EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: | Seannita "Essence" Byrd |

Final Grade: **Satisfactory/Unsatisfactory**

Semester: **Spring**

Date of Completion:

Faculty: **Dawn Wikel,** MSN, RN, CNE**; Rachel Haynes,** MSN, RN**; Kelly Ammanniti,** MSN, RN, CHSE**;**
Monica Dunbar, DNP, RN**; Heather Schwerer,** MSN, RN**; Nick Simonovich,** MSN, RN

Faculty eSignature:

Teaching Assistant: **None**

DIRECTIONS FOR USE:

Each week the students evaluate themselves based on the competencies using the performance code on page 2. The performance code includes the terms **Satisfactory (S), Needs Improvement (NI), Unsatisfactory (U), and Not Available (NA).** The faculty member will initial if in agreement with the student's evaluation. If there is a discrepancy in the performance code evaluation between the student and the faculty member, a note is written on the comment section by the faculty member with the rationale for the evaluation. All competencies must be rated a "S, NI, U, or NA". If the student does not self-rate, then it is an automatic "U". A student who submits the clinical evaluation tool late will be rated as "U" in the appropriate competency(s) for that clinical week. Whenever a student receives a "U" in a competency, it must be addressed with a comment as to why it is no longer a "U". If the student does not state why the "U" is corrected, it will be another "U" until the student addresses it. All clinical competencies are critical to meeting the objectives of the course. If the final performance code is unsatisfactory or needs improvement in any one of the competencies, a grade of unsatisfactory is given. If a pattern of unsatisfactory performance occurs after performing the competency satisfactorily, this also constitutes a grade of unsatisfactory. An unsatisfactory or needs improvement as a final score in any single competency results in a clinical course grade of unsatisfactory; this is a failure of the course. The terms Satisfactory and Unsatisfactory will be used in evaluating the final grade or clinical course performance.

METHODS OF EVALUATION:

Skills Lab Competency Tool & Skills Checklists
Simulation, Prebriefing, & Reflection Journals
Nursing Care Map Rubric
Meditech Documentation
Clinical Debriefing
Clinical Discussion Group Grading Rubric

Evaluation of Clinical Performance Tool
Lasater's Clinical Judgment Rubric & Scoring Sheet
Virtual Simulation Scenarios

ABSENCE (Refer to Attendance Policy)

Date	Number of Hours	Comments	Make-up (/Date/Time)

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

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

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

UNSATISFACTORY CLINICAL PERFORMANCE

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

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

OTHER

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

*Grey shaded boxes do not need a student evaluation rating or faculty/teaching assistant initials.

Date	Care Map Top Nursing Priority	Evaluation & Instructor Initials	Remediation & Instructor Initials	Remediation & Instructor Initials
1/25/2024	Ineffective Cerebral Tissue Perfusion	Satisfactory/MD	NA	NA
2/15/2024	Impaired physical mobility	S/RH	NA	NA

Note: Students are required to submit two satisfactory care maps over the course of the semester. If the care map is not evaluated as satisfactory upon initial submission, the student must revise the care map based on instructor feedback/remediation and resubmit. A maximum of two remediation attempts will be provided for a single care map and if still unsatisfactory, the student will be required to start fresh and initiate a care map on a new patient. At least one care map must be submitted prior to midterm.

Objective

1. Illustrate correlations to demonstrate the pathophysiological alterations in adult patients with medical-surgical problems.   (2,3,4,5)*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies: a. Analyze the involved patho-physiology of the patient's disease process. (Interpreting)			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	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		Rehab 5T, 94, CVA	IC, ECSC	3T,34,Renal Failure	Rehab, Team Leader, 73, Right Total Hip Revision											
Instructors Initials	**KA**	**KA**	**MD**	**DW**	**HS**	**RH**											

Comments:

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

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Week 1 (1h)- During week 1, the Meditech, FSBS and IV pump sessions were all considered clinical hours. You came prepared to each of them and demonstrated competency accordingly. For this reason, you have earned an S for this competency. KA

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 5 (1a-e)- Great job this week interpreting your patient's symptoms and diagnostics with the disease process. You also did a nice job associating the role that the medications played in your patient treatment plan. HS

Week 6 (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. You also assisted your peers with their correlation of pharmacotherapy to diagnosis and treatment while acting as team leader. RH.

