

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

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

Student: Leah McNeely

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)
1/26/2024	1 hour	Late vSim Assignment – Vincent Brody	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

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:			S	S	S	S											
a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting)			S	S	S	S											
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			S	S	S	S											
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			S	S	S	S											
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			S	S	NA	S											
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	S	NA	S											
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			S	S	NA	S											
g. Assess developmental stages of assigned patients. (Interpreting)			S	S	NA	S											
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		S	S	S	S											
	Indicate your clinical site as well as your patient's age and primary medical diagnosis in this box weekly.	Meditech, FSBS, IV Pump Sessions	5T, 9I, Bowel Obstruction	4N, TEAMLEADER & 57, Neutroaenia	Infection Control	5T, 68, Stroke											
Instructors Initials	HS		RH	NS	DW												

Comments:

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 1 (1h)- I added an evaluation of an S for this competency, be sure to self-evaluate for all competencies that are not grayed out. 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 3: (1 c, d, e)- This week you did a great job discussing your patient's pathophysiology of their illness as well as had a great discussion of their medications and why they were relevant to their care. RH.

Week 4 1(a-h) – Nice job this week discussing the pathophysiology involved in the alterations to each patient you cared for as team leader this week. You demonstrated excellent knowledge on diabetes and used good clinical judgment in discussing insulin administration for each assigned patient related to their nutritional status. You discussed alterations in a patient admitted with a stroke, colitis, and cellulitis. You discussed the pharmacotherapy prescribed for each patient, making correlations between their current disease processes and past medical history. During the care for your patient on day 2, you discussed the medical treatments required such as dialysis and special procedure to insert a tunneled dialysis catheter. Through observation you learned about the nursing implications for each. You demonstrated a desire to learn and asked appropriate questions throughout each experience. Great job! 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:			S	S	NA	S											
a. Perform inspection, palpation, percussion, and auscultation in the physical assessment of assigned patient. (Noticing)			S	S	NA	S											
b. Conduct a fall assessment and implement appropriate precautions. (Noticing)			S	S	NA	S											
c. Conduct a skin assessment and implement appropriate precautions and care. (Noticing)			S	S	NA	S											
d. Communicate physical assessment. (Responding)			S	S	NA	S											
e. Analyze appropriate assessment skills for the patient's disease process. (Interpreting)			S	S	NA	S											
f. Demonstrate skill in accessing electronic information and documenting patient care. (Responding)	S		S	S	NA	S											
	HS		RH	NS	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 3: (2 a-f)- This week you did a good job of performing your head to toe when time was available to you due to the therapy scheduling. You also ran into the issue when therapy was during the time you wanted to reassess and you worked around that in order to still complete an assessment. You also were able to document and find other assessment pieces in the electronic health record. RH

Week 4 2(a,c,e) – You did well discussing the priority focused assessments for each patient assigned to you as team leader. During the care for your patient on day 2, you were able to perform the necessary assessments prior to her being transferred to dialysis, demonstrating good time management. During your assessment you noticed increased redness to her groin and abdominal folds. You noticed an area of concern that was beginning to scap over to the left groin. You implemented appropriate skin care with the use of Theraworx products and advocated for your patient's need for nystatin powder. Great job with skin care and assessment to promote positive outcomes. NS

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

3. Execute safety precautions in the implementation of quality, patient-centered care and evidence-based nursing interventions. (2,3,4,5,8)*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies:	S		S	S	S	S											
a. Perform standard precautions. (Responding)	S		S	S	S	S											
b. Demonstrate nursing measures skillfully and safely. (Responding)	S		S	S	NA	S											
c. Demonstrate promptness and ability to organize nursing care effectively. (Responding)			S	S	NA	S											
d. Appropriately prioritizes nursing care. (Responding)			S	S	NA	S											
e. Recognize the need for assistance. (Reflecting)			S	S	NA	S											
f. Apply the principles of asepsis where indicated. (Responding)	S		S	S	NA	S											
g. Demonstrate appropriate skill with Foley catheter insertion, maintenance, & removal (Responding)			S	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	S	NA	S											
i. Identify the role of evidence in determining best nursing practice. (Interpreting)	S		S	S	NA	S											
j. Identify recommendations for change through team collaboration. (Reflecting)			S	S	NA	S											
	HS		RH	NS	DW												

Comments:

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

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

Week 3: (3h) This was changed to “S” due to your appropriate administration of enoxaparin. RH

