EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Abigail Foote

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
1/25/2024	Impaired Physical Mobility	Satisfactory/MD	NA	NA
2/1/2024	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: a. Analyze the involved patho-physiology of the patient's disease process. (Interpreting)			S	S	N/A	S											
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			S	S	N/A	S											
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			S	S	N/A	S											
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			S	S	N/A	S											
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	S	N/A	S											
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			S	S	N/A	S											
g. Assess developmental stages of assigned patients. (Interpreting)			S	S	N/A	S											
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		S	S	N/A	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		5T Age: 90 Hip fracture	4N Age:82 Colitis/Syncope	ECSC	3T Age:77 Fall/Rhabdomyolysis											
Instructors Initials	**KA**	**KA**	**MD**	**NS**	**DW**												

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
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 4 1(a-h) – Nice job this week discussing the pathophysiology involved with your patients alterations related to colitis and impaired gastrointestinal motility. You identified his syncopal episode as being related to decreased fluid volume from frequent loose stools as a result of the diagnosed colitis. You correlated his altered bowel movements and abdominal symptoms with his priority problem. Medical treatments were discussed such as IV fluids to maintain fluid balance. You correlated his prescribed pharmacotherapy with his admitting diagnosis and past medical history. You demonstrated preparedness for clinical by answering questions and demonstrating a desire to learn. 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: a. Perform inspection, palpation, percussion, and auscultation in the physical assessment of assigned patient. (Noticing)			N/I	S	N/A	S											
b. Conduct a fall assessment and implement appropriate precautions. (Noticing)			S	S	N/A	S											
c. Conduct a skin assessment and implement appropriate precautions and care. (Noticing)			S	S	N/A	S											
d. Communicate physical assessment. (Responding)			S	S	N/A	S											
e. Analyze appropriate assessment skills for the patient's disease process. (Interpreting)			S	S	N/A	S											
f. Demonstrate skill in accessing electronic information and documenting patient care. (Responding)	~~N/I~~ S		S	S	N/A	S											
	KA	**KA**	**MD**	**NS**	**DW**												

Comments:

I put an N/I because I am going to have to get use to the new Meditech app before I can have skill of documenting I can improve this by working with this app in a clinical setting. It will take time and practice to master this skill, however you actively participated in lab and practiced during the designated lab making you satisfactory for this week. KA

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 3- I put N/I because I am not sure how to do percussions on my patient and I have never done them before put I am going to look up some video of how to do it for next time. I can also assist you with this! Let me know if you would like me to help you! Overall, you did perform a great head to toe assessment! You were able to document it in the medical record and communicate your findings to me! MD

Week 4 2(a,e) – Nice work with your assessments this week. Your appropriately prioritized your assessments related to his nutritional status and altered GI system. You noticed numerous deviations from normal that were accurately communicated in the EHR. 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: a. Perform standard precautions. (Responding)	S		S	S	N/A	S											
b. Demonstrate nursing measures skillfully and safely. (Responding)	S		S	S	N/A	S											
c. Demonstrate promptness and ability to organize nursing care effectively. (Responding)			S	S	N/A	S											
d. Appropriately prioritizes nursing care. (Responding)			S	S	N/A	S											
e. Recognize the need for assistance. (Reflecting)			S	S	N/A	S											
f. Apply the principles of asepsis where indicated. (Responding)	S		S	S	N/A	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)			S	S	N/A	S											
i. Identify the role of evidence in determining best nursing practice. (Interpreting)	S		S	S	N/A	S											
j. Identify recommendations for change through team collaboration. (Reflecting)			S	S	N/A	S											
	KA	**KA**	**MD**	**NS**	**DW**												

Comments:

