Interpreting).								NA					S	N/A			NA	S
c. Practice the 6 rights and 3 checks prior to medication administration (Responding).								NA					S	N/A			NA	S
d. Administer oral, intra-muscular, subcutaneous, and intradermal medications using correct techniques (Responding).								NA					S	N/A			NA	S
e. Review the patient record for time of last dose before giving PRN medication (Interpreting).								NA					S	N/A			NA	S
f. Assess the patient response to PRN medications (Responding).								NA					S	N/A			NA	S
g. Demonstrate medication administration documentation appropriately using BMV (Responding).								NA				N/A S	S	N/A			NA	S
*Week 11: BMV								CB				CB	CB	CB			CB	CB

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(7a-d, g): Kailee, you did a great job with medication administration. You were able to identify why your patient was receiving the medication, potential side effects, and appropriate patient education. You followed the 6 right s of medication administration with 3 medication checks, verifying the correct patient and their allergies. You were able to utilize the BMV for medication administration documentation. CB

* End-of-Program Student Learning Outcomes

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

Objective

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

**** 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)- Strength: I think that my strength was learning to adapt to challenges that I faced when caring for the patient such as them being confused and unable to hear as well. **You will face many different challenges when dealing with different patients with various medical conditions, and patients coming from different backgrounds and ideas and misconceptions. Great job adapting the challenges faced during this clinical experience. FB**

Week 6 (8b)- Weakness: I think that my weakness was trying to rush through my assessment because I felt like I was falling behind and did not want to be the one that everyone was waiting on. For next time, I plan to take my time and not worry about what everyone else is doing, but rather on my task. Kailee, do not rush through assessments. **Your most important tool is the assessment you do on your patient and if you rush important information is missed. The information missed could have negative profound results for your patient. When you are coming up with strength and weakness in the future try to provide areas that are measurable and areas you can practice, research, or watch videos associated with these areas. FB**

Week 9(8a,b): Kailee, I changed the “S” in these competencies to “U” because you did not complete the reflection for an area of strength or an area of weakness for week 9. 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. **CB**

For my week 9 8a and 8b, I am correcting the U that I received by making sure that I complete all part of my Clinical Evaluation Tool this week. I will do this by double checking everything and making sure that it is all filled in for my week 10 clinical. **This sounds like a great way to ensure that you are completing all parts of the tool. CB**

Week 10(8a)Strength: My strength for this week was that I did well under pressure. During my clinical, Chandra called me to come remove a Foley catheter which I was not expecting to do so I was nervous because it was going to be my first one on an actual patient. How I adapted to this was I calmed down and walked myself through the process in my head and I knew if I had any questions I could ask, but I took my time to make sure I did it right. **You did a great job discontinuing a foley catheter. I know this was new for you with a patient, but remember you know more than you think. Keep up the good work! CB**

Week 10(8b)Weakness: My weakness for this week’s clinical would-be collaboration. I noticed that during my clinical for both days, my only interactions with my nurses were during report and then when I had to give report and leave the floor. Towards the end of Thursday I started to do more things with my nurse however, it was not as much as I had thought. A way that I can improve this is by trying to communicate with my nurse that I would like to essentially oversee them while I am at clinicals with my patients so that way I can see how they react in certain situations and if there’s anything new that I haven’t ever seen that I would like to. **Kailee, communication is key in any part of healthcare. I know that it is sometimes hard to keep up with the bedside nurse during clinical, but I think you have a great plan in place to communicate and to be more involved. CB**

Week 12(8a) Strength: I feel like my strength this week was that I was able to essentially overcome my fears of giving medications. I was really nervous because I realized that as a nurse my patient trusts me to give them the best care and to keep them safe, but when I was giving medications for the first time I was nervous that something was going to go wrong because of an error I made. After giving the medications realized that as long as I make sure that I am doing my 3 checks and checking on them after administration then I am doing everything I can to keep them safe. **Follow-up during any type of patient care is key. Great job overcoming your fears and growing on your knowledge. CB**

Week 12(bb) Weakness: I think that my weakness for this week was my organization. For example, during morning charting I had forgotten to chart my patient’s temperature because the thermometer was not working, and then the nurse needed the computer so I told myself that I would remember to go back after. Well instead of doing this I got caught up in other things and only charted on it when I was reminded that I did not chart on it. A way that I can improve my disorganization is by writing down a checklist on a separate sheet of paper of things that I need to accomplish. **Having a plan in place to keep you organize is crucial as a bedside nurse. You will be caring for multiple patients at a time, so little things that help you stay on track and not forget anything will be huge in the end. CB**

