EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Kylee Cheek

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)
1/27/2024	1 hour	Infection Control Evaluation	1/29/2024, 1 hour

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

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

Satisfactory (S): Safe, accurate each time, efficient, coordinated; confident, focuses on the patient; some expenditure of excess energy; within a reasonable time period; appropriate affective behavior; occasional supporting cues; minimal faculty feedback related to written clinical work.

UNSATISFACTORY CLINICAL PERFORMANCE

Needs Improvement (NI): Safe; accurate each time; skillful in parts of behavior; focuses more on the skill and self rather than the patient; inefficient, uncoordinated, anxious, worried, flustered at times; expends excess energy within a delayed time period, frequent verbal and occasional physical directive cues in addition to supportive cues; faculty feedback required in several areas of clinical written work.

Unsatisfactory (U): Failure to achieve the course competency, safe but needs faculty reminders constantly, not always accurate, unskilled, inefficient, considerable expenditure of excess energy, anxious, disruptive or omitting behaviors, focus on skills and/or self, continuous verbal and frequent physical cues, unsafe, performs at risk to patient/clients/others, unable to function, incomplete, erroneous, faulty, illegible clinical written work, no feedback sought from faculty or response to feedback not evident in submitted written work. If the student does not self-rate a competency the competency is graded "U." A "U" in a competency must be addressed in writing by the student in the Evaluation of Clinical Performance tool. The student response must include how the competency has been or will be met at a satisfactory level. If the student does not address the "U," the faculty member (s) will continue to rate the competency unsatisfactory.

OTHER

Not Available (NA): The clinical experience which would meet the competency was not available.

***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
2/2/24	Ineffective Breathing Pattern	S/KA	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)			NA	S	NA	S											
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			NA	S	NA	S											
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			NA	S	NA	S											
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			NA	S	NA	S											
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			NA	S	NA	S											
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			NA	S	NA	S											
g. Assess developmental stages of assigned patients. (Interpreting)			NA	S	NA	S											
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		~~NA~~ S	S	S	S											

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

Indicate your clinical site as well as your patient's age and primary medical diagnosis in this box weekly.	Meditech, FSBS, IV Pump Sessions		Infection Control	3 Tower, 79 Hypoxia/pulmonary fibrosis	Digestive Health & Senior Center	Rehab 5tower stroke symptoms66											
Instructors Initials	**HS**		**HS**	**KA**	**DW**												

Comments:

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

Week 4 – 1a, b, c, e– You did a nice job discussing on clinical your patient's disease process and what nursing was doing to help the patient. You were able to discuss symptoms we were monitoring and managing in your patient as well as pertinent labs for your patient diagnosis. You also set a goal for your patient and were able to discuss your patient's work towards meeting that goal. KA

Week 4 – 1d – You did a nice job reviewing all your medications before you administered them to the patient. You were able to discuss the reason why the patient was taking the medication as well as what we were monitoring the patient for. You also were able to discuss what information was needed to determine if the medication should be administered (i.e. blood pressure, pulse). KA

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

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

Comments:

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

Week 4 – 2a, d – You did a nice job thoroughly assessing your patient and notifying your nurse of any pertinent information. You were able to identify the focused assessment needing to be completed for your patient related to their diagnosis and monitored abnormal assessment findings. KA
Week 4 – 2f – You utilized the EMR to research your patient and determine what care needed to be provided to your patient throughout the day. You also utilized the EMR to research your patient's health history and information related to the patient's current hospital visit. KA

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

Comments:

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

Week 4 – 3b – You did a nice job managing your patient's external female catheter throughout clinical. You also did a nice job monitoring your patient when her pulse ox would drop and ensuring she recovered before completing the next task. Terrific job! KA

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)			NA	S	NA	S											
l. Ensure patient safety through proper use of EHR, IV flow sheet, and BMV. (Responding)			NA	S	NA	S											
m. Calculate medication doses accurately. (Responding)			NA	S	NA	S											
n. Administer IV therapy, piggybacks, IV push, and/or adding solution to a continuous infusion line. (Responding)			NA	NA	NA	NA											
o. Regulate IV flow rate. (Responding)	S		NA	NA	NA	NA											
p. Flush saline lock. (Responding)			NA	NA	NA	NA											
q. D/C an IV. (Responding)			NA	NA	NA	NA											
r. Monitor an IV. (Noticing)	S		NA	S	NA	NA											
s. Perform FSBS with appropriate interventions. (Responding)	S		NA	NA	NA	NA											
	HS		**HS**	**KA**	**DW**												

