

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

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

Student:

Final Grade: Satisfactory/Unsatisfactory

Semester: Spring

Date of Completion:

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)

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.

***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
2/1/2024	Impaired Walking	Satisfactory/MD	NA	NA
2/9/2024	Dysfunctional Gastrointestinal Motility	S/NS	NA	NA

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.

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
Competencies:			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		N/A	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	N/A	Rehab (7/8, Left TKA revision)	4N (69, Right Colectomy)	3T (41, PE to RLL)											
Instructors Initials	RH		DW	MD	NS												

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. HS, DW, 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

Week 5 1(a-h) – Andrea, you did a nice job in discussing the pathophysiology involved with your patient's admitting diagnosis of right colectomy. You identified the rationale behind the surgery related to the colon mass identified on the CT scan. You discussed the alterations in function of the colon and risk for altered absorption. You noticed symptoms of hyperactive bowel sounds, absence of flatus, and lack of BM after the surgery caring for her on day 1. You correlated her clear liquid diet prescription as being related to delayed return of bowel function post-operatively. You discussed the importance of monitoring for signs and symptoms of nausea/vomiting and evaluating for the return of peristalsis with flatulence and having a bowel movement. You educated the patient of tolerance of her diet to advance to a GI soft. On day two, you assessed for positive return of flatus and noted that she was able to have a BM. Her diet was advanced and you monitored for tolerance while also educating on the importance of maintaining a soft diet to prevent disruption of the healing colon. You reviewed her prescription for Entereg to promote bowel motility and identified the nursing implications for the medication. You also discussed the importance of IV hydration to maintain fluid balance post-operatively. Overall nice job in using clinical judgement to discuss your patient and develop an appropriate care map. NS

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
Competencies:			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											
	RH		DW	MD	NS												

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

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

Week 4 2(a,c,e) – Good work with your assessments this week. You noticed deviations from normal and communicated your findings within the EHR. You identified the priority assessments to be performed following a bowel operation and discussed symptoms to monitor for. You carefully assessed the skin around the incision site, monitoring for appropriate healing and signs of infection. NS

*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
Competencies:	S		N/A	S	S	S											
a. Perform standard precautions. (Responding)	S		N/A	S	S	S											
b. Demonstrate nursing measures skillfully and safely. (Responding)	S		N/A	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		N/A	S	S	S											
g. Demonstrate appropriate skill with Foley catheter insertion, maintenance, & removal (Responding)			N/A	N/A	S	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	N/A	S	S											
	RH		DW	MD	NS												

Comments:

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

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 5 3(b,c,d,h) – You did a great job this week performing new skills accurately and proficiently. You gained experience with reconstituting medications to administer via IVP. You demonstrated competence in IV skills, using aseptic technique, assessing for blood return, and performing a saline flush prior to administering the IVP medication. You also gained experience with administering a subQ injection accurately for DVT prophylaxis. Your prioritization and time management were an obvious strength of yours this week. Both days your assessments and documentation were performed in a timely manner, allowing you ample time to review and administer medication as scheduled. Additionally, by managing your time well, you were able to gain experience in additional interventions by helping your peers throughout the week. In each interaction you were prompt, detailed, and answered my questions appropriately. NS

Week 5 3(g) – This week you gained experience in discontinuing a foley catheter. You used appropriate aseptic technique in your approach and maintained patient comfort throughout. Nice job! NS

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
Competencies:			N/A	N/A	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	N/A	S	S											
o. Regulate IV flow rate. (Responding)	S		N/A	N/A	S	S											
p. Flush saline lock. (Responding)			N/A	N/A	S	S											
q. D/C an IV. (Responding)			N/A	N/A	S	N/A											
r. Monitor an IV. (Noticing)	S		N/A	N/A	S	S											
s. Perform FSBS with appropriate interventions. (Responding)	S		N/A	N/A	N/A	N/A											
	RH		DW	MD	NS												

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

Week 1 (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

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

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 5 3(k-r) – You were very thorough in reviewing and administering medications to your patient this week. You identified the 6 rights of medication administration and performed the 3 safety checks. You were able to administer PO, subQ, and IV medications, including reconstituting and administering an IVP medication per provider orders. I appreciated the extent of research put into reviewing your medications, including the classification, indications, side effects, and nursing implications for each. All medication dosage calculations were performed accurately. You gained experience in monitoring an IV site for complications, maintaining continuous infusions, performing a saline flush, and discontinuing an IV safely. Accurate intake of fluids was documented appropriately in the MAR. BMV scanning was utilized to promote patient safety. Good work! NS

