EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Hannah Castro

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
2/9/2024	Acute Pain	S HS	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	n/a	S	S											
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			S	n/a	S	S											
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			S	n/a	S	S											
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			S	n/a	S	S											
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	n/a	S	S											
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			S	n/a	S	S											
g. Assess developmental stages of assigned patients. (Interpreting)			S	n/a	S	S											
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	s		S	n/a	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		Rehab, 76, total rt knee replacement	Infection Control and Digestive Health	3T 35, Acute pancreatitis/chest	3T, 72, Exacerbation of COPD, Pneumonia											
Instructors Initials	**RH**		**MD**	**DW**	**HS**												

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

Week 3- 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 (1h)- Hannah, please keep in mind that Infection Control, Digestive Health, and the Erie County Senior Center, while not your typical inpatient clinical, are still clinical experiences. In the future, be sure to review each competency and evaluate as appropriate. For example, competency 1h asks you to evaluate whether or not you demonstrated evidence in being prepared for clinical. Did you review the quick reference guide and bring your clinical paperwork that was mentioned in the syllabus in order to prepare for the Infection Control clinical this week? If yes, the evaluation could have been an S. If not, it would have been an NI or U. DW

Week 5 (1a-f)-Great job this week researching your patient's diagnosis and identifying the symptoms and diagnostics that were associated with his diagnosis. You were also able to correlate the medications that were helping relieve his pain as well as educating him on his diet order. HS

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)			S	n/a	S	S											
b. Conduct a fall assessment and implement appropriate precautions. (Noticing)			S	n/a	S	S											
c. Conduct a skin assessment and implement appropriate precautions and care. (Noticing)			S	n/a	S	S											
d. Communicate physical assessment. (Responding)			S	n/a	S	S											
e. Analyze appropriate assessment skills for the patient's disease process. (Interpreting)			S	n/a	S	S											
f. Demonstrate skill in accessing electronic information and documenting patient care. (Responding)	s		S	n/a	S	S											
	RH		**MD**	**DW**	**HS**												

Comments:

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

Week 3- 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 (2f)- Again, please be sure to review each clinical competency to determine whether or not you completed it. Do not assume you were NA for everything just because you weren't on an inpatient unit. 2f was required for the Infection Control clinical as you were expected to review documentation to determine the reasoning for isolation and to ensure that nursing documentation was accurate. DW

Week 5 (2d,e)- Great job focusing the assessment for your patient related to his priority problem, you also did a nice job communicating with your team leader regarding your findings. HS

*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	n/a	S	S											
b. Demonstrate nursing measures skillfully and safely. (Responding)	s		S	n/a	S	S											
c. Demonstrate promptness and ability to organize nursing care effectively. (Responding)			S	n/a	S	S											
d. Appropriately prioritizes nursing care. (Responding)			S	n/a	S	S											
e. Recognize the need for assistance. (Reflecting)			S	n/a	S	S											
f. Apply the principles of asepsis where indicated. (Responding)	s		S	n/a	S	S											
g. Demonstrate appropriate skill with Foley catheter insertion, maintenance, & removal (Responding)			n/a	n/a	n/a	n/a											
h. Implement DVT prophylaxis (early ambulation, SCDs, ted hose, administer enoxaparin or heparin) based on assessment and physicians' orders (Responding)			S	n/a	S	S											
i. Identify the role of evidence in determining best nursing practice. (Interpreting)	s		S	n/a	S	S											
j. Identify recommendations for change through team collaboration. (Reflecting)			S	n/a	S	S											
	RH		**MD**	**DW**	**HS**												

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

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

Week 5 (3c,d,e)- You were able to prioritize and complete the necessary nursing care for the patient despite him becoming frustrated with not being able to eat and wanting to be discharged from the hospitals. We were able to effectively discuss how to prioritize care and determine how to disturb him the least amount of times to allow us to still provide the care for him. HS

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	n/a	S	S											
l. Ensure patient safety through proper use of EHR, IV flow sheet, and BMV. (Responding)			S	n/a	S	S											
m. Calculate medication doses accurately. (Responding)			S	n/a	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	n/a	n/a											
p. Flush saline lock. (Responding)			n/a	n/a	S	S											
q. D/C an IV. (Responding)			n/a	n/a	n/a	S											
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											

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

	RH		**MD**	**DW**	**HS**												

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

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 5 (3k,l,m, n)- Great job with your medication administration this week. You did a great job with the PO, SQ, and IV push medications. HS

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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

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! Remember-each submission (initial and reply) need to have an in-text citation. Your reply did not have an in-text citation. Your reply was not within the last 5 years. Please keep this in mind when finding articles for the CDG. Also, be sure to use the

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

authors for the in-text citation in your initial post and not PubMed. The in-text citation would look something like this- (Nguyen et al., 2022). Let me know if you have any questions. MD

Week 4 (4a,b)- Please be sure to review all competencies and evaluate accordingly. Did you use any communication skills to talk with patients and/or the interdisciplinary team during your Digestive Health observation or Infection Control experience? DW
Week 4 (4e)- According to the CDG Grading Rubric, you have earned an S for your participation in the Infection Control discussion this week. Your discussion was thoughtful and supported by evidence. Nice job with APA formatting. Keep up the good work! DW