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

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 4 – 3k – You did a nice job administering your medications this week. You observed the rights of medication administration and was able to answer all questions about your medications. You had the opportunity to pass PO medications this week. You performed the medication administration process with beginning dexterity. KA
Week 4 – 3r – You did a nice job monitoring your patient's IV site this week and documenting your assessment in the EMR. KA

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

Comments:

Week 3 (4e)- Nice job on your CDG post for this week. I agree with the importance of educating the patient as well as other healthcare providers on the importance of proper hand hygiene in order to prevent the spread. HS

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

Week 4 – 4b – You completed the SBAR worksheet and provided your RN and Team Leader with handoff communication related to your patient utilizing the SBAR you developed. You made sure all pertinent information and changes in patient status were communicated to your nurse during hand-off report. KA
Week 4 – 4e – Kylee, you did a nice job responding to all the CDG questions this week on your EBP article about a program for patient's with pulmonary fibrosis. You thoroughly explained your article's research study and your responses were well written. You were thoughtful with your response to your peer and added to the discussion on their article. Remember only the first letter of the first word of the article title is capitalized in your reference. Also, include the page number or a paragraph number if there are no page numbers in your in-text citation of a direct quotation. Keep up the nice work! KA

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. Additionally, I have a few suggestions 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- (Auburn Hill, 2024, para 6). I am also curious about the author you used in your reference. Where did the WWCadmin come from? I would have probably used Auburn Hill as the author of the content you cited. Lastly, the title of the publication should be italicized in your reference. Otherwise, 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)			NA	S	NA	S											
b. Utilize appropriate termino-logy and resources (Lexicomp, UpToDate, Dynamic Health, Skyscape) when providing patient education. (Responding)			NA	S	NA	S											
			HS	**KA**	**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:

Week 4:
5a) For my patient this week, she had been admitted for hypoxia and pulmonary fibrosis. Since she was having pulmonary problems I had educated her on the use of deep breathing and coughing to help with clearing the secretions in the lungs.
5b) I had used skyscape to understand more about pulmonary fibrosis, and it had said that teaching patients about deep breathing and coughing is a good implementation for patients with this disease. I had given an explanation to my patient and she had actually demonstrated it to see if she was doing it correctly. Great job! I think you could have also printed a handout on coughing and deep breathing for her off of Lexicomp if you would want to have something to send home with her. Terrific job! KA
Week 6:
5a) For my patient this week, he had been admitted for a stroke like symptoms. He was on fall risk precautions so I had educated him on understanding the reason and the reasoning behind the bed alarm. He was very understanding of the precaution and made sure to follow them properly.
5b) For this week I used Skyscape to help me understand some of the medications that my patient was receiving. This included the side effects to be aware of and what to look for before giving the blood pressure medication. Which was making sure the systolic blood pressure was not below 100 and the heart rate was no below 60.

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)			NA	S	NA	NA											
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)			~~NA~~ U	S	S	S											
			HS	**KA**	**DW**												

****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)- This objective should be addressed each week that there is a clinical experience. HS
Week 3 U 6B) For the U I had received for week 3 I had misunderstood that I had to make a comment for the infection control clinical. I did not realize that this had also applied with the infection control clinical. After reading the instructions for this box I now understand my mistake and take full responsibility. For the future I will make sure to fill out this box for every clinical that I have! KA

Week 4: 6b) Since my patient has pulmonary fibrosis there are many complications that influence how often she is in the hospital. She is covered by Medicare and is actually able to have her own nasal cannula that she uses at home. Having Medicare, especially with having complications as often as she does, helps with being able to cover some of the hospital costs that could potentially cause a problem in getting the care she needs. Great thoughts. Her chronic illness has a large impact on her ability to manage her overall health. KA

Week 4 – 6a – You satisfactorily completed your care map on your patient this week. Please see comments on the rubric at the end of the tool for details. KA

Week 5: 6b) For this week clinical I did not have a set patient but I was able to see some of the social determinants of health at the Erie County Senior Center. When talking with some of the seniors they had mentioned how they were unable to drive, and that they had a bus that would come pick them up. Not being able to drive themselves could cause potential problems if they ever needed to go to the hospital or doctor visits. Although not being able to drive can cause problems, having a bus that picks them up is a great way to continue their transportation to meet certain needs. Kylee, I love that you incorporated a positive resolution to the SDOH you noticed in the older adult community that you worked with this week. Well done! DW

Week 6: 6b) For this week my patients social determinant of health was insurance. He had the choice to be able to leave earlier but he had explained how he needed to straighten some things out with his insurance which was delaying his discharge by a few days.

