EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Katelyn Morgan

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
2/10/24	Risk for adult falls	S/RH	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: a. Analyze the involved patho-physiology 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		No clinical	rehab	Rehab: 73 yr old F; RT hip revision and femoral shaft fracture	3T: 77 yr old male-respiratory failure											
Instructors Initials	**MD**	**MD**	**DW**	**MD**	**RH**												

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. DW/NS/HS

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 c, d, e)- This week you did a great job discussing your patient's pathophysiology of their illness as well as had a great discussion of their medications and why they were relevant to their care. RH.

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: 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											
	MD	**MD**	**DW**	**MD**	**RH**												

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

*End-of-Program Student Learning Outcomes
Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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 5: (2 a-f)- This week you did a good job of performing your head to toe when time was available to you due to the therapy scheduling. You worked around therapy schedules to get your head to toe as well as your reassessment done. You also were able to document and find other assessment pieces in the electronic health record. RH

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: 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	~~S~~ NA	N/A	NA											
h. Implement DVT prophylaxis (early ambulation, SCDs, ted hose, administer enoxaparin or heparin) based on assessment and physicians' orders (Responding)			n/a	S	S	NA											
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											
	MD	**MD**	**DW**	**MD**	**RH**												

Comments:

Rehab Clinical Objective 3 G-Your patient this week did not have a catheter. This is an NA. MD – Ill be more careful on filling out "S" next time. KM RH

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

Week 5: (3 c, d, e) This week you demonstrated good organization and time management when it was time for medication administration. This was difficult due to the varying therapy schedules we had to work around. You did a good job looking up your medications, administering medications, completing your head to toe, and charting your findings while also participating in therapy with your patient throughout both days. You were not afraid to ask for assistance when needed. RH

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: 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	NA											
n. Administer IV therapy, piggybacks, IV push, and/or adding solution to a continuous infusion line. (Responding)			n/a	n/a	N/A	S											
o. Regulate IV flow rate. (Responding)	S		n/a	n/a	N/A	S											
p. Flush saline lock. (Responding)			n/a	n/a	N/A	S											
q. D/C an IV. (Responding)			n/a	n/a	N/A	NA											
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	S											
	MD	**MD**	**DW**	**MD**	**RH**												

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

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

Week 5: (3 k, l, m)- You were well prepared for medication administration this week and you performed all checks well! You used the EMAR to look up medications that were due then used skyscape to further investigate each medication. You answered all my questions well and your medication pass went smoothly! You had so many medications and you did great going through them with me. You also assessed your patient's IV site this week. RH

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: 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											
	MD	**MD**	**DW**	**MD**	**RH**												

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! Remember-when you are using Skyscape as a resource you are citing the authors of the source you are using not Skyscape. Let me know if you need assistance with this. MD

Week 5: (4 b, e, f, g) you upheld the professionalism standard while on the floor and interacting with staff and patients. You also did great with your discussion post and reply this week. You gave a good SBAR report prior to leaving for the day. RH

*End-of-Program Student Learning Outcomes

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: **a. Describe a teaching need of your patient.**** (Reflecting)			n/a	S	S	S											
b. Utilize appropriate termino-logy and resources (Lexicomp, UpToDate, Dynamic Health, Skyscape) when providing patient education. (Responding)			n/a	S	~~S~~ U	S											
	MD	**MD**	**DW**	**MD**	**RH**												

****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:
4A&B: Education related to using the call light for assistive transfers to my patient through verbal communication. This was necessary as my patient had fallen on the prior floor, she had been on in the hospital and fractured her right femur. My patient did not utilize the call light and attempted to self-transfer. That lead to my patient needing another surgery and being transferred to rehab for therapy to help gain strength, mobility, and independence. This teaching was necessary for safety due to her prior fall. My patient also takes a narcotic PRN for pain. Side effects r/t my patient's narcotic is, orthostatic hypotension, sedation, dizziness, and experiencing a "floating feeling.' Those side effects are alarming for safety considerations, and to prevent falls. Redirection was provided to my patient. Resource used: Skyscape for medication side effects.
Excellent! MD
5A&B: I provided verbal education on medications, fall precautions, Ted hose, and utilizing assistive devices for mobility/ambulating. My patient was/is a high fall risk patient with a score of 13. She was deemed a high falls risk due to being on rehab floor, NWB, Limited ROM in RLE, generalized weakness, and she is RX'd narcotics. Narcotics automatically place a patient on fall precautions due to the sedation side effect that a patient may experience. I utilized teach back method. My patient sees therapy to help her gain her strength, mobility, and independence so she is able to return home. What resource(s) did you use to provide this education? 5b requires you to use a type of resource so this was changed to a "U" Please address this "U" and what you will do to prevent getting another one in the future. If the "U" is not addressed, you will continue to get a "U" until it is addressed. RH
5B: My patient had physiological factors (sky scape) such as Chronic musculoskeletal pain, decreased lower extremity strength; impaired physical mobility.

Psychoneurological factors include- anxiety, fear of falling. Associated symptoms such as anemia, major injury, assistive devices for walking.