Week 4 3(c,d) – You did an excellent job this week as team leader. You were assigned three patient’s 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 with cellulitis that underwent a procedure the day before, focusing on risk of infection and pain control. Lastly, you prioritized the patient admitted with syncope two days prior with a diagnosis of colitis and fluid deficit who had been stabilized. 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:			S	S	NA	S											
k. Administer PO, SQ, IM, or ID medications observing the rights of medication administration. (Responding)			S	S	NA	S											
l. Ensure patient safety through proper use of EHR, IV flow sheet, and BMV. (Responding)			S	S	NA	S											
m. Calculate medication doses accurately. (Responding)			S	S	NA	S											
n. Administer IV therapy, piggybacks, IV push, and/or adding solution to a continuous infusion line. (Responding)			NA	S	NA	NA											
o. Regulate IV flow rate. (Responding)	S		NA	S	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	S	NA	NA											
	HS		RH	NS	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

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

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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, subQ injections, and applying a transdermal patch. 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

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

Comments:

Week 3: (4 b, e, f, g) you upheld the professionalism standard while on the floor and interacting with staff and patients. You also did great with your discussion post and reply this week. You gave a good SBAR report prior to leaving for the day. RH

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 4 4(a,b) – I thought you did a great job this week with your communication. You provided education to family members and patients throughout the day to help promote understanding. You dealt with some family members anxiety regarding the hospital environment and medications to be administered using therapeutic communication. You also related well to your peers and communicated well to ensure all aspects of care were met in a timely manner. I appreciated the thought-provoking questions you asked each student when reviewing medications. In this role, it can be challenging to work as a team leader while also building rapport with your team members. Overall, I thought this was a great strength of yours this week! NS

Week 4 4(e) – Nice job with your CDG requirements this week. You discussed your team leading experience well, referencing your prioritization of each patient and what led to the decision making. You utilized TEAMSteps to identify the task assistance role during your time as team leader. Good thoughts provided regarding the family member that was speaking for the patient during your care experience. You provided good insight in your response post to Abbi, adding to the discussion and supporting your thoughts with a reputable source. Overall your APA formatting looked good, with one suggestion for improvement: when doing an in-text citation, it should include the author(s) last name(s) and publishing year, but not their first initial. Correct in-text citation in APA formatting for your initial post would be (Sawyer-Sommers, 2023). Purdue OWL for APA formatting is a great resource to utilize. All criteria were met for a satisfactory evaluation. NS

Week 5 (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. With that said, please be sure to check your spelling before submitting written work (ex- bowl vs. bowel). I have 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. Additionally, you do not include the authors first initial in the citation. This would be an example of an APA formatted citation- (Sawyer-Sommers, 2023, para 2). Keep up the good work! DW

Week 6: I gave myself an NI for this weeks CDG because I did poorly on the initial post. In that post, I forgot to use a citation and to list the whole medication list. I was too focused on writing mine based of the example rather than reading what was actually required. For next time, I will make sure to carefully read all directions and double check that I have met all the requirements of the assignment.

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:			S	S	NA	S											
a. Describe a teaching need of your patient.** (Reflecting)			S	S	NA	S											
b. Utilize appropriate terminology and resources (Lexicomp, UpToDate, Dynamic Health, Skyscape) when providing patient education. (Responding)			RH	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:

Week 3- 5A & B. A teaching need from my patient would be the side effects associated with her Parkinson’s disease medication and the signs and symptoms of bowel obstruction. The medication main side effect was constipation and bowel obstruction. She was admitted to the hospital for bowel obstruction and required surgery for this. If education was provided it is possible that she could have been able to identify constipation sooner and implement treatment to prevent surgery. If she is unaware of symptoms of constipation and bowel obstruction teaching may be needed for this also. Skyscape was used in finding out the side effects of the medication. **Good job making these connections with your patients! RH**

5A & B – Week 4: A teaching need for one of the patient this week was about the diet and medication is regards to his diabetes. Specifically, he was inquiring about drinks that were appropriate for diabetics. I educated him that diet or zero sugar soda was okay in moderation, but water was the best choice. I also educated him about flavored waters that would be sugar free for him, if he needed something flavored. When asked about medications, skyscape was used. Specific education given about medication was about Jardiance and why he was taking this medication since he hadn’t been on it prior to hospitalization. **Very good! You were able to use your prior knowledge of diabetes management to help promote positive outcomes for your patient in regards to optimal nutrition related to diabetes. I think you provided some great recommendations for your patient! Consider using Lexicomp to print out education resources that the patient can use at home to reinforce what was learned. Good thoughts! NS**

5A & B: - Week 6: A teaching need for my patient was the importance of medication compliance at home. Specifically, he was noncompliant at home. With hypertension and prior stroke, his decision of not taking the medications for either of those is what lead to him having another stroke. I educated the patient on all his medications, their purpose and why he was taking them using Skyscape.

