

**EVALUATION OF CLINICAL PERFORMANCE TOOL  
Medical Surgical Nursing – 2024**

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

**Student:** Kennedy Baker

**Final Grade:** Satisfactory/Unsatisfactory

**Semester:** Spring

**Date of Completion:** 2/15/24

**Faculty:** Dawn Wikel, MSN, RN, CNE; Rachel Haynes, MSN, RN; Kelly Ammanniti, MSN, RN, CHSE;  
Monica Dunbar, DNP, RN; Heather Schwerer, MSN, RN; Nick Simonovich, MSN, RN

**Faculty eSignature:**

**Teaching Assistant:** None

**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 on 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”. 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 Competency Tool & Skills Checklists
- Simulation, Prebriefing, & Reflection Journals
- Nursing Care Map Rubric
- Meditech Documentation
- Clinical Debriefing
- Clinical Discussion Group Grading Rubric
- Evaluation of Clinical Performance Tool
- Lasater’s Clinical Judgment Rubric & Scoring Sheet
- Virtual Simulation Scenarios

**ABSENCE (Refer to Attendance Policy)**

Date	Number of Hours	Comments	Make-up (/Date/Time)
1/29/2024	1 hour	Late DH Signature Form	1/30/2024, 1 hour

Faculty’s Name	Initials
Kelly Ammanniti	KA
Monica Dunbar	MD
Rachel Haynes	RH
Heather Schwerer	HS
Nick Simonovich	NS
Dawn Wikel	DW

## 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 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, 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.

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

Date	Care Map Top Nursing Priority	Evaluation & Instructor Initials	Remediation & Instructor Initials	Remediation & Instructor Initials
2/1/24	Constipation	NI/NS	S/NS	NA/NS

Note: Students are required to submit two satisfactory care maps over the course of the semester. If the care map is not evaluated as satisfactory upon initial submission, the student must revise the care map based on instructor feedback/remediation and resubmit. A maximum of two remediation attempts will be provided for a single care map and if still unsatisfactory, the student will be required to start fresh and initiate a care map on a new patient. At least one care map must be submitted prior to midterm.

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**Objective**

1. Illustrate correlations to demonstrate the pathophysiological alterations in adult patients with medical-surgical problems. (2,3,4,5)\*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
<b>Competencies:</b>			N/A	S	S	S											
a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting)			N/A	S	S	S											
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			N/A	S	S	S											
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			N/A	S	S	S											
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			N/A	S	S	S											
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			N/A	S	S	S											
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			N/A	S	S	S											
g. Assess developmental stages of assigned patients. (Interpreting)			N/A	S	S	S											
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		S	S	S	S											
	Indicate your clinical site as well as your patient's age and primary medical diagnosis in this box weekly.	Meditech, FSBS, IV Pump Sessions	Infection control and Digestive health	4N, 83 years old, constipation	5T, 78 years old, left knee revision	4N, 69-year-old female, chronic											
Instructors Initials	KA	KA	DW	NS	MD												

**Comments:**

\*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 1 (1h)- During week 1, the Meditech, FSBS and IV pump sessions were all considered clinical hours. You came prepared to each of them and demonstrated competency accordingly. For this reason, you have earned an S for this competency. KA

Week 4 1(a-h) – Nice job this week discussing your patient’s pathophysiology alterations related to his admitting diagnosis of constipation. You were able to correlate his symptoms such as abnormal bowel movements, firm, distended abdomen, hyperactive bowel sounds, and abdominal discomfort to his priority problem. You discussed the diagnostic testing that was performed or scheduled to be performed, such as the KUB x-ray to visualize stool in the bowels. You did a nice job discussing the pharmacotherapy prescribed, such as the various stool softeners, laxatives, and bowel motility agents. You identified his nutritional status and needs, identifying his lack of appetite as being related to his bowel problems. Overall nice work. NS

Rehab Clinical Objective 1 B-E-This week you were able to identify symptoms, medical treatments, pharmacotherapy, and diagnostic tests that were a part of the patient’s stay on the Rehab unit. You did a great job in correlating all of these with the patient’s diagnosis. Great job! MD

**Objective**

2. Perform physical assessments as a method for determining deviations from normal. (3,4,5)\*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
<b>Competencies:</b>			N/A	S	S	S											
a. Perform inspection, palpation, percussion, and auscultation in the physical assessment of assigned patient. (Noticing)			N/A	S	S	S											
b. Conduct a fall assessment and implement appropriate precautions. (Noticing)			N/A	S	S	S											
c. Conduct a skin assessment and implement appropriate precautions and care. (Noticing)			N/A	S	S	S											
d. Communicate physical assessment. (Responding)			N/A	S	S	S											
e. Analyze appropriate assessment skills for the patient's disease process. (Interpreting)			N/A	S	S	S											
f. Demonstrate skill in accessing electronic information and documenting patient care. (Responding)	S		N/A	S	S	S											
	<b>KA</b>	<b>KA</b>	<b>DW</b>	<b>NS</b>	<b>MD</b>												