Objective

2. Perform physical assessments as a method for determining deviations from normal. (3,4,5)*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies: a. Perform inspection, palpation, percussion, and auscultation in the physical assessment of assigned patient. (Noticing)			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	S	S	S											
	KA	**KA**	**MD**	**DW**	**HS**	**RH**											

Comments:

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

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 5 (2a,c,d,e)-Great job with your assessment, a thorough skin assessment was imperative due to the fact that your patient was bedbound and had an increased risk of developing pressure injuries. Great communication with your team leader and the primary nurse this week. HS

Week 6 (2 a-f)- This week you did a good job of performing your head to toe when time was available to you due to the therapy scheduling. You worked around therapy schedules to get your head to toe as well as your reassessment done. You also were able to document and find other assessment pieces in the electronic health record. You also checked documentation and assisted your peers in correcting their charting while acting as team leader. RH

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

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies: a. Perform standard precautions. (Responding)	S		S	S	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	S	S	S											
f. Apply the principles of asepsis where indicated. (Responding)	S		S	S	S	S											
g. Demonstrate appropriate skill with Foley catheter insertion, maintenance, & removal (Responding)			N/A	N/A	S	N/A											
h. Implement DVT prophylaxis (early ambulation, SCDs, ted hose, administer enoxaparin or heparin) based on assessment and physicians' orders (Responding)			N/A	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											
	KA	**KA**	**MD**	**DW**	**HS**	**RH**											

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 3- Rehab Clinical Objective 3 E-You were able to identify when you needed assistance by the nurse with the diminished pedal pulses! Way to critically think and take action! MD

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

Week 5 (3g)- Great job with the Foley insertion, your patient was very nervous during the procedure and you were able to stay calm and continue with the procedure despite her yelling at times. HS

Week 6 (3 c, d, e) This week you demonstrated good organization and time management when it was time for medication administration. This was difficult due to the varying therapy schedules we had to work around. You did a good job looking up your medications, administering medications, completing your head to toe, and charting your findings while also participating in therapy with your patient throughout both days. You were not afraid to ask for assistance when needed. RH

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies:																	
k. Administer PO, SQ, IM, or ID medications observing the rights of medication administration. (Responding)			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	N/A	N/A											
o. Regulate IV flow rate. (Responding)	S		N/A	N/A	N/A	N/A											
p. Flush saline lock. (Responding)			N/A	N/A	N/A	N/A											
q. D/C an IV. (Responding)			N/A	N/A	N/A	N/A											
r. Monitor an IV. (Noticing)	S		N/A	N/A	N/A	N/A											
s. Perform FSBS with appropriate interventions. (Responding)	S		N/A	N/A	N/A	N/A											
	KA	KA	MD	DW	HS	RH											

Comments:
Week 1 (3o,r)- During the IV pump session, you actively participated in the programming and maintenance of the Alaris IV pump. Additionally, you accurately identified abnormal IV site assessment data with an IV site monitoring activity. HS
(3s)- The student was able to satisfactorily perform a Quality Control check of the glucometer as well as demonstrate skills and knowledge required for proper fingerstick blood glucose measurement with the ACCU-CHEK Inform II glucometer. DW

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

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)- You did a nice job with the medication pass this week, it was a little challenging due to the fact that she was able to take some of the medication orally and others needed to go through the PEG tube. HS

Week 6 (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

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											
	KA	KA	MD	DW	HS	RH											

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! Awesome job with your reference and in-text citation as well! MD

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

Week 4 (4a,b)- How was your communication with the clientele at the ECSC clinical, as well as other healthcare team members in the IC clinical? These competencies could have been evaluated this week, so please be sure to consider each competency in this tool closely from week to week. DW

Week 4 (4e)- According to the CDG Grading Rubric, you have earned an S for your participation in the Erie County Senior Center and Infection Control discussions this week. Your discussion was thoughtful and supported by evidence. Nice job with APA formatting. Keep up the good work! DW

Week 5 (4a,b,c)- You were able to communicate effectively with the patient, her dad and the other members of the healthcare team.