Week 3- 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 4 3(c,d) – Overall you did well this week as team leader. You were assigned three patients to oversee the care being provided by your peers. You appropriately identified the patient admitted with stroke like symptoms the night before to perform a focused neurological assessment. You then prioritized the patient admitted two days post-op following a bowel section surgery, focusing on risk of infection and pain control. Lastly, you prioritized the patient admitted with constipation two days prior. You used good clinical judgment in discussing your priorities for the day and ensuring care needs were met at an appropriate time. Furthermore, you did a great job using clinical judgment to prioritize medication administration with each patient. You were tasked with making nursing judgment decisions regarding insulin administration with alterations in nutrition status. Overall great work as team leader in organizing your care and prioritizing appropriately. 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: k. Administer PO, SQ, IM, or ID medications observing the rights of medication administration. (Responding)			S	S	N/A	S											
l. Ensure patient safety through proper use of EHR, IV flow sheet, and BMV. (Responding)			~~N/A~~ S	S	N/A	N/A											
m. Calculate medication doses accurately. (Responding)			S	S	N/A	S											
n. Administer IV therapy, piggybacks, IV push, and/or adding solution to a continuous infusion line. (Responding)			N/A	S	N/A	N/A											
o. Regulate IV flow rate. (Responding)	~~N/I~~ S		N/A	S	N/A	N/A											
p. Flush saline lock. (Responding)			N/A	N/A	N/A	N/A											
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	N/A											
s. Perform FSBS with appropriate interventions. (Responding)	S		N/A	S	N/A	N/A											
	KA	**KA**	**MD**	**NS**	**DW**												

Comments:

I put N/I for regulating IV flow rate because I don't have that skill down but with more practice I will be able to be confident in my skill. You actively participated in the lab and practiced this skill making you satisfactory for the week. This skill will take time and practice to master. KA

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

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 3- I did not get to do anything with IV because my patient did not need one. I gave you a satisfactory for this competency because you utilized the BMV for medication administration! MD
Week 3- 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
Week 4- I did not get to flush any IVs because my patient had a continuous IV.

Week 4 3(k-s) – Great job with medication administration this week as team leader. You discussed the 6 rights of medication administration, performed the three safety checks, and utilized the BMV scanner for patient safety. You gained experience in assisting with PO medications and subcutaneous injections. You discussed and prompted your classmates regarding the use of each medication, side effects to monitor for, and nursing implications for each. Dosages were calculated accurately, particularly related to insulin administration with the use of the prescribed protocols. You provided strong peer support in medication administration and patient education with each experience. You also gained experience in performing a FSBS and monitoring IV sites. Nice work! NS

Week 6- I didn't get to do anything with an IV. My patient had a saline lock that I would assess but nothing administered though it. She had all PO medications.

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)			S	S	S	S											
b. Communicate professionally and collaboratively with members of the healthcare team using hand-off communication techniques. (SBAR) (Responding)			S	S	N/A	S											
c. Report promptly and accurately any change in the status of the patient. (Responding)			S	S	N/A	S											
d. Maintain confidentiality of patient health and medical information. (Responding)			S	S	N/A	S											
e. Consistently and appropriately post comments in clinical discussion groups. (Reflecting)			S	~~S~~ NI	S	S											
f. Obtain report, from previous care giver, at the beginning of the clinical day. (Noticing)			S	S	N/A	S											
g. Provide a clear, organized hand-off report to your patient's next provider of care. (Responding)			S	S	N/A	S											
	KA	**KA**	**MD**	**NS**	**DW**												

Comments:

Week 3- 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! Be sure to always include an in-text citation for both initial and reply responses. If this continues you will receive an NI or potentially a U for missing in-text citations. If you have questions please let me know! MD

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 4 4(b)- You were able to utilize effective communication as team leader when interacting with your peers and the patients that were assigned. You ensured your classmates stayed on track, assisted with medications, and communicated priorities. NS

Week 4 4(e) – You did a nice job with your CDG response this week related to your team leader experience. You discussed your prioritization well and painted a clear picture of your day to help your fellow classmates learn from the experience. Your response post to Ava prompted further questions and enhanced the discussion. This competency was changed to "NI" due to the initial post and response post to a peer lacking an in-text citation. According to the CDG grading rubric, all posts should include BOTH and in-text citation and reference. For in-text citations, you want to include the author(s) last name(s) or authoring organization followed by the publishing year. To incorporate in in-text citation, you will either quote or paraphrase information from a selected source then insert the in-text citation following the statement. This shows the use of reputable sources and provides credit to the author of the information. Be sure to include an in-text citation with all future posts to be satisfactory moving forward. Let me know if you have any questions on in-text citations. NS

Week 5 (4e)- According to the CDG Grading Rubric, you have earned an S for your participation in the Erie County Senior Center discussion this week. Your discussion was thoughtful and supported by evidence. Also, one suggestion for future improvement with APA formatting. When you use a direct quote, the citation should include the author(s) last name, the year of publication and the page or paragraph number. This would be an example of an APA formatted citation- (Venes, 2021, para 4). Keep up the good work! DW