Week 5 (4a-d)- Nice job communicating with your nurse and the team leader regarding the changes in your patient's condition throughout the shift.
Week 5 (4e)-Nice job selecting an article for your CDG this week it was an appropriate selection based on your patient. Your post and response to a peer both met the requirements listed on the rubric. Nice job with APA formatting! HS

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	n/a	S	S											
b. Utilize appropriate terminology and resources (Lexicomp, UpToDate, Dynamic Health, Skyscape) when providing patient education. (Responding)			~~n/a~~ NI	n/a	S	S											
			MD	**DW**	**HS**												

****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:

Week 3- 5a. My patient needed education on the reason why we had to wrap her leg that was not operated on. She had developed edema in her left leg from being non weight bearing in her right leg, so she was using a wheelchair and a beside commode for all her needs. She was only up walking for about 5 minutes at a time in OT, so most of the time she was in a sitting position. I explained that a blood clot could come from the legs being filled with fluid. I also explained that she wants to keep both legs elevated and move them as much as she can, while she is not standing. Great education! MD
b. I personally did not have to use resources when explaining why sitting in the same position for so long can lead to a bad situation, since I personally suffer from edema from sitting at my desk job for too long, if I don't have any compression socks. You should always have a resource that you are receiving this information from even though you have personal experience. Please be sure to always look into having a resource. MD

Week 5 – 5a. My patient needed education when it came to his meds because when I went into his room to administer the meds, he thought they were for pain and didn't want them. I had to educate him on all three meds and why I was giving them, especially the enoxaparin because he didn't know why he was receiving a deep vein thrombus prevention med. I taught him that since he was laying in bed for most of the time, a blood clot could form. I also explained that one med was for GERD and the other was for anxiety/depression. He then took them. Great job educating him on his medications. HS
5b. I utilized Skyscape when looking up my medications for my patient, so that if he asked me questions about them I could correctly educate him on why he was receiving these particular medications. HS

Week 6 – 5a. My patient needed education on using the incentive spirometer. I had encouraged her to use it because she was laying in bed for most of the time and her priority problem was her exacerbation of COPD, so it would benefit her on both aspects. She had started to blow into the incentive spirometer, so I educated her on the correct way of breathing in, so that she could expand her lungs.
5b. To make sure I was correctly educating my patient on the incentive spirometer, I utilized Skyscape to fill in any gaps that I may have forgotten from last semester.

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)			S	~~n/a~~ U	S	S											
			MD	**DW**	**HS**												

****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:

Week 3 6b: My patient was a retiree and fortunately, still had her husband with her. I was able to notice that he was very helpful and willing to learn everything he needed to know in order to help his wife during this recovery process. She had let me know that he came every night to have dinner with her. This will definitely benefit patient care compared to if she didn't have a support system. Absolutely! This will have a great affect on her healing process! MD

Week 4 (6b)- Unfortunately, you are receiving a U for not commenting on an example of a SDOH that could have impacted a patient from your clinical experience this week. Please be sure to take your time and review the details of the clinical tool more closely each week. As you can see above, the directions tell you that a comment must be made for all clinicals. An example related to infection control may have been that financial strain, which could impact ability to purchase medication and other treatment measures or ensuring that the correct disinfecting materials and solutions are available when they go home. Please be sure to address this U in the comments for next week. Failure to do so will result in a continued U until completed. DW

*End-of-Program Student Learning Outcomes

Week 5b. In week 4, I did not put an example of a SDOH that could have impacted my patient. It is no longer a "U" because I will now give an example. This will stay as a U for week 4, however thank you for addressing it. HS In digestive health, a person might not be able to afford health insurance to cover a colonoscopy/endoscopy, therefore they are left without knowing what could be going on with them. I would agree this would be an example. HS
For 3T, my patient had an 8-year-old daughter who he shared custody with, and she was staying with him for the weekend, so he was determined to get better to leave the hospital. Usually, children are a big motivation for people to get out of the hospital and gives them a reason to stay healthy, so I think his daughter will definitely have him thinking about his life choices, so he can stay around for her. Caring for a young child can definitely impact an individual's own health. HS
Week 5 (6a)- You have satisfactorily completed your care map! I have included comments within the rubric for your review. Nice job! HS

Week 6 – 6b: My patient had recently lost her son, brother, and mother in the last couple months, so she was grieving and stated that she was feeling depressed. I believe mental health is a big factor with the healing process, so I think this is going to be detrimental to her getting better. She had been talked to about getting counseling/psychiatric help, but it seemed like she wasn't very interested in it due to her feeling like it wouldn't help. Mental health can have a stigma to it, especially with my patient's generation, so I think that could play a role in her not being interested.