Week 5 (4e)- Nice job with your CDG for this week! You selected a good article and did a nice job describing how the article you selected pertained to your patient. Nice job with your APA formatting! HS

Week 6 (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

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 termino-logy and resources (Lexicomp, UpToDate, Dynamic Health, Skyscape) when providing patient education. (Responding)			S	N/A	S	S											
	KA	KA	MD	DW	HS	RH											

**5a & b- You must address this competency in the comments below for all clinicals on 3T, 4N, or Rehab- describe the patient education you provided; be specific- include the topic, method of delivery, reason for teaching need, materials to support learning through above resources (if applicable), and method used to validate learning.
Example: Education related to orthostatic hypotension (changing positions slowly by sitting at the side of the bed or chair for a few minutes before moving to another position, utilizing the walker when ambulating) was provided to my patient through discussion and demonstration. This was necessary to maintain patient safety as he/she was experiencing a drop-in blood pressure and dizziness when getting out of bed. A patient education sheet was printed from Lexicomp and given to the patient. The teach back method was used to validate learning.

Comments:

Week 3 a & b: I provided education for my patient on the medications that I would be giving her while I was there with her. I told her the name of the medication, what it was for, and any side effects that she would need to recognize and notify us of. This teaching was needed so that she was aware of the exact medication she was receiving, what the expected action for the medication was, what actions could happen that are unintended so that the patient would know how to identify these side effects and an extra way to promote patient safety. I used Skyscape to find the information that needed to be provided to my patient prior to giving her the medication. I used patients' verification to validate learning. Awesome job! Skyscape is a wonderful resource! MD

Week 4 a & b: This week I had no need to educate patients or significant others. My clinical experiences we not directly working with patients. I did ECSC and IC this week. DW

Week 5 a & b: I provided education to my patient this week on the importance of completely taking all her medications so that they may perform their effects correctly. I used Skyscape to be able to give her more information on what they medications intended action was and then informed her why it is do important for her health that she take her medications as directed. Great job educating her and making sure she took all of the medications that were ordered. HS

Week 6 a & b: I provided education for my patient on how taking her pain medication prior to going to physical therapy could help with the discomfort that she may feel during physical therapy as well as relieving the pain that she was feeling at the time of my assessment. I explained to her that by the time she was in physical therapy and had really begun to get into the activities they medications onset time would have been reached and used Skyscape to look up the medication onset of action. This is great education and probably helped the patient do more in physical therapy rather than having pain the whole time. RH

*End-of-Program Student Learning Outcomes
Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting   13

Objective

6. Implement patient-centered plans of care utilizing the nursing process, clinical judgment, and consideration for cultural, ethnic, and social diversity. (2,3,4,5)*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
a. Develop and implement a priority care map utilizing the nursing process and clinical judgment. (Noticing, Interpreting, Responding, Reflecting)			S	N/A	N/A	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											
	KA	**KA**	**MD**	**DW**	**HS**	**RH**											

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

See Care Map Grading Rubrics below.

Comments:
Week 3 b: Something that influenced my patient's patient care was the fact that she lives alone. The care being given to her is helping her to transition back into her home life when she is discharged. A lot of the care given was just doing little things to help her if she needed it or standing by for her overall safety. This is a great SDOH! This really can affect her overall health and wellness at home! MD

Week 4 b: A social determinant of health that I noticed was transportation. When we were completing our ECSC experience I noticed that a few of the seniors had to take public transportation home from the center. If patients don't have transportation, it greatly influences their ability to get care when needed or make it to appointments. If they cannot get to where they would need to be to receive care they are less likely to actively try to get care. Great observation and reflection here! DW

Week 5 b: The social determinant of health that I noticed for my patient this week that I feel had a large effect on whether she was seeking or continuing her care was transportation. The patient and her father expressed that they used transportation services to get her to and from her appointments. This can influence her care because there could be times that she may miss her pick up or they could not have the money to pay for the transportation one of the weeks that she needs to go so it could be a large factor in missing appointments or just not seeking care when care is needed. That is a great example! Especially since she stated she has appointments at OSU for her transplant. HS

Week 5 b: The social determinant of health that I noticed this week was my patients support system. Her family is very involved in her care. I think that this will influence her care in a very positive way because her family motivates her to work hard and encourages her to make progress and knowing that she has support does great with mental health. Being in the hospital can be very lonely for patients that are admitted. That is amazing! Great observations. RH

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	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		U	S	S	S											
	KA	KA	MD	DW	HS	RH											

7a and 7b: You must address these competencies in the comments section on a weekly basis. Please write a different comment each week. Remember that a goal includes what you will do to improve, how often you will do it, and when you will do it by (example- "I had trouble remembering to do the three checks of the six medication rights prior to administering medications. I will review the six rights and medication administration content in the textbook twice before the next clinical. Additionally, I will request to meet with my clinical faculty member to practice preparing and administering at least three medications before the next clinical."