**Comments:**

Week 1 (2f)- By attending the Meditech clinical update & providing your full, undivided attention during the demonstration of documenting insulin, IV solutions, and the Meditech 2.2 upgrades, you are satisfactory for this competency. NS

Week 4 2(a,e) – You appropriately prioritized your assessments this week based on the patient's priority problem and chief complaints. You noticed numerous deviations from normal related to his gastrointestinal assessment, including irregular bowel pattern, distention, lack of appetite, and very hyperactive bowel sounds. NS

Rehab Clinical Objective 2 A-This week you were able to perform a great head to toe assessment! You were able to translate all of your findings in documentation and while discussing your patient with me. You really did a great job putting the pieces together with the patient's assessment and what you would see with the diagnosis! MD

\*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

**Objective**

3. Execute safety precautions in the implementation of quality, patient-centered care and evidence-based nursing interventions. (2,3,4,5,8)\*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
<b>Competencies:</b>	S		S	S	S	S											
a. Perform standard precautions. (Responding)	S		S	S	S	S											
b. Demonstrate nursing measures skillfully and safely. (Responding)	S		S	S	S	S											
c. Demonstrate promptness and ability to organize nursing care effectively. (Responding)			N/A	S	S	S											
d. Appropriately prioritizes nursing care. (Responding)			N/A	S	S	S											
e. Recognize the need for assistance. (Reflecting)			N/A	S	S	S											
f. Apply the principles of asepsis where indicated. (Responding)	S		S	S	S	S											
g. Demonstrate appropriate skill with Foley catheter insertion, maintenance, & removal (Responding)			N/A	N/A	N/A	N/A											
h. Implement DVT prophylaxis (early ambulation, SCDs, ted hose, administer enoxaparin or heparin) based on assessment and physicians' orders (Responding)			N/A	S	S	S											
i. Identify the role of evidence in determining best nursing practice. (Interpreting)	S		N/A	S	S	S											
j. Identify recommendations for change through team collaboration. (Reflecting)			N/A	S	S	S											
	<b>KA</b>	<b>KA</b>	<b>DW</b>	<b>NS</b>	<b>MD</b>												

**Comments:**

Week 4 3(b,c,d) – You were prompt with your care, performing all necessary assessments in a timely manner which allowed you to prioritize your medication administration. You prioritized your patient’s insulin administration, using nursing judgement to determine the best plan of action related to a high dose of long acting

\*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

insulin and poor PO intake. When new orders were received, you were prompt in administering the newly prescribed medications to help alleviate the patient's symptoms that he was experiencing. Nice job with your time management and prioritization throughout the week. NS

Rehab Clinical Objective 3 D-You were able to identify the priority assessments with your patient and prioritize interventions that needed to be completed! MD

**Objective**

3. Execute safety precautions in the implementation of quality, patient-centered care and evidence-based nursing interventions. (2,3,4,5,8)\*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
<b>Competencies:</b>			N/A	S	S	S											
k. Administer PO, SQ, IM, or ID medications observing the rights of medication administration. (Responding)			N/A	S	S	S											
l. Ensure patient safety through proper use of EHR, IV flow sheet, and BMV. (Responding)			N/A	S	S	S											
m. Calculate medication doses accurately. (Responding)			N/A	S	S	S											
n. Administer IV therapy, piggybacks, IV push, and/or adding solution to a continuous infusion line. (Responding)			N/A	S	N/A	S											
o. Regulate IV flow rate. (Responding)	S		N/A	N/A	N/A	S											
p. Flush saline lock. (Responding)			N/A	S	N/A	S											
q. D/C an IV. (Responding)			N/A	N/A	N/A	N/A											
r. Monitor an IV. (Noticing)	S		N/A	S	N/A	S											
s. Perform FSBS with appropriate interventions. (Responding)	S		N/A	S	N/A	S											
	<b>KA</b>	<b>KA</b>	<b>DW</b>	<b>NS</b>	<b>MD</b>												

**Comments:**

Week 1 (3o,r)- During the IV pump session, you actively participated in the programming and maintenance of the Alaris IV pump. Additionally, you accurately identified abnormal IV site assessment data with an IV site monitoring activity. HS

(3s)- The student was able to satisfactorily perform a Quality Control check of the glucometer as well as demonstrate skills and knowledge required for proper fingerstick blood glucose measurement with the ACCU-CHEK Inform II glucometer. DW