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)			S	S	N/A	S											
b. Utilize appropriate termino-logy and resources (Lexicomp, UpToDate, Dynamic Health, Skyscape) when providing patient education. (Responding)			S	S	N/A	S											
	KA	**KA**	**MD**	**NS**	**DW**												

****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:
5T week 3- I want to educate my patient on how not to overwork herself or push herself. I know she wants to get out of there, but she is in rehab for impaired mobility because she has fallen more than once in the last six months leading to a hip fracture and surgery. She keeps pushing herself to be so independent and I have noticed that she is getting tired or exhausted while doing it instead of taking it slow. I am going to talk about it while she does independent care and see to get exhausted. I used skyscape on weakness and had her tell me when she is getting exhausted to stop and give herself a minute or have me help with the task. Great job! MD

4N Week 4- I educated him on why he was on a clear liquid diet. He had colitis and explained that his colon is experiencing inflammation so with the clear liquid diet it helps things go down without irritation. I told him the heavier foods and rougher food will irritate the colon making it harder to digest. He wasn't understanding why his diet has changed and was mad that why he needed the education. I used skyscape to learn more on colitis to understand his treatment more. After the education he was more at ease with his diet and that's how I know my teaching worked. Very good, Abbi! It can be hard for patient's to understand why their diet is limited at the hospital. Keeping the patient informed of his plan of care and providing an explanation goes a long way in helping them understand and work towards positive outcomes. Good use of resources to help enhance your knowledge and support your education! NS

Week 6- I educated her on her pain and swelling. Her pain was described as a burning pain so I looked up arthritis and patients can feel a burning pain especially with injury to certain areas. She didn't understand why it was a burning sensation instead of an aching. I knew she understood when she was asking questions and was making a conversation out of the teaching. I used both Lexicomp and skyscape to come to this conclusion.

*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)			S	S	N/A	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)			S	S	S	S											
	KA	**KA**	**MD**	**NS**	**DW**												

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

See Care Map Grading Rubrics below.

Comments:
Week 3- I did not see or hear from any of her family for support. When discharged she wants to go back to her apartment which she lives alone. It seems like there is not a very dependable support system going for her. This is very concerning because she is going to need the support when she returns home. MD

Week 4- He is in the hospital almost weekly so I'm guessing he does not have the ability to take on self-care for himself and no support system that helps him with his health. Social and community context play an important role in maintaining health and promoting positive outcomes. Many patients face challenges beyond their control. A lack of support system can negatively impact health as patients don't have anyone to provide support or encourage accountability with their health. NS

Week 5- The seniors are confined in there house with little access to friends and family due to not driving so they provide busses to make sure they can get out and get interactions at this center with hot meals. Great observation! I appreciate that you included the resolution to the SDOH identified. DW

Week 6-My patient is

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

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

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

****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- A. My strength this week has been being able to demonstrate the head-to-toe assessment skill very well and learning the concept of how to do fingerstick. Terrific job! KA

B. My weakness this week is being able to read the IV bags and based on the MAR and IV bag figuring out the right data I need to do the dosage calculation for it. I am going to improve that by working on practice questions until I feel confident with doing it. Great job recognizing this as an area for improvement and asking for additional practice problems. You can also attend the open lab coming up. KA

*End-of-Program Student Learning Outcomes

Week 2 – 7f – Wrong clinical tool submitted. The clinical tool without the previous week's faculty comments was submitted by the due date and time. Abigail quickly corrected it and submitted the correct tool. However, the correct tool was submitted past the due date and time therefore you are receiving an unsatisfactory for this week. Please remember to write a comment on how you will prevent this from occurring in the future. KA

I will correct it by checking it before submitting it and after submitting it I will check it's the correct document. **Do not remove faculty ratings after you have addressed the unsatisfactory rating. This will show improvement in the course. MD**

Week 3- My strength was being able to get her full assessment and vitals done before OT came and got her and getting her medication to her at a reasonable time. My time management was very good this week. Amazing! Great job! MD

My weakness was being able to find the data I needed in her chart, and I will work ongoing through and working through the new Meditech till I am able to get a good understanding of it. This is a great goal! Definitely a learning curve for all of us! MD