"Use of certain medications

Resource: Doenges, M. E., Moorhouse, M. F., & Murr, A. C. (2022). *Nurses' pocket guide: Diagnoses, prioritized interventions, and rationales* (16th ed). F. A. Davis Company: Skyscape

*End-of-Program Student Learning Outcomes
Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Medpresso, Inc.

Skyscape medication – Adv/side effects for oxycodone include “orthostatic hypotension, blurred vision, diplopia, miosis, constipation, confusion, sedation, dizziness, floating feeling.

Skyscape medication – adv/side effects for tramadol include “visual disturbances, constipation, nausea, abd pain, seizures, dizziness, headache, somnolence, anxiety, confusion, coordination disturbance, weakness

Skyscape medication- adv/side effects for Celexa include “confusion, drowsiness, tremor, weakness, anxiety, dizziness, fatigue, impaired concentration

Vallerand, A. H., Sanoski, C. A., & Deglin, J. H. (2022). *Davis’s drug guide for nurses* (18th ed). F. A. Davis Company: Skyscape Medpresso, Inc.

When I was with my nurse from last clinical experience- she mentioned that when a patient is on rehab they are automatically placed on fall precautions due to coming out of surgery, needing help with ambulation, strength, being placed on IVs, wound vacs.

Ted hose “anti embolism stockings” help to prevent blood clots by helping to control swelling to promote circulation. My patient was postop from a vision, so she had ted hose to promote good circulation because she had edema in her RLE. Being in a hospital, a patient can have dependent edema from not being as active as if they were at home.

In the future to prevent another “U” I will ensure to add a resource to my answers.

6A: A teaching need for my patient was on medications. He told me he didn’t take some of the medications that were RX’d in the hospital at home. I educated him on the medications and why they were prescribed for him in the hospital. One of the medications that he was taking in the hospital was the IVPB magnesium. His magnesium level was low. He was ordered to have a thoracentesis later that afternoon. I educated him on the need for magnesium in relation to fluid balance and its important for the body to maintain electrolytes during the procedure so his body wouldn’t go into “shock.” Per skyscape- Magnesium Sulfate is a mineral and electrolyte replacements/supplements. Its used for the treatment/prevention of hypomagnesemia, treatment of HTN, and prevention of acute nephritis.” “Magnesium plays an important role in neurotransmissions and muscular excitability.” A thoracentesis is a diagnostic procedure to remove fluid or air from around the lungs. Fluid volume excess you want to place the patient on fluid restriction and I&O’s. My patient was also on a low sodium diet because he also had HF. Placing a patient on fluid restriction helps to prevent extra fluid accumulating in the body. Extra fluid in the body can cause the heart to work harder and that can affect breathing status.

6B: Venes, D. (2021). *Taber’s cyclopedic medical dictionary* (24th ed). F. A. Davis Company: Skyscape Medpresso, Inc.

Doenges, M. E., Moorhouse, M. F., & Murr, A. C. (2022). *Nurses’ pocket guide: Diagnoses, prioritized interventions, and rationales* (16th ed). F. A. Davis Company: Skyscape Medpresso, Inc.

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	n/a	S	S											
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~~ U	S	S											
	MD	**MD**	**DW**	**MD**	**RH**												

****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:

Rehab Clinical Objective 6B-With every clinical experience this competency should be addressed with a comment. You are to provide an example of a SDOH and or cultural element that influenced your patient's care. Again, this is for all clinical experiences. Due to lack of comment, I am changing this rating to an unsatisfactory. Please be sure to comment with how you will prevent this from occurring in future tools. MD

I will be sure to overlook all of the questions prior to submission for completion. KM RH

5B: My patient does not drive. She is happily married to her husband of 60 years (per pt). By her not driving, it can affect her care when she returns home to get to follow up appts to see her doctors, and to pick up her medications, and over all wellbeing. She told me that her husband is retiring in 2 years. So, they only have one care. Having one car and one person able to drive can be stressful on both parties. Good observations! RH

6B: My patient told me that he was divorced and didn't have any relatives that live close by to him, and that one of his children had passed away a couple years ago. By not having family that lives around you can be hard. Family is a support system and can help someone in the time of need. I could tell that my patient was lonely. He was very sick. Not having close family near you can affect mental health and wellbeing. Mental health is a major topic during this time period. We want patients to be mentally healthy. Suffering mentally can affect someone's over all well being and can worsen their health status overall. I spent time in my patient's room speaking with him because I could tell that he was lonely and wanted someone to talk to. Later on, during clinical he had friend show up.