Week 4 3(k-s) – You were safe and demonstrated competence with medication administration this week. You gained experience administering various PO medications, noting the implications, side effects, and nursing assessments to be performed prior to administering medications. You discussed the 6 rights and performed the 3 safety

\*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

checks, utilizing the BMV scanning for patient safety. All dosages were calculated accurately. You accurately administered an IVP medication over the prescribed rate, performed a saline flush to confirm patency, and monitored the IV site for complications using aseptic technique. A FSBS was obtained accurately to determine the appropriate dosing for his prescribed insulin. Nice job with medication administration this week! NS

Rehab Clinical Objective 3 K-M-This week you were able to identify the rights of medication administration and you were able to accurately administer medications to your patient. You identified safe practice and performed really well with administering your patient's medications! MD

**Objective**

4. Use therapeutic communication techniques to establish a baseline for nursing decisions. (1,5,7)\*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
<b>Competencies:</b>			S	S	S	S											
a. Integrate professionally appropriate and therapeutic communication skills in interactions with patients, families, and significant others. (Responding)			S	S	S	S											
b. Communicate professionally and collaboratively with members of the healthcare team using hand-off communication techniques. (SBAR) (Responding)			N/A	S	S	S											
c. Report promptly and accurately any change in the status of the patient. (Responding)			N/A	S	S	S											
d. Maintain confidentiality of patient health and medical information. (Responding)			S	S	S	S											
e. Consistently and appropriately post comments in clinical discussion groups. (Reflecting)			N/A S	S	S	S											
f. Obtain report, from previous care giver, at the beginning of the clinical day. (Noticing)			N/A	S	S	S											
g. Provide a clear, organized hand-off report to your patient's next provider of care. (Responding)			N/A	S	S	S											
	KA	KA	DW	NS	MD												

**Comments:**

Week 3 (4e)- According to the CDG Grading Rubric, you have earned a satisfactory for your Infection Control discussion this week. While your content was thoughtful and appropriate, please ensure that all future CDG posts utilize proper punctuation and sentence structure. Pay extra close attention to avoiding run-on sentences. I know it can be challenging to identify mistakes in your own writing, but it may be helpful to read it out loud before submitting it. This often helps me. Additionally, your APA

\*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

formatting was nearly right on point, so nice job. I have just one suggestion for improvement with the in-text citation. When you use a direct quote, the citation should include the author(s) last name, the year of publication and the page number. This would be an example of an APA formatted citation- (Potter et al., 2019, p. 251). Notice that when there are more than two authors, you include the first and add “et al” to represent the others; I also used “p.” to identify 251 as the page number. I realize APA formatting can be confusing. For additional support, there is an APA Formatting Example document in the Clinical Resources on Edvance360. I also find the Purdue Owl website to be quite helpful ( [https://owl.purdue.edu/owl/research\\_and\\_citation/apa\\_style/apa\\_formatting\\_and\\_style\\_guide/index.html](https://owl.purdue.edu/owl/research_and_citation/apa_style/apa_formatting_and_style_guide/index.html) ). If I can assist in anyway, please feel free to reach out. Lastly, with future CDGs, please be sure to read the directions and then close out of them and create a new post of your own. Do not reply to the directions. DW

Week 4 4(a) – You communicated well this week with a patient and family members that were anxious regarding the health status of your assigned patient. That had numerous questions and were seeking answers for the problems he had been experiencing. This can be overwhelming as a nursing student trying to communicate effectively and address their concerns. I thought you did well providing therapeutic and motivational communication to promote positive outcomes for your patient.

Week 4 4(c) – This is as a reminder to report abnormal vital signs promptly to the assigned nurse or instructor. On day one, your patient’s blood pressure was in the 200s systolic, and this was not mentioned until it was time to do medication administration. Although he had been running high, anytime you have an abnormal finding or vital sign reading, be sure to report this promptly so that the appropriate measures can be taken to avoid complications. NS

Week 4 4(e) – Overall nice work with your CDG this week. You identified an article that was pertinent to your patient care experience. You summarized the article well to provide insight into current best practices for chronic constipation. An in-text citation and reference were provided. Your response to Stevi provided additional thought and insight with the use of a reputable resource to support your discussion. All criteria were met for a satisfactory evaluation. Some tips for future success with APA formatting: Be sure to utilize resources such as Purdue OWL for APA formatting to better understand the requirements. While an in-text citation and reference were provided, there were some errors to improve upon. When providing a reference, the authors should be listed by last name followed by a comma, then their initials, then the publishing year. The title of the article should include capitalization for only the first word and any word following a colon. The journal title itself should be *italicized* and include the volume # and edition #. Proper APA referencing for your initial post is as follows:

Rao, S.S.C., & Brenner, D.M. (2021). Efficacy and safety of over-the-counter therapies for chronic constipation: An updated systematic review. *American Journal of Gastroenterology*, 116(6). doi: 10.14309/ajg.000000000001222.