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	S											
b. Reflect on an area for improvement and set a goal to meet this need.** (Reflecting)	s		S	S	S	S											
c. Demonstrate evidence of growth, initiative, and self-confidence. (Responding)	s		S	S	S	S											
d. Follow the standards outlined in the FRMCSN Student Code of Conduct Policy. (Responding)	s		S	S	S	S											
e. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions. (Responding)	s		S	S	S	S											
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (Responding)	s		S	S	S	S											
g. Demonstrate the ability to give and receive constructive feedback. (Responding)	s		S	S	S	S											
h. Actively engage in self-reflection. (Reflecting)	s		S	S	S	S											
	RH		**MD**	**DW**	**HS**												

****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: An area of strength this week was being able to recognize which IV sites and findings that were abnormal. I was also able to label the IV that was done correctly. An area that would need improvement would be the IV math. The pump rate is one that seems to keep stumping me, I always want to use the drip rate equation. I will

utilize all the practice questions that Kelly has sent, along with seeing what else I can find online. Remember your goal or plan for improvement needs a timeframe as well. For this goal, what would your timeframe be? By next class or by next clinical week are good timeframes. RH

Week 2: I will utilize all the practice questions that Kelly sent, along with see what else I cand find online by next clinical week.

Week 3: An area of strength this week would be being able to determine when my patient needed her leg wrapped when I saw that she was developing edema in her left leg. Awesome job! MD An area that would need improvement would probably be when I missed a couple things in my head-to-toe assessment on the first day due to my patient eating breakfast. I was not used to this, since every other patient had breakfast delivered after I did my assessment. To improve, in the future I will inform my patient on how important it is that I get my assessment done. I will look over the head-to-toe assessment checklist in my red folder from last semester by next week's clinical. This is a great goal! It will get easier with more experience! MD

Week 4: An area of strength this week would be asking the nurses questions when I was confused about what was being seen on the colonoscopy. Excellent! DW An area that would need improvement would be to know what isolation precautions that each disease is under. When the preceptor asked me, I knew a few of them, but most I did not. I will look over my badge and what PPE you need by next week's clinical. Great goal! Once you commit this to memory and have more experience with isolation precautions over time, the more likely it will become second nature. Practicing good habits now while in school will be extremely helpful for the future. Keep up the good work! DW

Week 5: An area of strength this week would be staying calm during the first time I ever flushed an IV, administered meds through the IV, and gave an injection. This clinical was the first time I ever did meds that were not PO. You will gain confidence with medication administration the more you administer medications. You did a great job. HS An area that would need improvement would be my confidence with patients who are not in the greatest moods because they are not able to receive something they want due to doctor's orders. My patient desperately wanted food, even though he was NPO and would put his call light on to see if his diet had changed yet, and when I told him it had not, he was not happy with me. To improve, in the future I will remind myself to not take things personal because these patients are in a vulnerable state and are most likely not their usual selves at this time. It is difficult when a patient is upset and you may be the one that is at the other end of their frustration, it is helpful to educate them and hope that with a better understanding of the situation their frustration lets up some.
Week 5 (7f)- Be sure to submit your next care map into the drop box, failure to do this on the second care map may result in a U for this competency. HS

Week 6: An area of strength this week would be getting my instructor when I had noticed my patient's vital signs started to become abnormal. Her pulse ox was down to 92%, heart rate was 105, and respirations were around 24. The instructor had then explained it was most likely from her nebulizer treatment. An area that would need improvement would be being more aware of the things around my patient, because I had not realized her oxygen was off due the nebulizer treatment, so I had not correlated that to the reason for the pulse ox declining to 92%. To improve, I will go back to last semester when we learned about liters of oxygen and how we're supposed to check the oxygen whenever we see a patient is on it. This will be done by next clinical.

Student Name: Hannah Castro				**Course Objective:** 6a			
Date or Clinical Week: 2/9/2024							
	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	Nice job identifying the abnormal assessment findings. Other lab findings that you would include would be the amylase and lipase levels. For risk factor you could also list history of pancreatitis.
	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	Nice job identifying the relevant data from the noticing boxes supporting your priority problem. The potential complications should be complications that can occur from the identified priority problem, you could use some of the symptoms you listed under acute pain. You already identified acute pain so that would be the priority problem not a potential problem.
	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)**	2	
	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	Nice job overall with your nursing interventions! When prioritizing interventions be sure to assess first then administer medications. You would assess the patient's pain prior to giving the dilaudid or Tylenol.
	9. Interventions are prioritized	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	2	
	10. All interventions include a frequency	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	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**	2	All highlighted assessment findings should be reassessed, including back pain, guarding and grimacing and mood swings.

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: **Hannah, nice job on your care map! I have added a few suggestions to take into consideration when completing your next care map. HS**

Total Points:39/42

Faculty/Teaching Assistant Initials: HS

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: Hannah Castro								
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:** 1/10/24	**Date:** 1/10/24	**Date:** 1/12/24	**Date:** 1/17	**Date:** 1/18/24	**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 1/10/24. 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. RH

Week 2
(Trach care and suctioning 1/17/24)- During this lab you satisfactorily demonstrated competence with tracheal airway suctioning and tracheostomy care. You were able to maintain sterile field when necessary and you did not need any prompts for either skill. You answered my questions regarding knowledge and competence of both procedures. Great job! RH

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

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

Simulation Evaluation Performance Codes: **S**: Satisfactory **U**: Unsatisfactory	**Student Name:** Hannah Castro							
	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	HS						
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