*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)			NA	NA	NA	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	S	S	S											
			RH	NS	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. Factors associated with SDOH and cultural elements that have the potential to influence patient care would be her increased age as she was 91 and her being catholic. With increased age, patient's may not understand education as easy during their care. Also, being catholic may have been lead her to the decision of being a DNRCCA with no tube. She may have leaned on her faith when deciding. **These are both good observations. RH**

6B – Week 4: One SDOH of my patient this week was that she was retired. This may influence the patient's care by waiting longer then normal to go see the doctor due to the lack of insurance or the quality of insurance. In addition, my patient was spiritual, but was not part of a church. This influenced her care by giving her something ot lean on when going through difficult times like now with her having cancer. **Good thoughts! Financial constraints play a major role in influencing health outcomes. A lot of times, patient are deemed “non-complaint” when they don’t pick up their prescriptions or attend follow up visits. We as nurses need to understand the social aspect of these findings, and whether or not patient’s have the means to manage their health conditions, which often relates to insurance. NS**

6B – Week 5: This week a social determinants of health would be the age of the patient's with covid that were on droplet plus percautions. These patient's are more likely to be admitted for covid and having more complications from the virus because of their lowered immune systems. **Good observation, Leah! What types of interventions would you add to an older adults care plan to help reduce health risk associated with age and COVID? Just something to help you reflect a little further. DW**

6B – Week 6: A social determinate of health for my patient this week would be low income. While I do not have exact knowledge of his income statues, I could tell by observation of his personal belongings that they were not in the best condition. This could play a large role in my patient not being medication compliant at home. If he is

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

having issues with income then he may not be able to pay for his medication. He is on a decent amount of medications and all are very important in the prevention of him having another stroke.

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	U	S											
b. Reflect on an area for improvement and set a goal to meet this need.** (Reflecting)	S		S	S	U	S											
c. Demonstrate evidence of growth, initiative, and self-confidence. (Responding)	S		S	S	U	S											
d. Follow the standards outlined in the FRMCSN Student Code of Conduct Policy. (Responding)	S		S	S	U	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	U	S											
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (Responding)	S		S	S	U	S											
g. Demonstrate the ability to give and receive constructive feedback. (Responding)	S		S	S	U	S											
h. Actively engage in self-reflection. (Reflecting)	S		S	S	U	S											
	HS		RH	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: I see that you added a comment for a strength and a weakness however, you did not self-evaluate the competency its self be sure to always also self-evaluate unless grayed out. HS

A. My strength this week was insulin and finger sticks. With experience in my personal life and as a PCT, I am very confident in my skills when it pertains to these two topics. HS

B. My weakness this week would be IV math. I will do practice problems daily before the quiz and clinicals. Additionally, I will work on application of IV math with the physical bags of medication and tubing. Practice will most definitely help to improve your IV math skills. HS

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

- Week 3.
- A. My strength this week would be my ability to identify the correlation of the side effects of my patient's Parkinson's disease medication and her reason for being admitted to the hospital. **This was a great connection you made. RH**
 - B. My weakness this week would be time management. I felt as if I was running behind and having issues with the business schedule of the rehab floor. I will practice my head to toe assessment and time myself when practicing to get my time down once a week prior to clinical. **We briefly discussed this is debriefing as the head to toe does not always need to be done from head to toe but this does take practice. RH**

- Week 4.
- A. My strength this week was the knowledge of diabetes. With this knowledge, I was able to give great education to patient's and administer insulin with the other student nurses well. **This was a great strength to note! I was impressed with your knowledge of diabetes and thought process as we discussed insulin administration for a variety of patients. I thought you did a great job of using your experience in managing diabetes to help educate your peers and their patients. Great work! NS**
 - B. My weakness this week would be finding information in the chart when using the new Meditech system. I was looking for the information on my patient to fill out the patient database paper and struggled to find what I was looking for. To improve this for next clinic, I will go to the computer lab once a week and play with finding information in the Test Meditech system before my next inpatient clinical. **Good reflection and plan for improvement! This will be a work in progress for all of us during the transition to the new meditech. Don't hesitate to ask questions or use the "search" function to locate information. With more practice and experience you will find it easier to locate things. Your plan for improvement will certainly help. Keep up the hard work! NS**