The in-text citation should include each author(s) last name(s) and the publishing year. (Rao & Brenner, 2021). Let me know if you have any questions! NS

Rehab Clinical Objective 4 E-You had a wonderful CDG this week with response! You were able to turn in your CDG on time, have the adequate word count for both posts, and you were able to provide to the conversation with the information you gave! Your reference and in-text citation were appropriate for both posts. Nice job! MD

## Objective

5. Implement patient education based on teaching needs of patients and/or significant others. (1,6)\*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
<b>Competencies:</b>			N/A	S	S	S											
<b>a. Describe a teaching need of your patient.** (Reflecting)</b>			N/A	S	S	S											
<b>b. Utilize appropriate terminology and resources (Lexicomp, UpToDate, Dynamic Health, Skyscape) when providing patient education. (Responding)</b>			N/A	S	S	S											
	KA	KA	DW	NS	MD												

**\*\*5a & b- You must address this competency in the comments below for all clinicals on 3T, 4N, or Rehab- describe the patient education you provided; be specific- include the topic, method of delivery, reason for teaching need, materials to support learning through above resources (if applicable), and method used to validate learning.**

**Example: Education related to orthostatic hypotension (changing positions slowly by sitting at the side of the bed or chair for a few minutes before moving to another position, utilizing the walker when ambulating) was provided to my patient through discussion and demonstration. This was necessary to maintain patient safety as he/she was experiencing a drop-in blood pressure and dizziness when getting out of bed. A patient education sheet was printed from Lexicomp and given to the patient. The teach back method was used to validate learning.**

### Comments:

5A/B (week 4) – My patient’s biggest teaching need was how to naturally regulate/promote bowel movements at home. I educated him and his wife about the importance of a routine, daily and frequent ambulation and physical activity, the effects of insufficient fluid intake and imbalanced nutrition, and how to reduce stressors. I delivered this education by discussion and demonstration; this teaching was necessary because it is important to attempt natural measures because medications put him at risk for dependence of bowel aids. I used materials from Skyscape under the tab “constipation and risk for constipation” within the nurses pocket guide I validated this information by using the touchback method. **Very good, Kennedy! This was a well thought out response and discussion. With his bowel focused mindset, these instructions will greatly benefit him in maintaining regularity at home. Nice job and good use of resources to provide education! NS**

5A/B (week 5) – My patient’s biggest teaching need was how to manage being at home safely. I educated her on the importance of listening to doctors’ orders, utilizing her support system, not doing certain activities until physically prepared, thoroughly assessing situations before commitment, and using motivating factors to encourage return to normal day-to-day life. I simply discussed these factors with the patient and explained that all these factors are important to stay safe at home. I used materials from Skyscape under the tab “Surgery, general” then under the subtab “deficient knowledge regarding surgical procedure, expectations, postoperative routines, therapy, and self-care needs” all within the nurse’s pocket guide. My patient was able to validate these methods by teachback. **Nice job! MD**

5A/B (week 6) – A teaching need for my patient is how to maintain a stable glucose level. I educated her on how to plan and make lifestyle changes according to her glucose needs. This can be done by consulting a doctor and attempting to find alternative ways to lower her A1C and manage glucose levels. Her blood sugar is extremely unstable, and it is imperative that she attempts further control to avoid hyperglycemia and hypoglycemia. I used materials from Skyscape under the tab “diabetes” then the tab “Juvenile (type 1)” and then “Diabetes mellitus” and finally “Risk for Unstable Blood Glucose Level”. My patient was able to recall this education by teachback.

## Objective

6. Implement patient-centered plans of care utilizing the nursing process, clinical judgment, and consideration for cultural, ethnic, and social diversity. (2,3,4,5)\*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
a. Develop and implement a priority care map utilizing the nursing process and clinical judgment. (Noticing, Interpreting, Responding, Reflecting)			N/A	S NI/S	N/A	N/A											
b. <b>Identify factors associated with Social Determinants of Health (SDOH) &amp;/or cultural elements that have the potential to influence patient care.**</b> (Noticing, Interpreting, Responding, Reflecting)			S	S	S	S											
	KA	KA	DW	NS	MD												

**\*\*6b- You must address this competency in the comments on a weekly basis. For all clinicals - provide an example of SDOH &/or cultural elements that influenced your patient's care; be specific.**

See Care Map Grading Rubrics below.