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
Competencies:			N/A	S	S	S											
a. Integrate professionally appropriate and therapeutic communication skills in interactions with patients, families, and significant others. (Responding)			N/A	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)			N/A	S	S	S											
e. Consistently and appropriately post comments in clinical discussion groups. (Reflecting)			N/A	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											
			DW	MD													

Comments:

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! Both of your posts also included appropriate in-text citation and reference. Great job! MD

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 5 4(a,b) – Excellent communication this week with your patient, family members, and other members of the health care team. You made an instant connection with your patient through strong communication. She mentioned numerous times how great of a job you were doing and how much she enjoyed you being a part of her care. Nice job using therapeutic communication to positively impact your patient’s experience. You maintained communication with your assigned RN and provided collaborated with your peers for numerous experiences throughout the week. NS

Week 5 4(e) – Good work with your CDG this week. You identified an article relevant to your patient situation and explained the correlation well. APA formatting looked spot on. All criteria were met for a satisfactory evaluation according to the CDG grading rubric. NS

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
Competencies:			N/A	S	S	S											
a. Describe a teaching need of your patient.** (Reflecting)			N/A	S	S	S											
b. Utilize appropriate terminology and resources (Lexicomp, UpToDate, Dynamic Health, Skyscape) when providing patient education. (Responding)			N/A	S	S	S											
			DW	MD	NS												

****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.

Week 4 – 5a/b.) Pt presents with more swelling/puffiness in right lower extremity than the left extremity that had the surgery. Educated the patient that this could be due to the DVT present in right leg. Utilized Skyscape to discuss with patient that anticoagulant medication and mild leg exercises can improve blood flow to lower extremities to aid with the swelling. **Awesome! MD**

Week 5 – 5a/b.) Educated patient on importance of routine colonoscopy due to personal history of colon polyps and family history of colon cancer. Utilizing Skyscape, informed patient that for individuals at high risk it is recommended to receive a colonoscopy every 3 years. Follow up with a gastroenterologist for most personalized plan of care. **Good! You identified her significant family history of colon cancer and correlated the risks for your patient. Due to her abnormal findings on CT and subsequent colectomy procedure, you noted the importance of following up with her provider frequently. Nice job reinforcing this education with your patient and using reputable resources to support your discussion. NS**

Week 6 – 5a/b.) It was important that my patient was aware of the need for ambulation. From reading a physician’s note, it sounds like my patient was mostly in bed the days leading up to her hospital admission. Ambulation is important for her to maintain good circulation due to her current PE and risk for DVT. My patient was able to ambulate in the halls and to the restroom. I utilized Skyscape to research pertinent diagnoses, such as risk for thrombosis, that she would benefit from the teaching.

Comments:

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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	S	N/A											
b. Identify factors associated with Social Determinants of Health (SDOH) &/or cultural elements that have the potential to influence patient care.** (Noticing, Interpreting, Responding, Reflecting)			N/A	S	S	S											
			DW	MD	NS												

****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.**

Week 4 – 6b.) A factor that will play a role in my patient's care is her environment at home. Her home has steps without railings to enter; this poses a great problem for her accessing her home with her current limited mobility. It is going to take some consideration between her family, physical therapy, and possible case management to come up with a solution to this problem as she will not be able to enter her home without the stability from a railing or using a wheelchair with a ramp. **These are very important SDOH! MD**

Week 5 – 6b.) Due to my patient's family history of colon cancer and her recent diagnoses with a colon mass, it is very important that she gets routine colonoscopies. It is vital to determine any SDOH that could impede her ability to get her routine colonoscopies. This includes access to healthcare, her income to pay for the procedure, transportation to get her there, and the education for the need for the procedure. **Good! As health care providers, we often assume that patient's have the means and ability to pay for prescriptions, follow up with providers, and implement discharge instructions. Instead of deeming patients as "non-compliant", we have an obligation to review**

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

their social aspects of care to determine whether or not the discharge plan is appropriate for each patient. Also, patients at times may not be able to comprehend the complexity of instructions provided due to low educational status. It's important that we keep these concepts of SDOH in mind with each patient we care for. NS Week 6 – 6b.) Toward the end of the second clinical day, my patient was up for discharge. Upon hearing this she expressed concern that the Eliquis she needed to continue at home may not be covered under her insurance. In addition, she mentioned how she was going to lose her current insurance in a few months and be placed on Medicare. This poses a great concern for my patient's health as she takes many medications for her current diagnosis and her comorbidities. Without access to her medications at an affordable cost, her health could take a great decline.