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	U	~~S~~ U	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											
	HS		**HS**	**KA**	**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.) For my strengths, I think I did a good job taking what I learned from the lessons and applying them in the lab. Watching the videos helped me be more prepared and understand more on the topic we were going over. Great job! Yes, reviewing the lessons and videos ahead of time is very helpful. HS
B.) For my weakness, I had forgotten to close the clamp of the IV line when prepping the bag. I was unaware that the clamp came opened after taking it out of the package. For the future I will make sure to check the clamps before prepping the bag so that I do not lose any of the medication, or get air bubbles in the IV line. Yes, always make sure to close the clamp first thing once removing it from the package. HS

Week 2-(7f) you received a U for this competency because your tool was submitted past the deadline of Saturday at 2200. Please be aware of deadlines and when possible, you may consider submitting assignments early. HS

A) For my strengths this week, I did a good job applying everything that was shown on the video for tracheostomy care and applying it in lab. This would include going to the open labs and making sure to practice on my own. HS
B) For my weaknesses this week, I would say my time management was what I struggled with the most.. I was starting to get a little stressed out with being able to stay caught up on studying. For the future I will make sure that I find ways to manage my stress better and be more confident in how I am studying. HS

Week 3 Infection Clinicals:

A) For my strengths at the infection clinical, I did a good job listening and understanding why infection control is super important. I learned from this experience and will apply what I had learned for future clinical days. HS
B) For my weakness this week, I had trouble finding Sydneys office for the infection clinical, which resulted in me becoming flustered. For the future I will learn how to handle my emotions better when things are not going as planned. HS

For the U that I received on 7F, for the future I will make sure that I am more prepared with my homework assignments. This includes doing my homework early and not waiting till the last minute as many things could happen that are not planned. HS
7f-You did not complete the Infection control evaluation survey in Edvance360 by the deadline. HS

- Week 3 Survey: For the U that I had received for not completing the Infection control survey I take full responsibility for not completing it on time. For the future I will make sure to complete all the surveys for the off site clinicals in a timely manner. KA

Week 4: 3 Tower:

A) For my strengths this week I did a good job with meeting all of my patients needs and being there for her to have someone to talk to. She had shared a lot about her life and enjoyed being able to talk to someone especially in a setting like the hospital. You did a wonderful job caring for her and meeting her needs. You did a great job monitoring her O2 status and recognizing when to give her breaks so her pulse ox could recover from the previous activity. KA
B) For my weakness this week, I've been having some trouble with time management and remembering all the assignments that are due. For the future I will make sure to double check the schedule and make sure to have time to complete all my assignments in a timely manner. Staying organized and managing your time is a great area to work on and with time and practice you will easily improve. KA

Week 5 Digestive Health and ECSC:

A) For my strengths this week, I did a good job with communicating with the seniors. They really enjoyed the questions that I had asked, and being able to tell their life stories to someone younger. They also loved giving as much life advice as they could, I even had a senior that told me she would love if I were to come visit her at the senior center whenever I had the chance to. That's wonderful, Kylee! It's important to make a connection with your patients, no matter what their age. I am glad you felt comfortable engaging the older adult. DW
B) For my weakness this week, during my time at the digestive health the doctor and staff that I had watched throughout the day seemed like my presence was bothersome. I was asking questions but was not getting the responses that I had thought I was going to. In return I stopped asking questions about the things I was unfamiliar with. For the future I will make sure that even though the staff my not be cooperating with me super well I will make my time worth while. Which includes asking the questions that I am curious about to help further my education and knowledge. This is great reflection, Kylee. Some healthcare workers, just like regular people, have different personalities that may take a little more work at engaging them. I'm glad that you are going to continue to work on these types of relationships, as it is so important to the collaborative effort that different disciplines must play in healthcare. Though I don't know the specific questions you were asking or wanted to ask, don't forget that you have a wonderful resource at your fingertips…Skyscape! Sometimes, it is prudent to look for the information first before reaching out to other resources. Then if you still have questions or need clarification, you will have a baseline of information to build from. Just a thought! DW

Week 6 Rehab (5T):

A) For my strengths this week, I was able to have some very good conversations with my patient and he was able to talk about his family which seemed to make a positive impact on his attitude. He also liked when we told him how much he was improving with his therapy, this helped boost his mood and attitude towards the treatment he was receiving.