### Comments:

6B Week 3 – A social determinant of health that I noticed in digestive health was education, this is because a patient received information that led her to believe she did not need anesthesia for a procedure when it was a crucial aspect, the lack of education could have led her to refuse the procedure. A cultural element that could potentially influence patient care is how dark or light a patient's skin color is, this is because a nurse mentioned that she had a much more difficult time finding veins on darker skinned patients from lighter, this cultural difference could lead to excess pain and trauma towards the patient when getting an IV placed. **Thank you for sharing your insight related to SDOH. To enhance your reflection even further, I'd like for you to consider education from a different lens. When you are thinking about SDOH, it is the patient's education/literacy level that impacts knowledge and understanding of a procedure. Additionally, it is the healthcare professional's responsibility to tailor education to the patient and to ensure that the patient understands. This is a classic example of how it is not enough to just ask a person, "Do you understand what we discussed?" Teachback is an evidence-based approach to determine actual learning and understanding. DW**

6B Week 4 – A factor associated with social determinants of health is access to nutritional foods that promote peristalsis. My patient was religious so providing religious materials may help decreased some of the depression he is experiencing, this impacts patient care because if he was not feeling depressed, he would probably be more willing to participate in hygiene or getting up and out of bed. **NS**

6B Week 5 – A factor associated with social determinants of health for my patient would be an easier accessible entrance to her home. She is non weightbearing on her left leg so stairs in her environment will make things extremely difficult. A cultural element that could be an issue is family structure, this is because she mentioned that her husband and daughter just left out of state for a trip, this could be extremely problematic if she were to have a medical emergency. This factor could also lead to loneliness, depression, or feeling left out/abandoned. **This is very true! Something definitely to consider! MD**

6B Week 6 - A social determinant of health for my patient is lack of education. She received a procedure that she has had before, however, this time around they did not provide her with the same amount of sedation as previously. This turned her against the procedure because it was once a near-painless procedure that reduced her pain and this time it was very painful for her and left her in 10/10 pain. A cultural element that has the potential to influence care is her dark skin, this is because it would be difficult to determine if she is experiencing pallor which is a common side effect of hypoglycemia.

## Objective

7. Illustrate professional conduct including self-examination, responsibility for learning, and goal setting. (7)\*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
a. <b>Reflect on an area of strength. ** (Reflecting)</b>	S		S	S	S	S											
b. <b>Reflect on an area for improvement and set a goal to meet this need.** (Reflecting)</b>	S		S	S	S	S											
c. Demonstrate evidence of growth, initiative, and self-confidence. (Responding)	S		S	S	S	S											
d. Follow the standards outlined in the FRMCSN Student Code of Conduct Policy. (Responding)	S		S	S	S	S											
e. Incorporate the core values of caring, diversity, excellence, integrity, and “ACE”- attitude, commitment, and enthusiasm during all clinical interactions. (Responding)	S		S	S	S	S											
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (Responding)	S		S NI	S	S	S											
g. Demonstrate the ability to give and receive constructive feedback. (Responding)	S		S	S	S	S											
h. Actively engage in self-reflection. (Reflecting)	S		S	S	S	S											
	KA	KA	DW	NS	MD												

**\*\*7a and 7b: You must address these competencies in the comments section on a weekly basis. Please write a different comment each week. Remember that a goal includes what you will do to improve, how often you will do it, and when you will do it by (example- “I had trouble remembering to do the three checks of the six medication rights prior to administering medications. I will review the six rights and medication administration content in the textbook twice before the next clinical. Additionally, I will request to meet with my clinical faculty member to practice preparing and administering at least three medications before the next clinical.”**

### Comments:

7A Week 1 – An area of strength for me this week was calculating IV math, this is because I felt as if it was one of our easier topics as it can be solved easily with the right information and formulas. **Terrific! KA**

7B Week 1 – An area I can work on is using the glucometer. I will improve in this area by reviewing the Firelands video demonstration (before each clinical), either observe another nurse at clinical or perform a FSBS with my instructor during each clinical. Finally, I will stop in skills lab with an instructor at least once to perform additional practice with the

\*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

glucometers before my first clinical and continue to do so if I still need improvement. **Great idea! I am sure you will have plenty of practice on clinical, if you do not just let your faculty member know so they can seek out learning experiences for you. KA**

7A Week 3 – An area of strength I had this week was noticing when people were doing hygiene in the infection control clinical, this is because we were asked to mark down who was and was not performing hand hygiene and I felt I was very observant in this aspect. **Kennedy, I'd like you to think a little more outside of the box and really reflect on your strengths each week. What about your ability to observe made this a strength? Why was it important to identify correct and incorrect hand hygiene? I have a feeling you had many other strengths during clinical this week. Don't be afraid to identify accomplishments. You deserve to be recognized and to celebrate achievements. DW**

7B Week 3 – An area I could improve on this week is knowing my way around the hospital. I will improve on this by paying better attention to where I am and trying to find my way before asking others each clinical. In addition, I will review a map of where I need to be once before each clinical and continue to do so until I am able to find my destination with out help.