*End-of-Program Student Learning Outcomes

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

****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

*End-of-Program Student Learning Outcomes

An area of strength is asking questions when needed. Asking questions is important because asking questions shows that you are eager to learn and to ensure you understand the topic appropriately which is crucial during nursing school. This is a great strength! MD

week 1 :

An area of improvement for me is IV calculations. I will improve my IV calculation skills by working on math problems every day for an hour and checking my answers on the answer documents provided. I will do this until we have our test on IV calculations. I am a visual learner so I like to watch videos. I enjoy watching "Sarah registered nurse RN" on youtube. She goes over IV calculations. I can also do this in my free time until we are tested and prn. This is a great idea! Keep in mind, there will be math on all quizzes and tests! MD

week 2

An area of strength is staying ahead with my studies. I am very goal driven. I do not like to set myself up for failure. If I don't study or feel like I did enough, I get very anxious. By staying ahead with studying, helps to ease my anxiety. I plan to stay ahead as best as I can throughout the remaining of the course. I had to cut down my hours at work to PRN. Cutting down my hours will help me plan better for school. Great goal! MD

week 2:

An area of improvement is going to skill check off more confidently. I study as much as I can and I have the knowledge and skills to help me pass skills check off. I am confident at work and work fine at the beside but for some reason it's a different ball game during check offs. I will have to grow mentally confident for my check offs throughout the remaining of the program. I will have to start giving myself prep talks prior to each skill check off throughout the program. During check offs, I like to talk out what I'm doing to help me stay on track. Perhaps I am to hard on myself. Make sure to give yourself grace in not being perfect with a skill. That is why you are in school! If you need anything we are always here to help you succeed! MD

week 3:

An area of strength is not rushing through exams. I like to take as much time I need on the questions to make sure I understand what the questions is asking before selecting an answer. This also helps with my test anxiety. An answer or 2 I can easily eliminate based on the process of elimination. Nursing exams has two correct answers, but you want to select he MOST correct answer 😊

week 3:

An area of improvement is not second guessing myself on the quizzes and exams. I will NOT change my answer(s) unless I am 1000000% certain that the answer that I have selected is not correct. I will (practice) learn/utilize this as time goes on throughout the program.

Katelyn, on weeks that you do not have clinical (ex. Week 8 and week 13), you do not need to write about a strength or goal for improvement. With that said, I appreciate that you are routinely reflecting on past experiences in order to achieve future growth. Thank you! DW

week 4:

An area of strength is taking rest periods while studying. Taking breaks while studying helps your brain absorb the information that you're learning. I will continue this throughout the program. I think it is great that you are implementing this! Breaks are definitely needed! MD

week 4:

An area of improvement is not drinking caffeine prior to bed. I have learned that the hard way a couple weeks ago. I had drunk an energy drink later on in the evening and tried to go to bed at my usual time, and couldn't. With that being said, I plan to no longer drink energy drinks a couple hours prior to bed anymore. Getting sleep (especially in nursing school) is crucial. Absolutely! I cannot agree more! MD

wk 5: An area of strength is being able to communicate with patients. I 100% believe being able to talk to your residents and then opening up to you depends on your approach and how you carry yourself. Patients want to be well taken care of and to know that that they will be taken care of. If patients feel like they won't be able to "connect" with their nurse, it can affect their care. I feel like you spent a lot of time with your patient this week talking with her, great job! RH

wk 5: I believe not everyone is "perfect" we could all improve on things. I believe I can improve on my assessment skills everyday at clinical throughout the remainder of the program and the rest of my career. That is a good goal, but please refer to the goal "guidelines" above. I have highlighted them in

green. You need what you are going to do, how often you are going to do it, and when you will do it by. RH

wk 6 a&b An area of strength would be prioritizing. For instance, as soon as I get to clinical we get report from the previous shift. From there, I report to my patient's room and introduce my elf and my role. I obtain their VS and complete the head-to-toe assessment. I offer assistance to clean them up (if needed.) See if they need anything before, I go chart and to research my medications. An area of improvement would be to have more IV practice by hanging bags of fluid, spiking them, and setting up the machine. I plan to have more IV practice throughout the remainder of my time in nursing school at clinical. Having clinicals on MedSurg is nice because you do see a lot and get to use more skills such as IV's.

Student Name: Katelyn Morgan				**Course Objective:**			
Date or Clinical Week: 2/7-8/24							
	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	
	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	5. what other problems can you think of? What about her mood? Is she depressed or anxious? Is she having issues with lack of independence? 7. Musculoskeletal pain is acceptable, but also could have been phrased as acute pain or chronic pain
	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	12. intervention #9 had no rationale but still had more than 75% complete for 3 points
	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**	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	

ecting	14. Evaluation includes one of the following statements: • Continue plan of care • Modify plan of care • Terminate plan of care	**Complete**			**Not complete**	3	

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

Faculty/Teaching Assistant Comments:

Total Points: 42/42 Satisfactory

Faculty/Teaching Assistant Initials: RH

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**		

ecting	14. Evaluation includes one of the following statements: • Continue plan of care • Modify plan of care • Terminate plan of care	**Complete**			**Not complete**		

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

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

Student name: Katelyn Morgan								
Skills Lab Competency Evaluation Performance Codes: **S**: Satisfactory **U**:Unsatisfactory	**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	MD	MD	MD	MD	MD	MD	MD	
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	

*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. MD

Week 2
(Trach Care & Suctioning) - During this lab, you satisfactorily demonstrate competence with tracheostomy care and tracheostomy suctioning. 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! DW/RH/NS/HS

(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

Simulation Evaluation Performance Codes: **S**: Satisfactory **U**: Unsatisfactory	**Student Name:** Katelyn Morgan							
	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)	**vSim**- Yoa Li (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	RH						
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