See Care Map Grading Rubrics below.

Comments:

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. Reflect on an area of strength. ** (Reflecting)	S		N/A	S	S	S											
b. Reflect on an area for improvement and set a goal to meet this need.** (Reflecting)	S		N/A	S	S	S											
c. Demonstrate evidence of growth, initiative, and self-confidence. (Responding)	S		N/A	S	S	S											
d. Follow the standards outlined in the FRMCSN Student Code of Conduct Policy. (Responding)	S		N/A	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		N/A	S	S	S											
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (Responding)	S		N/A	S	S	S											
g. Demonstrate the ability to give and receive constructive feedback. (Responding)	S		N/A	S	S	S											
h. Actively engage in self-reflection. (Reflecting)	S		N/A	S	S	S											
	RH		DW	MD	NS												

****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:

Week 1 - 7a.) My strength for this week was coming prepared to lab. I completed the lessons and watched the videos which made me understand the skills before I had to perform them in lab.

Week 1 - 7b.) An area for improvement can be priming IV lines. While I did a pretty good job at it, I had quite a few bubbles that took me some time sitting at my desk to remove from the line. This is something I can work on improving by practicing at the school during an open lab potentially; also, during clinical by taking any opportunity to prime a line. **You should have ample opportunity in clinical this year to practice this skill! RH**

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 4 – 7a.) I felt confident during my first med pass of the semester. I was able to research and understand the medications I was giving. I look forward to additional med passes to gain more confidence with the computer aspect of the process. **You did awesome with medication administration this week! MD**

Week 4 – 7b.) The flow of the rehab floor through me off this week. I'm so used to getting right to my assessment/vitals right at 0700 that delaying it for an early tray or therapy gets me stressed and feeling behind. In addition, I did not like the stress of needing to pass medications before therapy as to not disrupt their schedule. Although it made me stressed, it was a good lesson of time management skills and being flexible. The next time I have clinicals on the rehab floor I will try not to stress about the flow of the unit by planning my tasks around therapy, even if that means breaking my tasks up and doing them in two different sittings. **The first time on the floor is full of uncertainties with how the floor works. I am glad you were able to identify the stress of the floor! I know next time you will be fully prepared and ready for the experience! MD**

Week 5 – 7a.) A strength I'm proud of this week is the relationship I established with my patient. We discovered a mutual liking for each other; she was a great, friendly patient and she appreciated the care I gave her. I was able to make this connection with her by talking about her family and pets, providing her professional care, and having a few laughs too. **I am glad you noted this as a strength this week. Your patient made a point to note how much she enjoyed having you as a part of her care and noted how good you were in caring for her on multiple occasions. It was evident she appreciated the communication and care that you provided and felt safe with you as her student nurse. This is what nursing is all about, making a positive impact on our patients, not only with your knowledge, but with your kindness and compassion. Excellent job this week connecting the science and art of nursing to promote positive outcomes for your patient. NS**

Week 5 – 7b.) A weakness I had this week that I plan on improving on is looking at the routes on the MAR. I did not realize one of the meds I was giving was IV push until I was getting it out of the pyxis and it was in a vial. It was the first time I had medications other than PO and the medication was pantoprazole so I must have just assumed it was PO. In future clinicals I will be sure to check the routes on all the medications I give and mark it in my list of medications for the patient. **Nice reflection! This is why we do three safety checks prior to administering medications. You noted the route of administration prior to entering your patient's room so there was no harm. This will be a reminder to ensure you note the route of administration when looking your medications up. However, you were observant when removing the medications and followed the six rights of safe medication administration. Keep up the hard work! NS**

Week 7 – 7a.) My patient had a few conditions I had never heard of before and I took the time during clinical to research those conditions. First, my patient mentioned how she had candy cane syndrome. Looking this up, I saw that it was a complication of her gastric bypass surgery where a small pouch forms and food and medications can get stuck. I was able to visualize this condition better after my research and understand how it could be a problem for my patient. In addition, I researched how her vitamin B12 deficiency played a major role in her chronic anemia. I found it interesting that a risk factor for vitamin B12 deficiency is gastric bypass surgery. I'm not sure if that is what is causing hers, but it is interesting to think about.