**Navigating the hospital can be very important. Excellent idea to get this down early on. DW**

Week 3 (7f)- This competency was evaluated as a NI improvement related to meeting submission deadlines. While the Infection Control scavenger hunt and signature form was submitted on-time, the Digestive Health signature form was submitted late after being prompted by faculty. Please be sure to set reminders for yourself in whichever way you see fit to ensure all deadlines are met. I would encourage you to stick with the mindset of submitting the clinical paperwork immediately after attending the clinical. Monday's are busy and its easy to forget when your mind is on a quiz/test and lecture. Obviously, this is your decision; just a suggestion. Let's chalk this up to a lesson learned and move on. Don't beat yourself up over it. I know you've got this. DW

7A Week 4 – An area of strength that I had this week during clinical was prioritizing care throughout the day, I was able to sort out what needed done and when. I especially did well prioritizing vital signs, blood sugars, and medication administration. **I certainly agree! This was a good strength to note. You were timely in your assessments, allowing you to be prepared to administer medications as prescribed. You also ensured prioritization of education as discussed above. Overall good work managing your time well to promote positive outcomes for your patient. NS**

7B Week 4 – This week I feel I could improve on using the eMAR when preparing medications. I will review the ATI videos twice before each clinical and I will continue this process until I feel confident in the steps on the eMAR prior to medication administration. **Strong plan for improvement! NS**

7A Week 5 – I feel as if I did a much better job navigating the Pixus as well as the eMAR when passing medications. **You did a great job with this! MD**

7B Week 5 – I could improve on using adaptive devices such as a knee stabilizer. This is because I had a hard time ensuring the knee stabilizer was up high enough on her leg and was not too tight. I will research Skyscape for proper ways to apply devices such as the knee immobilizer, I will do this before each clinical and continue to do so until I feel comfortable applying crucial devices such as braces and immobilizers. **Very good goal! MD**

7A Week 6 - My strength this week was prioritizing care because I had a total of 11 medications to give as well as blood sugars and I think I did a good job timing them appropriately.

7B Week 6 – My weakness this week was drawing medication s up in a syringe because I kept losing fluid as I was drawing up my dose. I did improve the next day; however, I will review the ATI video at least once before the next clinical to make sure I have a better understanding. I will repeat this plan if I still need some improvement.

Student Name: Kennedy Baker		Course Objective: 6a					
Date or Clinical Week: Week 4							
Criteria		3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)	3	A list of ten abnormal assessment findings was provided. Consider including his date of last BM and characteristics of last BM (observed or reported) to help support your priority problem. Eleven abnormal diagnostics were identified, including specific patient data from his most recent lab results. A thorough list of 15 risk factors were identified.
	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	Eight relevant nursing priorities were identified. Consider including priorities related to his anxiety/depression caused by his recent health problems. Otherwise, I agree with your stated priorities to focus on. Most relevant data were highlighted from the noticing section to support his altered bowel pattern as being the top priority problem. Consider including highlighting his loss of appetite in the assessment findings and stress in the risk factors. Three potential complications were discussed, including signs and symptoms to monitor for each.
	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	1/3	A list of five nursing interventions were listed. There are many relevant nursing interventions that were omitted. None of the listed interventions included a form of assessment to determine if the patient is improving or declining. When listing interventions, you want to look at your abnormal assessment findings related to the priority problem. Each abnormal finding should include an assessment, and intervention to help improve, and potentially an education intervention. For example, you listed diarrhea/constipation as an abnormal assessment finding. You would want to include an intervention that assesses bowel pattern and characteristics Q4H and PRN. You may also want to include an intervention that assesses the patient's usual bowel pattern. For firm
	9. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	0/3	
	10. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	11. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	1/3	
	12. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	