Comments:

Week 1- An area I feel that I showed strength with this week was being able to effectively do IV and Insulin math to make sure that I was able to administer the correct dose. Great job! KA

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting   16

An area I feel that I showed weakness this week was being able to do the manual drip rate. It took me a few times before I actually got the right drip rate and will work on opening techniques to help me ensure that I have the correct drip rate such as opening the clamp more first so that it is dripping fast then slowing it down to the correct amount of drips per minute. Great idea. This is a skill that takes practice. Remember to give make your goal measurable. In the future state how you will practice these techniques (i.e. during the scheduled open lab, or on clinical when setting up a primary line, etc.). KA
Week 1 – 7f – Tool was submitted after Saturday at 2200. If there is ever an issue that may cause your tool to be submitted late please contact faculty ASAP to make them aware of this in case there are things that can be done to assist you. Please make sure to write a statement on how you will prevent receiving a U in the future in this competency. KA
Week 1 Instructor reply statement: I will prevent receiving a U in the future with this competency by getting my clinical tool done and submitted before Saturday at 2200 in the future. I will also make sure to let my instructors know if there is ever any reason that I would need to submit my tool late. MD

Week 3 a: This week I think that I did well with communication with my patient and the healthcare team. I am usually really withdrawn and don't really try to talk aside from what I know that I must communicate with the patient or healthcare team about but today I came out of my shell and was able to have conversations that I feel help make the experience better and make the patient feel that I cared more about her and her life. You did AMAZING! I am so proud of you! You were able to communicate with your team and talk with the nurse about your concerns with the patient's pedal pulse! Keep up the great work! MD
Week 3 b: This week I think I showed weakness because I noticed that my patient's respiratory rate was high during my initial assessment when we got to clinical Wednesday morning but instead of rechecking my patients respiratory rate I decided to just keep it. I felt like it wasn't right, but I was lazy and did not recheck it because I was rushing myself to get the head-to-toe assessment done before my patient had her first therapy session. In the future I will make sure to recheck things when they do not seem right instead of leaving them as they were when I initially checked. That was bad nursing judgment on my part. This is a learning experience. It is ok to slow down some and obtain the information needed to make decisions. Remember-we are here for you when you need us! How do you plan on working on this before your next clinical to improve? Be sure to include this information in your assessment of areas to improve. MD
Week 3- Rehab Clinical Ojective 7 H-You are receiving an unsatisfactory for this competency due to it not being filled in at the time of submission. Please be sure to write how you will prevent this from occurring in the future. MD
Week 3 Instructor reply statement: I understand that I have received an unsatisfactory for this competency due to leaving the box blank at the time of submission, going forward I will make sure to triple check my clinical tool to make sure that all of the boxes are filled in properly. DW

Week 4 a: I think is showed strength this week in asking questions about things that I was not necessarily sure about. I have noticed that if it is not something that I feel is urgent and I do not really understand it I usually put off asking the questions I have and in situations where I would be caring for a patient, I know that would not be a good thing to do nursing judgment-wise. I am very proud that I was able to make sure that I asked all the questions that I had so that I was not unsure of anything and if I was it was clarified as soon as I had the question. So glad to hear this…you should be proud of yourself! It can be intimidating asking questions of licensed healthcare professionals. In todays day and age, most healthcare professionals would rather students ask the questions instead of blindly attempting to work through something. It's in asking these questions that you learn who you can rely on as a resource when you need it. Keep up the good work! DW
Week 4 b: An area where I feel I showed weakness this week was not taking more initiative when we were at the senior center. I would take the initiative to ask the workers if they wanted help with anything but if they would tell me no I would just go back to whatever else I was doing beforehand so I feel like I could have done a lot more when it comes to helping the workers with certain things while we were there. Good reflection here. Whenever unsure of what to do, a good train of thought would be to consider the patients or clientele first. What can you do to help the patients? Maybe its just starting a conversation with one of them that looks lonely. DW

Week 5 a: An area that I feel that I did well in this week was getting my patient to take all of her meds. We were told that she wasn't the most compliant when it comes to her care and taking her medication, mostly because she takes them slow and usually just forgets about them. I was able to get her to finish taking her oral meds while I was in the room all at once instead of taking them slowly and individually throughout an hour or however long it usually was taking her to take them. I was really proud of this. Great job on educating, and staying with her to make sure she did take all of the medications. HS