Week 6 – 7b.) This week I had the opportunity to hang my first IV medication. It was a great learning opportunity as it takes a hands-on situation for me to feel comfortable in a skill. I learned the importance of clamping and unclamping the line at certain points in the process. In addition, I learned how to read the pharmacy label on the bag. To improve on this skill, I will take opportunities in clinical such as hanging IV medications for my patient and accompanying other students when they have an IV med to hang.

Student Name: Andrea Pulizzi		Course Objective:					
Date or Clinical Week: 2/1/2024							
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	You did a great job with noticing the patient's assessments, labs/diagnostics, and risk factors! MD
	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 with interpreting the data you collected and coming up with an appropriate nursing priority! MD
	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	Overall, you did a nice job with all of your interventions. However, not all of your interventions had frequencies. It does not matter if the intervention is a one-time order/intervention it still needs a frequency. Let me know if you have questions. MD
	9. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	10. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	2	
	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	
Refl	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	Awesome evaluation! MD

ecting	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*</p> <p>*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:</p>						Total Points: 41/42 Satisfactory MD	
						Faculty/Teaching Assistant Initials: MD	

Student Name: Andrea Pulizzi		Course Objective: 6a					
Date or Clinical Week: Week 5							
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	Nice job listing all of your abnormal assessment findings during the care of your patient this week. Consider including her clear liquid diet as a potential assessment finding that would support the dysfunctional gastrointestinal motility. All abnormal labs/diagnostics from the chart were listed in the diagnostics section. Risk factors were identified based on the patient's past medical and social history. Consider highlighting her history of smoking as a risk factor related to potential colon cancer diagnosis.
	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	Six nursing priorities were identified, each pertinent to the patient situation. The priority problem of dysfunctional gastrointestinal motility was appropriately identified related to her colectomy from an identified colon mass and colon stricture. All relevant data were highlighted from the noticing section to support the priority problem. Three pertinent potential complications were listed, each including specific signs and symptoms to monitor for.
	5. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	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	A thorough list of interventions were provided related to the priority problem. The intervention list was prioritized appropriately with assessments taking highest priority. Each listed intervention included an appropriate frequency. One point was deducted from interventions being "individualized" due to medication dosages and routes not being included. When including medications in your intervention list, be sure to be specific with the dosages and routes prescribed to show the individualized plan of care. Each intervention included an appropriate rationale.
	9. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	10. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	11. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	2	
	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	3	Re-assessment findings were provided for each abnormal assessment finding listed in the noticing section to evaluate the effectiveness of the care provided. Based on her improvements, increased bowel function, and discharge during day 2 of your care, you appropriately determined that the plan of care can be terminated as all goals were met.
	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: Andrea, great work with your care map based on the priority problem of dysfunctional gastrointestinal motility related to your patient's diagnosis of s/p right colectomy. You used good clinical judgement in developing your care map and discussing the patient situation during the clinical week. You received 41/42 points for a satisfactory evaluation. Review the comments provided for continued success with care map assignments. You have now completed both required care map submissions with satisfactory evaluations for the semester. Kudos to you and your time management in completing both requirements prior to midterm. This will allow you to focus your attention on other aspects of the class. Job well done. Keep up the hard work! NS</p>							<p>Total Points: 41/42 – Satisfactory</p> <hr/> <p>Faculty/Teaching Assistant Initials: NS</p>

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

Student name: Andrea Pulizzi								
Skills Lab Competency Evaluation	Lab Skills							
	Week 1	Week 1	Week 1	Week 1	Week 1	Week 2	Week 2	Week 9
	Insulin (2,3,5,7)*	Assessment (2,3,4,5,7)*	IV Math Application (3,7)*	Lab Day (1,2,3,4,5,6,7)*	IV Skills (2,3,5,7)*	Trach (1,2,3,4,5,6,7)*	EBP (3,7)*	Lab Day (1,2,3,4,5,6,7)*
	Date: 1/9/24	Date: 1/9/24	Date: 1/11/24	Date: 1/11/24	Date: 1/12/24	Date: 1/18/24	Date: 1/17/24	Date: 3/11 or 3/12/24
Evaluation:	S	S	S	S	S	S	S	
Faculty/Teaching Assistant Initials	RH	RH	RH	RH	RH	RH	RH	
Remediation: Date/Evaluation/Initials	N/A	N/A	N/A	N/A	N/A	N/A	N/A	

*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 1/11/24. 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. RH

Week 2

(Trach care and suctioning 1/18/24)- 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

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

* Course Objectives

Comments:

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