- Week 5.
- A. My strength this week would be my ability to answer the CDG questions. I felt like I knew the knowledge about C-diff very well off the top of my head! **That's great to hear. Considering a little deeper reflection on your strength, what do you think contributed to this confidence in C-diff knowledge? DW**
 - B. My weakness this week would be knowing what precaution was needed for which diagnosis a patient was given. I will improve this by reviewing and studying the material from foundations and the card on the back of our badges one a day until I have the common ones memorized. **Great idea! A general knowledge of isolation precautions is important. With that said, the badge backer is always there to assist you and saves you from having to remember every detail. There is no shame in utilizing available resources when in the clinical environment. DW**

Week 5 (Obj. 7)- Unfortunately, you have earned a U for these competencies due to leaving them blank and not evaluating yourself. This was a simple mistake, so don't beat yourself up about it. In the future, be sure to double or even triple check your tool for completeness prior to submitting it. Additionally, please be sure to comment on how you have improved in this area when you submit your tool for week 6. Please know that failure to comment on improvements will result in a continued rating of U. Please let me know if you have any questions. DW

To improve in the area of not evaluating myself in this page of competencies, I made sure to triple check that all appropriate boxes were filed in prior to submission and I took my time rather than rushing through my evaluation.

Week 6.

- A. My strength this week would be time management and personal confidence. My improvement from week 3 on 5T to this week was a huge change. I was able to get my assessment, vital signs and medication administration done within the tight time frame of my patient's PT, therapeutic dining and OT schedule. I believe that getting back into a routine of clinicals and practicing my head to toe assessment has helped me tremendously. Additionally, my personal confidence was a strength because my patient wasn't the friendliest person and I didn't let that affect me. I also didn't take it personally or let it bother me during clinicals or after.
- B. My weakness this week would be vial and needle administration of heparin. I struggled with getting all the medication into the needle from the vial. I believe that a big issue for me during this was my confidence. I wasn't confident in the exact steps, which made me hesitate and question if I was doing it correctly. I will rewatch the videos on injections once a week until I have done it in clinicals successfully.

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)		
Res	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete		

pondering	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		
Reflecting	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 the following statements: <ul style="list-style-type: none"> • Continue plan of care • Modify plan of care • Terminate plan of care 	Complete			Not complete		
<p>Total Possible Points= 42 points 42-33 points = Satisfactory 32-21 points = Needs Improvement* < 21 points = Unsatisfactory* *Total points adding up to less than or equal to 32 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.</p> <p>Faculty/Teaching Assistant Comments:</p>							<p>Total Points:</p>
							<p>Faculty/Teaching Assistant Initials:</p>

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		

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							Faculty/Teaching Assistant Initials:	

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

Student name: Leah McNeely								
Skills Lab Competency Evaluation	Lab Skills							
	Week 1	Week 1	Week 1	Week 1	Week 1	Week 2	Week 2	Week 9
	Insulin (2,3,5,7)*	Assessment (2,3,4,5,7)*	IV Math Application (3,7)*	Lab Day (1,2,3,4,5,6,7)*	IV Skills (2,3,5,7)*	Trach (1,2,3,4,5,6,7)*	EBP (3,7)*	Lab Day (1,2,3,4,5,6,7)*
	Date: 1/9/24	Date: 1/9/24	Date: 1/10 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	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 & Suctioning)-During this lab, you satisfactorily demonstrate competence with tracheostomy care and tracheostomy suctioning. Nice job with both skills overall. For tracheal suctioning, be sure to auscultate the lungs under the gown. During trach care, you applied your sterile gloves before removing the inner cannula and

old dressing, but recognized this on your own and corrected the situation. One prompt was needed to replace the new trach dressing at the site following cleaning. Continue to review the trach care checklist and video to feel more confident in the process. Otherwise, keep up the good work! DW
(EBP Lab)- You actively participated in the online searching process for evidence-based practice literature, as well as reviewing example articles to determine appropriate selection and information needed when summarizing a research article. KA/LK

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

<u>Simulation Evaluation</u>	Student Name: Leah McNeely							
	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)
Performance Codes: S: Satisfactory U: Unsatisfactory								
	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	U							
Faculty/Teaching Assistant Initials	NS							
Remediation: Date/Evaluation/Initials	1/29/24 S NS							

* Course Objectives

Comments:

Vincent Brody vSim assignment – Late completion of the vSim assignment. Remediation completed when submitted on 1/29/2024. NS

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