B) For my weakness this week, I would say I struggled with my delegation skills. It was a little weird being “in charge” of the other students. Telling them what they needed to fix with documentation and telling them to do their assessments felt like I was being bossy. For the future I will make sure to be more comfortable delegating tasks to the other students and be more confident when I delegate.

Student Name: Kylee Cheek				**Course Objective:**			
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	You did a nice job completing the assessment findings, lab/diagnostics, and risk factors section. In the assessment section, include the patients SpO2 on the optimizer and with activity. There is only the SpO2 on room air. Did the cest x-ray results showing anything other than "SOB increasing"? I think this is more likely the reason they did it versus the actual results. KA
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	**(lists at least 3*) *provides explanation if < 3**		**(lists 3 but no specific patient data included)**	**(lists < 3 or gives no explanation)**	3	
	3. Identify all risk factors relevant to the patient.	**(lists at least 5*) *provides explanation if < 5**	**(lists 4)**	**(lists 3)**	**(lists < 3 or gives no explanation)**	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	You did a great job listing all the patient's nursing priorities and highlighting the one with the highest priority. You highlighted all the pertinent information in the noticing section that supports your nursing priority. You did a great job listing 3 potential complications of your chosen priority and S&S to assess for with each. KA
	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	Great job listing all the relevant nursing interventions for your nursing priority. All interventions were prioritized, included frequency, were individualized, realistic, and included a rationale. The only intervention I would add was monitor lab and diagnostic results as available. KA
	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	
Re	13. List all of the highlighted reassessment findings for the top nursing priority.	**>75% complete**	**50-75% complete**	**<50% complete**	**0% complete**	3	Great job ensuring all highlighted information from your noticing section was reassessed. As stated above please

reflecting	14. Evaluation includes one of the following statements: ● Continue plan of care ● Modify plan of care ● Terminate plan of care	**Complete**			**Not complete**	3	list the patient's SpO2 during activity versus just stating it drops. Also list the amount of oxygen the patient was on and not just that the patient is on O2. KA

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: **Kylee, you satisfactorily completed your care map on your patient this week. Pleas see comments above on areas to focus on to improve your care maps in the future. Terrific job! KA**

Total Points: **42/42**

Faculty/Teaching Assistant Initials: KA

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**		
	14. Evaluation includes one of	**Complete**			**Not complete**		

ecting	the following statements: ● Continue plan of care ● Modify plan of care ● Terminate 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:**	**Total Points:** **Faculty/Teaching Assistant Initials:**

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

Student name: Kylee Cheek								
Skills Lab Competency Evaluation Performance Codes: **S**: Satisfactory **U**:Unsatisfactory	**Lab Skills**							
	Week 1 **Insulin** (2,3,5,7)* **Date:** 1/9/24	**Week 1** **Assessment** (2,3,4,5,7)* **Date:** 1/9/24	**Week 1** **IV Math Application** (3,7)* **Date:** 1/10 or 1/11/24	**Week 1** **Lab Day** (1,2,3,4,5,6,7)* **Date:** 1/10 or 1/11/24	**Week 1** **IV Skills** (2,3,5,7)* **Date:** 1/12/24	**Week 2** **Trach** (1,2,3,4,5,6,7)* **Date:** 1/17 or 1/18/24	**Week 2** **EBP** (3,7)* **Date:** 1/17 or 1/18/24	**Week 9** **Lab Day** (1,2,3,4,5,6,7)* **Date:** 3/11 or 3/12/24
Evaluation:	**S**	**S**	**S**	**S**	**S**	**S**	**S**	
Faculty/ Teaching Assistant Initials	HS	HS	HS	HS	HS	HS	HS	
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 1/11/2024. 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. HS

Week 2
(Trach care and suctioning 1/18/24)- During this lab you satisfactorily demonstrated competence with tracheal airway suctioning and tracheostomy care. You were able to maintain sterile field when necessary. You only needed 1 prompt during the trach suctioning and you recognized it right away. 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: Kylee Cheek**							
	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	DW							
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