Final comment: Kailee, you did an excellent job this semester! You came to each clinical prepared and ready to take on any patient assigned to you. You have grown over the weeks with your confidence and knowledge of not only the environment of the hospital and clinical setting, but also your patients and their needs. Every single one of your patient’s were pleased with the care you provided and the time that you spent with them. You did not get the opportunity to perform wound or NG care, so please seek this opportunity out in your MSN semester. Great job, and I am excited to see your growth continue! CB

* 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
11/20/2023	Impaired Physical Mobility	*S/CB	*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.**

Firelands Regional Medical Center School of Nursing
Care Map Grading Rubric

Student Name: Kailee Felder		Course Objective: Develop patient-centered plans of care utilizing the nursing process. (3,4,5,6,7)*					
Date or Clinical Week: 11/20/2023							
Criteria		3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)	3	Great job providing specific abnormal patient data and relevant risk factors for your patient.
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)	3	
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	You did a great job listing nursing priorities. You did a great job highlighting abnormal findings that correlated with your top nursing priority of impaired physical mobility. Potential complications were listed and you were able to also list signs and symptoms related to each of them. A suggestion I would have for the potential complication of constipation is abdominal discomfort and bloating as s/sx.
	5. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	6. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	3	
	7. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	3	
Responding	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	You did a great job listing realistic interventions that were related to your patient, that were for the most part prioritized. You provided a rationale for each intervention that was pertinent to your patient, but each intervention did not include a frequency.
	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	0	
	11. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	12. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	

Reflecting	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	2	When reflecting on the abnormal assessment findings that are related to your priority problem, make sure that you are reassessing all of them, even if they are unchanged. Great job including to continue the plan of care.
	14. Evaluation includes one of the following statements: <ul style="list-style-type: none"> • Continue plan of care • Modify plan of care • Terminate plan of care 	Complete			Not complete	3	
<p>Total Possible Points= 42 points 42-33 points = Satisfactory 32-21 points = Needs Improvement* < 21 points = Unsatisfactory* *Total points adding up to less than or equal to 32 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.</p> <p>Faculty/Teaching Assistant Comments: Kailee, great job overall on your first nursing care map. Please remember when completing any assignment that has guidelines and a rubric, have them both available to reference. CB</p>							Total Points: 37/42
							Faculty/Teaching Assistant Initials: CB

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

Student Name: Kailee Felder

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

***Course Objectives**

Comments:

Week 1 (Technology Lab):

During this lab you were able to satisfactorily navigate:

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

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

During lab this week you were able to satisfactorily demonstrate:

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

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

Week 3 (Vital Signs):

Awesome work in the lab this week! You satisfactorily completed the vital sign check off during 1:1 observation, including oral temperature, radial pulse, respiratory rate, pulse oximetry, and blood pressure measurement. During the blood pressure measurement, you accurately obtained two consecutive blood pressure results on the Vital Sim manikin. The first blood pressure measurement was set at 102/62, and you identified it as 102/62, great job. The second measurement was set at 134/86 and you interpreted it as 134/86, awesome work! You were able to verbally discuss the following measurements: axillary and rectal temperature along with orthostatic vital sign assessments. You only required one prompt throughout the whole checkoff related to asking the patient about smoking, chewing gum, eating/drinking prior to obtaining the oral temperature. You reminded yourself to identify the patient when entering the room. You provided accurate detail in your communication with the “patient”. Your documentation looked spot on. Keep up the great work!! NS

Week 4 (Assessment):

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

Week 5 (Assessment; Mobility):

Great job in lab this week! You have satisfactorily demonstrated a basic head to toe assessment in the skills lab. Your approach was systematic, thorough, and overall well done. You did require 2 prompts related to asking about bowel movement, bowel habits, and presence of symptoms with the gastrointestinal system and assessing for changes in urination and appearance of the genitourinary system. As you noted, your nerves interfered with your thought process at times. Just be sure to take your time and think things through. Otherwise, you did an excellent job. You demonstrated friendly, professional, and informative communication. Great work! NS

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 or omitted. Please review each area of documentation so you can examine areas that were omitted.

- Vital signs: Complete and accurate.
- Pain: Complete and accurate.
- Safety and Falls: Add “pneumonia” comment to isolation section.
- Physical Re-Assessment: No left ear documentation. Remember to identify if 3L of oxygen nasal cannula is humidified or not. Otherwise, complete and accurate.