							<p>distended abdomen, you would want to include an assessment of the abdomen to identify if the firmness is improving or worsening. Same with bowel sounds. In order to properly prioritize your interventions, assessments should always come first, followed by interventions to help the problem, and lastly education interventions. There are also numerous additional interventions that were performed, such as encouraging water intake, administering of medications, education, etc. In order to make the intervention list individualized to your patient, include specific medications and dosages that were administered or prescribed during your care that would help with his altered bowel pattern. We gave quite a few to consider.</p> <p>2/7/2024 Remediation: Pertinent interventions specific to the patient were added. Each intervention was appropriately prioritized. Specific medications were included with prescribed doses to make the intervention list more individualized. NS</p>
<b>Ref</b>	13. List all of the highlighted reassessment findings for the top nursing priority.	<b>&gt;75% complete</b>	<b>50-75% complete</b>	<b>&lt;50% complete</b>	<b>0% complete</b>	<b>0/3</b>	Be sure to review the care map rubric and care map guidelines related to the evaluation section. Your evaluation

<b>ecting</b>	14. Evaluation includes one of the following statements: <ul style="list-style-type: none"> <li>• Continue plan of care</li> <li>• Modify plan of care</li> <li>• Terminate plan of care</li> </ul>	<b>Complete</b>			<b>Not complete</b>	0/3	<p>section should include a re-assessment of all the abnormal assessment findings that you identified were related to your priority problem. It appears you listed a set of goals for the patient to accomplish in your evaluation. You will simply go back to your listed assessment findings and provide an update from your most recent assessment. The interventions we are performing are aimed at improving the abnormal assessment findings. The only way we can identify if the patient is improving is through evaluation of the assessment findings following interventions being performed. Based on the most recent assessment findings, you will determine if the plan of care should be continued, modified if the condition is worsening, or terminated if the patient has returned to normal with their assessment findings. A statement regarding the plan of care was not included.</p> <p>2/7/2024 Remediation: Re-assessment findings were listed based on abnormal findings to evaluate the plan of care. Based on lack of progress, you appropriately determined the need to modify the plan of care to help meet intended outcomes NS</p>
	<p>Total Possible Points= 42 points  42-33 points = Satisfactory  32-21 points = Needs Improvement*  &lt; 21 points = Unsatisfactory*  <b>*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.</b></p> <p><b>Faculty/Teaching Assistant Comments: Kennedy, you have received 29/42 points per the care map grading rubric for a needs improvement evaluation. The main areas for improvement relate to the intervention section and evaluation section. I have provided detailed comments within the rubric to help guide you in your revision. As a reminder, you are required to turn in 2 satisfactory care maps for the semester. Carefully review the comments provided, refer to the grading rubric and care map guidelines, and make the necessary revisions to achieve a satisfactory evaluation. Please turn in your revised care map to your individual dropbox by Saturday, February 10<sup>th</sup>, at 2200. You do not have to re-do the entire care map, just refer to the sections in which points were missed and make the necessary changes. I will re-grade the revisions in a separate color and return your rubric to you. Please don't hesitate to reach out with any questions or concerns. NS</b></p> <p>2/7/2024 Remediation: Kennedy, thank you for reviewing the feedback provided and making the necessary revisions. Your changes were well thought out and met the criteria for the grading rubric. You have now received 42/42 points for a satisfactory evaluation. Great job! NS</p>						<p><b>Total Points: 29/42 – Needs improvement</b></p> <p>2/7/2024 Remediation: 42/42 – Satisfactory</p>
						<p><b>Faculty/Teaching Assistant Initials: NS</b></p>	

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Student Name:		Course Objective:					
Date or Clinical Week:							
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)		
	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. 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)		
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	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		
	6. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)		
	7. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)		
Responding	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	9. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete		
	10. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete		
	11. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete		
	12. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete		
Refl	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete		

<b>ecting</b>	14. Evaluation includes one of the following statements: <ul style="list-style-type: none"> <li>• Continue plan of care</li> <li>• Modify plan of care</li> <li>• Terminate plan of care</li> </ul>	<b>Complete</b>			<b>Not complete</b>			
Total Possible Points= 42 points 42-33 points = Satisfactory 32-21 points = Needs Improvement* < 21 points = Unsatisfactory* <b>*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.</b>  <b>Faculty/Teaching Assistant Comments:</b>							<b>Total Points:</b>	
							<b>Faculty/Teaching Assistant Initials:</b>	

Firelands Regional Medical Center School of Nursing  
**Medical Surgical Nursing 2024**  
**Skills Lab Competency Tool**