Week 4- My strength this week was being able to connect his diagnosis with the medicine given to him specific for his illness. I was able to explain the medicine strictly based for my patient. Very good! You are improving your clinical judgment and ability to connect the pieces between treatments and disease processes. It seems like you were able to provide strong education this week to help keep your patient informed. Nice job! NS

My weakness this week was delivering meds at the time they were supposed to be given due to the assessment and teaching down when I first went into his room. Next time I am going to keep a n eye on timing a little closer so his meds could be delivered on usual timing. You will continue to improve upon time management with each experience. Hopefully your team leader experience helped create awareness to the importance of time management and prioritization when caring for multiple patients. You can take this experience and develop a plan to stay on track with medication administration. Keep up the hard work! NS

Week 5- My strength was to be able to come up with an activity all the seniors could be involved in and be entertained by the game. Inclusivity is very important. Good choice. DW

My weakness was being able to relate with them while interacting with them because a lot of stuff I was too young to know. I will improve this by asking them to explain. That's definitely a start. You can learn a lot from an older generation. DW

Student Name: Abbi Foote				Course Objective:			
Date or Clinical Week: 1/25/2024							
	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	All criteria met. 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	All criteria met. 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	Your interventions were not prioritized. The order for interventions should be assessment, encouragement, administration, and then education/assisting the patient. If you have questions on this please let me know! MD
	9. Interventions are prioritized	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	0	
	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	All criteria met. MD

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: 39/42 MD** **Faculty/Teaching Assistant Initials:** MD

Student Name: Abigail Foote				**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 thorough list of 15 abnormal assessment findings were listed, including both subjective and objective information. Ten abnormal diagnostics were identified based on information obtained from the chart. Thirteen risk factors were identified based on the patient's past medical history, age, and social history.
	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**	2	Five nursing priorities were identified based on the care provided. Consider including pain a nursing priority related to his admitting complaint of back pain and use of transdermal patch for pain management. Also consider his nutritional status as a potential nursing priority related to his prescribed clear liquid diet and history of Crohn's disease. Potential complications were appropriately identified with specific signs and symptoms to monitor for each. Relevant data from the noticing section were highlighted appropriately to support your priority problem of dysfunctional gastrointestinal motility.
	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 15 nursing interventions were listed, each prioritized appropriately with assessments taking highest priority. Rationale was included for each identified intervention. None of the listed interventions included a frequency. The stated interventions were realistic to the patient situation and individualized to his needs. Consider including information on incorporating fiber into the diet to increase bulk of the stool.
	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**	0	
	11. All interventions are individualized and realistic	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	12. An appropriate rationale is included for each intervention	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
Refl	13. List all of the highlighted reassessment findings for the top nursing priority.	**>75% complete**	**50-75% complete**	**<50% complete**	**0% complete**	3	An evaluation of each abnormal assessment finding was provided. Great job! Based on your evaluation of care

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	provided and continued patient needs, you appropriately determined the need to continue the plan of care.

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: **Abbi, nice job with your care map submission for your patient's priority problem of dysfunctional gastrointestinal motility! You demonstrated good thoughts in identifying priorities, and supported your decision making with a strong list of assessment findings. You received 38/42 points for a satisfactory evaluation. You have now completed both required satisfactory care map submissions for the semester, job well done completing these early in the semester! Review the comments provided for future success and don't hesitate to reach out with further questions or concerns. NS**

Total Points: 38/42 – Satisfactory

Faculty/Teaching Assistant Initials: NS

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

Student name: Abigail Foote								
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:** 1/10 or 1/11/24	**Date:** 1/10 or 1/11/24	**Date:** 1/12/24	**Date:** 1/17 or 1/18/24	**Date:** 1/17 or 1/18/24	**Date:** 3/11 or 3/12/24
Evaluation:	**S**	**S**	**S**	**S**	**S**	**S**	**S**	
Faculty/Teaching Assistant Initials	KA	KA	KA	KA	KA	KA	KA	
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 1/10/24. 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. Both skills were executed with confidence and sterility was maintained. No prompting was needed and I have not suggestions for improvement; well done. Keep up the great work! DW

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

Simulation Evaluation Performance Codes: **S**: Satisfactory **U**: Unsatisfactory	**Student Name:** Abigail Foote							
	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							
Faculty/Teaching Assistant Initials	MD							
Remediation: Date/Evaluation/Initials	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