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 and did not require any prompts! Great job! You provided excellent patient education, and your removal was quick and effective. During insertion of the NG tube, remember to hold the tube securely at the nare when getting the tape and securing it in place. 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):

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. One prompt was needed for asking the patient to take several slow deep breaths during the removal of foley catheter. Great job! 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. You independently completed the Meditech documentation for Urinary Catheter Management. Keep up the great work!!! FB

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

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

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

Week 11 (Medication Lab):

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

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

<u>Simulation Evaluation</u>	Simulation #1 (2,3,5,8) *	Simulation #2 (2,3,5,7,8) *
	Date: 11/7/2023 or 11/14/2023	Date: 11/27/2023 or 11/28/2023
Performance Codes: S: Satisfactory U: Unsatisfactory		
Evaluation (See Simulation Rubric)	NI	S
Faculty Initials	CB	CB
Remediation: Date/Evaluation/Initials	11/18/2023 S/CB	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. I think that my area of strength was that I was able to positively give feedback to my simulation group. I realized that this was new to them as well as me so I understood that they were not going to perform perfectly, and I gave them credit for how well they did for the first time.

- B. For my weakness I think that I could improve on paying better attention to the simulation. After concluding debriefing, I still feel unprepared for my turn in the sim lab as either the med nurse or assessment nurse. I would feel more prepared had I played better attention to what my classmates were doing during their simulation time. For the next time we do simulation, I will make sure to focus on what I am doing and try not to get distracted by blocking out things that are distracting to me like what my other classmates are doing.

Faculty comments: Kailee, your strength and weakness can't be the same thing. Providing positive constructive feedback is important, but you did not include how you will improve this, how often, and no goal was set. Please fix this area and submit it for week 13. CB/ Kailee, preparing yourself for simulation is important because it is unknown what is happening. You can prepare by looking at the objectives and looking at any information that may be provided to you. CB

Simulation #2:

- A. For my strength, I think that I did very well on my time management. I quickly started to gather information about my medications, and I also tried to give them in a timely manner while also allowing Karli to have room for her assessment.
- B. For my weakness, I think that I could have done a better job at listening to my patient. Also NOT fanning the skin so it dries off that was a weak point for me whoops. I think I can do a better job at this by trying to pay attention to what my patient is saying and that realizing that minimizing their pain is the best thing that I can do in order for us to retrieve proper and accurate assessment findings.

Faculty comments: Kailee, I think that you did very well on your time management, looking up the medications and administering the pain med in a timely manner. Looking over the proper technique for IM injections and using aseptic technique is a great way to ensure that you are doing it properly. Also, realizing that listening to the patient is important, and pain can affect many things. CB

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) *					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.
• Focused Observation:	E	A	D	B	
• Recognizing Deviations from Expected Patterns:	E	A	D	B	
• Information Seeking:	E	A	D	B	

	<p>Recognized proper safety protocol during assessment and medication administration by properly raising HOB and adjusting bed height.</p> <p>Medication nurse introduced self and role when entering the room. Accurately identified patient name and date of birth.</p> <p>Noticed indications for all medications ordered. Noticed potential adverse reactions and side effects.</p>
<p>INTERPRETING: (1,2,4,6,7) *</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 	<p>Prioritized respiratory status.</p> <p>Interpreted low SpO2 of 91% as requiring oxygen per physician's order. Interventions of raising the head of the bed were attempted first.</p> <p>Interpreted abnormal lungs sounds as related to diagnosis of pneumonia.</p> <p>Promoted to assess bilateral heels after complaints of pain. Placed pillow under heels, did not assess heels (remediated during debriefing).</p> <p>Interpreted side effects of medications appropriately.</p> <p>Difficulty interpreting scheduled medications times and what medications should be given (remediated in debriefing).</p>
<p>RESPONDING: (1,2,3,4,5,6,7) *</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 	<p>Practiced standard precautions with hand hygiene before entering the room.</p> <p>Promptly performed a head-to-toe assessment.</p> <p>Collaborative communication between assessment and medication nurse.</p> <p>Communicated with patient about interventions being performed, with questions answered appropriately.</p> <p>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.</p> <p>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)</p> <p>Remember to re-evaluate SpO2 after oxygen applied.</p> <p>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).</p> <p>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.</p>