Week 5 b: An area that I believe I showed weakness this week was letting my anxiety get the best of me during my care. Being anxious slowed me down a lot this week. I hesitated during my foley insertion because my patient screamed, and I almost pulled it back out because my anxiety got really bad thinking that I was causing her more pain than I was helping. I will do better with this going forward by making sure that I go into things like this with a positive attitude about my ability and knowing that in the end my care is helping their recovery overall even if they may be in pain for a short period of time while initiating the intervention. Anxiety is normal, especially when

you are performing skills for the first time outside of the skills lab. You will continue to gain confidence and decrease your anxiety with the more experiences that you have in the clinical setting. HS

Week 6 a: I think that my strength this week was my communication with my classmates. I was team leader and I think I did very well with communicating things they needed to do, checking to see if they needed help with anything and communicating areas that they needed to edit in their charting. You did awesome at chart checks and communicating professionally with the rest of the team informing them of corrections that needed to be updated. RH

Week 6 b: I think my weakness this week was getting myself up to get ready and make it to clinical on time. I think I take a little bit of advantage of the fact that I live so close so I lay around longer than I should before getting up and then I end up trying to rush to make it to clinical on time. I will improve this in the future by going to bed earlier the night before clinical and making sure that I set more than one alarm so that I actually get up instead of just turning the alarm off and laying back down. Good idea! RH

Student Name: Seannita "Essence" Byrd			Course Objective:				
Date or Clinical Week: 1/25/2024							

	Criteria	3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)	3	All criteria met. MD
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)	3	
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	All criteria met. MD
	5. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	6. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	3	
	7. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	3	
Responding	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	All criteria met. MD Just a side note-In the administration section you mention wanting to administer Aspirin for inflammation. It can also be used to keep platelets from sticking together which would assist in decreasing the patient's risk of stroke. MD
	9. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	10. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	11. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	12. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
Refl	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	All criteria met. MD Consider citing all care maps. This will assist the faculty in understanding where

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	you found your information. MD

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

Student Name: Seannita "Essence" Byrd	Course
Date or Clinical Week: 2/14-15/2024	Objective:

	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	Good compilation of findings listed.
	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	4. Thorough list of nursing problems
	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	10. Intervention 13 and 14 have no frequency, but still have greater than 75% so no points deducted.
	9. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	10. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	11. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	12. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
Refl	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	

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

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

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

*Course Objectives

Comments:
Week 1
(Insulin)- You were able to correctly prepare an insulin pen and administer subcutaneous insulin. Insulin requirements were accurately identified and calculated through the corrective scale and carbohydrate coverage orders. MD
(Assessment)- You were able to satisfactorily demonstrate the Basic Head to Toe Assessment during lab. KA/RH
(IV Math)-You satisfactorily participated in the IV Math learning session on 1/9/24 as well as the assigned IV Math practice questions and the IV Math Application lab on 1/11/24. KA/DW
(Lab Day)- You satisfactorily completed the mandatory lab review of nursing foundational skills. This was achieved through simulating care for a patient in a scenario requiring competency in assessment, communication, medication administration (including PO and IM injection), nasogastric tube insertion and maintenance, patient mobility and hygiene, use of PPE for Contact Isolation, wound care, foley insertion, and development of nursing notes. NS/MD
(IV Skills)- You have satisfactorily completed IV lab including a saline flush, IV push medication administration, priming and hanging a primary and secondary IV solution, adjusting a flow rate to run by gravity, discontinuing IV solution, and monitoring the IV site for infiltration, phlebitis, and signs of complication. KA

Week 2
(Trach Care & Suctioning) - During this lab, you satisfactorily demonstrate competence with tracheostomy care and tracheostomy suctioning. Your execution of tracheal suction was very well done! You demonstrated confidence in the skill and sterility was maintained. During tracheal care, you applied your sterile gloves before removing

the inner cannula and old dressing but recognized this on your own and corrected the situation. I would also encourage you to rethink the organization of your supplies on the table to avoid risk of contamination. Throughout both procedures, you utilized great communication and explained each step to the patient. No prompting was required for either skill. 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

Simulation Evaluation Performance Codes: **S**: Satisfactory **U**: Unsatisfactory	**Student Name:** Seannita Byrd							
	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