Student name: Kennedy Baker								
<b>Skills Lab Competency Evaluation</b>	<b>Lab Skills</b>							
	<b>Week 1</b>	<b>Week 1</b>	<b>Week 1</b>	<b>Week 1</b>	<b>Week 1</b>	<b>Week 2</b>	<b>Week 2</b>	<b>Week 9</b>
	<b>Insulin</b> (2,3,5,7)*	<b>Assessment</b> (2,3,4,5,7)*	<b>IV Math Application</b> (3,7)*	<b>Lab Day</b> (1,2,3,4,5,6,7)*	<b>IV Skills</b> (2,3,5,7)*	<b>Trach</b> (1,2,3,4,5,6,7)*	<b>EBP</b> (3,7)*	<b>Lab Day</b> (1,2,3,4,5,6,7)*
Performance Codes:  S: Satisfactory  U:Unsatisfactory	<b>Date:</b> 1/9/24	<b>Date:</b> 1/9/24	<b>Date:</b> 1/10 or 1/11/24	<b>Date:</b> 1/10 or 1/11/24	<b>Date:</b> 1/12/24	<b>Date:</b> 1/17 or 1/18/24	<b>Date:</b> 1/17 or 1/18/24	<b>Date:</b> 3/11 or 3/12/24
Evaluation:	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	
Faculty/Teaching Assistant Initials	<b>KA</b>	<b>KA</b>	<b>KA</b>	<b>KA</b>	<b>KA</b>	<b>KA</b>	<b>KA</b>	
<b>Remediation: Date/Evaluation/Initials</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	

\*Course Objectives

**Comments:**

**Week 1**

(Insulin)- You were able to correctly prepare an insulin pen and administer subcutaneous insulin. Insulin requirements were accurately identified and calculated through the corrective scale and carbohydrate coverage orders. MD

(Assessment)- You were able to satisfactorily demonstrate the Basic Head to Toe Assessment during lab. KA/RH

(IV Math)-You satisfactorily participated in the IV Math learning session on 1/9/24 as well as the assigned IV Math practice questions and the IV Math Application lab on 1/10/24. KA/DW

(Lab Day)- You satisfactorily completed the mandatory lab review of nursing foundational skills. This was achieved through simulating care for a patient in a scenario requiring competency in assessment, communication, medication administration (including PO and IM injection), nasogastric tube insertion and maintenance, patient mobility and hygiene, use of PPE for Contact Isolation, wound care, foley insertion, and development of nursing notes. NS/MD

(IV Skills)- You have satisfactorily completed IV lab including a saline flush, IV push medication administration, priming and hanging a primary and secondary IV solution, adjusting a flow rate to run by gravity, discontinuing IV solution, and monitoring the IV site for infiltration, phlebitis, and signs of complication. KA

## Week 2

Trach care and suctioning 1/17/24)- During this lab you satisfactorily demonstrated competence with tracheal airway suctioning and tracheostomy care. You were able to maintain sterile field when necessary and you did not need any prompts for either skill. You answered my questions regarding knowledge and competence of both procedures. Great job! RH

(EBP Lab)- You actively participated in the online searching process for evidence-based practice literature, as well as reviewing example articles to determine appropriate selection and information needed when summarizing a research article. KA/LK

Firelands Regional Medical Center School of Nursing  
 Medical Surgical Nursing 2024  
 Simulation Evaluations

<b><u>Simulation Evaluation</u></b>	<b>Student Name: Kennedy Baker</b>							
	<b>vSim- Vincent Brody</b> (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	<b>vSim- Juan Carlos</b> (Pharmacology) (*1, 2, 3, 4, 5, 6)	<b>vSim- Marilyn Hughes</b> (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	<b>Simulation #1</b> (Musculoskeletal & Resp) (*1, 2, 3, 4, 5, 6, 7)	<b>Simulation #2</b> (GI & Endocrine) (*1, 2, 3, 4, 5, 6, 7)	<b>vSim- Stan Checketts</b> (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	<b>vSim- Harry Hadley</b> (Pharmacology) (*1, 2, 3, 4, 5, 6)	<b>vSim- Yoa Li</b> (Pharmacology) (*1, 2, 3, 4, 5, 6)
Performance Codes:  <b>S:</b> Satisfactory  <b>U:</b> Unsatisfactory	<b>Date:</b> 1/29/24	<b>Date:</b> 2/12/24	<b>Date:</b> 2/26/24	<b>Date:</b> 2/28 or 2/29/24	<b>Date:</b> 4/10 or 4/11/24	<b>Date:</b> 4/15/24	<b>Date:</b> 4/25/24	<b>Date:</b> 4/29/24
Evaluation	<b>S</b>	<b>S</b>						
Faculty/Teaching Assistant Initials	<b>NS</b>	<b>MD</b>						
<b>Remediation:</b> Date/Evaluation/Initials	<b>NA</b>	<b>NA</b>						

\* Course Objectives

**Comments:**

**Vincent Brody vSim assignment – all requirements were met for a satisfactory evaluation. NS**



**EVALUATION OF CLINICAL PERFORMANCE TOOL**  
**Medical Surgical Nursing – 2024**

**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 and Date:

12/27/2023