<p>REFLECTING: (1,2,4,5,6,8) *</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Observers 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.</p> <p>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!</p>
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “Beginning” or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p> <p>Scenario Objectives:</p> <ul style="list-style-type: none"> • Demonstrate collaborative communication with patients and healthcare team members (1,3,8) * • Differentiate between need for complete head to toe versus focused assessment and execute accordingly (1,5,6,8) * • Select and administer prescribed oral and intramuscular medications following the six rights (1,4,5,7) * • Identify and provide accurate patient education (1,2,3,4,5,7) * • Recognize patient oxygenation and pain control needs and provide appropriate interventions (2,4,5,6,7) * 	<p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing:</p> <p>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.</p> <p>Identifies obvious patterns and deviations, missing some important information; unsure how to continue the assessment.</p> <p>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.</p> <p>Interpreting:</p> <p>Makes an effort to prioritize data and focus on the most important, but also attends to less relevant or useful data.</p> <p>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.</p> <p>Responding:</p> <p>Generally, displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations.</p> <p>Generally, communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport.</p> <p>Develops interventions on the basis of the most obvious data; monitors</p>

	<p>progress but is unable to make adjustments as indicated by the patient's response.</p> <p>Displays proficiency in the use of most nursing skills; could improve speed or accuracy.</p> <p>Reflecting:</p> <p>Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered.</p> <p>Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.</p> <p>Satisfactory Completion of NF Simulation #1.</p>
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Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): 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					<u>OBSERVATION NOTES</u>
NOTICING: (1,2,4,6,7) *					
• Focused Observation:	E	A	D	B	Identified self and role when entering the room. Identified patient's identification band for name and date of birth.
• Recognizing Deviations from Expected Patterns:	E	A	D	B	
• Information Seeking:	E	A	D	B	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.

	<p>Noticed patient moaning, sought information related to pain (location, rating) and looked at patient's right side.</p> <p>Noticed SpO2 alarm sounding and applied O2 at 2L per nasal cannula for a SpO2 of 88% on RA.</p> <p>Medication nurse noticed PRN pain medication ordered in MAR.</p> <p>Medication nurse introduced self. Identified patient's identification band for name and date of birth. Sought information related to patient's allergies.</p>
<p>INTERPRETING: (1,2,4,6,7) *</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 	<p>Made sense of low SpO2, applied O2 at 2L per nasal cannula.</p> <p>Prioritized patient's shortness of breath and difficulty breathing and raised the head of the bed.</p> <p>Medication nurse prioritized morphine over Percocet administration based on physician orders.</p> <p>Medication nurse made sense of the morphine order, correctly wasting excess medication and prioritizing needing a witness for the waste.</p>
<p>RESPONDING: (1,2,3,4,5,6,7) *</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 	<p>Communicated interventions to be performed.</p> <p>Communicated pertinent information to medication nurse.</p> <p>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.</p> <p>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.</p> <p>Prioritized reassessment of respiratory rate before and</p>

	<p>after medication nurse administered morphine.</p> <p>Medication nurse responded to pain rating 7/10 by administering prn pain medication.</p> <p>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.</p> <p>Remember when administering medications, the patient’s wristband is scanned prior to any medications.</p> <p>Reassessment and evaluation of effectiveness of morphine completed, with patient rating pain 3/10 after medication administration.</p> <p>Overall good communication and teamwork.</p>
<p>REFLECTING: (1,2,4,5,6,8) *</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Each member 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</p>

	improve nursing performance.
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p> <p>Scenario Objectives:</p> <ul style="list-style-type: none"> • Demonstrate collaborative communication with patients and healthcare team members (1,3,8) * • Differentiate between need for complete head to toe versus focused assessment and execute accordingly (1,5,6,8) * • Select and administer prescribed oral and intramuscular medications following the six rights (1,4,5,7) * • Identify and provide accurate patient education (1,2,3,4,5,7) * • Recognize patient oxygenation and pain control needs and provide appropriate interventions (2,4,5,6,7) * 	<p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Actively seeks subjective information about the patient’s situation from the patient and family to support planning interventions; occasionally does not pursue important leads.</p> <p>Interpreting: 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.</p> <p>Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Develops interventions on the basis of the most obvious data; monitors progress but is unable to make adjustments as indicated by the patient’s response. Displays proficiency in the use of most nursing skills; could improve speed or accuracy.</p> <p>Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.</p> <p>Satisfactory Completion of NF Simulation #2.</p>

EVALUATION OF CLINICAL PERFORMANCE TOOL
Nursing Foundations – 2023

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

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

I thought that my clinical experienced helped me to be more prepared as a student nurse, and that this will help me during future clinical time as well as simulation.

Student eSignature & Date: Kailee Felder 12/5/2023