

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

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

Student:

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)
2/2/24	1	Late CDG Post	2/2/24

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
2/16/2024	Impaired wound healing	S/NS	NA	NA

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

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies:			N/A	N/A	S	S	S										
a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting)			N/A	N/A	S	S	S										
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			N/A	N/A	S	S	S										
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			N/A	N/A	S	S	S										
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			N/A	N/A	S	S	S										
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			N/A	N/A	S	S	S										
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			N/A	N/A	S	S	S										
g. Assess developmental stages of assigned patients. (Interpreting)			N/A	N/A	S	S	S										
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		N/A	N/A	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	N/A no clinical	ECSC	5T, 59 years old, Stroke	4N 71 YEARS OLD lymphangitis	3T, 75 years old, near syncope										
Instructors Initials	HS		HS	HS	RH	NS											

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

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 5: (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.

Week 6 1(a-h) – Lynette, you did a great job with patient care this week for a patient admitted with lymphangitis/cellulitis and necrotizing fasciitis. You demonstrated a desire to learn and enhance your clinical judgement through discussion, research, and reviewing your patient EHR throughout the week. You discussed the pathophysiology involved with her alteration to skin integrity and subsequent wound infection requiring surgical debridement. You noticed numerous abnormal assessment findings that you focused on in providing patient care. You discussed how her underlying dementia could impact her healing due to pulling at the wound vac site and implemented interventions to prevent this from occurring. You noticed the maceration to the wound site under the wound vac dressing and voiced your concerns related to proper wound healing. You closely monitored and discussed the importance of assessing for adequate circulation, noting that the coband was too tight and potentially causing the numbness/tingling and throbbing pain. You discussed the importance of assessing for the 6Ps to identify potential complications. You reviewed her diagnostic tests performed, noting her microbiology reports being positive for infection. You also noted her increased WBCs, normal lactic acid, and elevated CRP results. We discussed the rationale behind these tests and the nursing implications from the results. You discussed the rationale for the wound vac, noting concerns of potential moisture underneath the dressing. You also discussed the surgical treatment that was performed. Overall you did well looking into your patient's situation, discussing top priorities related to the disease process, and implemented nursing care aimed at promoting positive outcomes for your patient. 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:			N/A	N/A	S	S	S										
a. Perform inspection, palpation, percussion, and auscultation in the physical assessment of assigned patient. (Noticing)			N/A	N/A	S	S	S										
b. Conduct a fall assessment and implement appropriate precautions. (Noticing)			N/A	N/A	S	S	S										
c. Conduct a skin assessment and implement appropriate precautions and care. (Noticing)			N/A	N/A	S	S	S										
d. Communicate physical assessment. (Responding)			N/A	N/A	S	S	S										
e. Analyze appropriate assessment skills for the patient's disease process. (Interpreting)			N/A	N/A	S	S	S										
f. Demonstrate skill in accessing electronic information and documenting patient care. (Responding)	S		N/A	N/A	S	S	S										
	HS		HS	HS	RH	NS											

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 5: 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 were able to work around the therapy schedule and still perform your assessment/reassessment. You were able to document and find other assessment pieces in the electronic health record. Your assessment skills are still growing, we had conversation about this during the clinical days and you are doing well! You also checked documentation and assisted your peers in correcting their charting while acting as team leader. RH

Week 6 2(a,e) – This week you did well with your assessments, noting various deviations from normal that you followed up on. You discussed your priority assessments to be performed and accurately analyzed the appropriate assessments for her disease processes. You ensured safety was maintained due to her underlying dementia. You identified the importance of assessing for adequate circulation to the surgical extremity, removing the tight coband dressing to help improve circulation. You assessed for the 6Ps which you accurately identified to monitor for potential complications. I appreciated your level of concern and in-depth assessment performed on the wound site.

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

You stated the importance of removing the dressing covering the wound vac site to better visualize the area of debridement. You noted increased maceration to her thumb and did your best to advocate for your patient by encouraging the assigned RN to closely assess. 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		N/A	N/A	S	S	S										
a. Perform standard precautions. (Responding)	S		N/A	N/A	S	S	S										
b. Demonstrate nursing measures skillfully and safely. (Responding)			N/A	N/A	S	S	S										
c. Demonstrate promptness and ability to organize nursing care effectively. (Responding)			N/A	N/A	S	S	S										
d. Appropriately prioritizes nursing care. (Responding)			N/A	N/A	S	S	S										
e. Recognize the need for assistance. (Reflecting)			N/A	N/A	S	S	S										
f. Apply the principles of asepsis where indicated. (Responding)	S		N/A	N/A	N/A	S	S										
g. Demonstrate appropriate skill with Foley catheter insertion, maintenance, & removal (Responding)			N/A	N/A	N/A	N/A	N/A										
h. Implement DVT prophylaxis (early ambulation, SCDs, ted hose, administer enoxaparin or heparin) based on assessment and physicians' orders (Responding)			N/A	N/A	S	S	S										
i. Identify the role of evidence in determining best nursing practice. (Interpreting)	S		N/A	N/A	S	S	S										
j. Identify recommendations for change through team collaboration. (Reflecting)			N/A	N/A	S	S	S										
	HS		HS	HS	RH	NS											

Comments:

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

Week 5: (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 5: (3f) this was changed to “S” because you used hand sanitizer going in and out of each room and also performed appropriate hand hygiene when necessary. RH

Week 6 3(b,c,d) – you did a great job with your time management and prioritization throughout the week. It can be challenging in your situation to take a step back when you are used to caring for 5-6 patients at a time in an acute care setting. However, I appreciated your desire to learn and enhance your clinical judgment throughout the week. On numerous occasions you stated the importance of learning more about the “why” behind things, rather than completing tasks. I noticed on numerous occasions you took the opportunity to review the chart and ask appropriate questions. You discussed various lab values and important assessments to be performed. By ensuring good time management with assessments and medications, it gave you the opportunity to explore your patient further. You used good clinical judgment in regards to prioritization related to her prescribed ear drops, noting the importance of giving one medication, allowing time for it to work, then administering the second medication rather than administering both at the same time. 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:			N/A	N/A	S	S	S										
k. Administer PO, SQ, IM, or ID medications observing the rights of medication administration. (Responding)			N/A	N/A	S	S	S										
l. Ensure patient safety through proper use of EHR, IV flow sheet, and BMV. (Responding)			N/A	N/A	S	S	S										
m. Calculate medication doses accurately. (Responding)			N/A	N/A	S	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	S	S										
o. Regulate IV flow rate. (Responding)	S		N/A	N/A	N/A	S	S										
p. Flush saline lock. (Responding)			N/A	N/A	N/A	S	S										
q. D/C an IV. (Responding)			N/A	N/A	N/A	S	N/A										
r. Monitor an IV. (Noticing)	S		N/A	N/A	N/A	S	S										
s. Perform FSBS with appropriate interventions. (Responding)	S		N/A	N/A	S	N/A	N/A										
	HS		HS	HS	RH	NS											

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 5 (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 did great using the NG tube for medication administration this week. RH

Week 6 3(k-s) – You demonstrated confidence and competence in your medication administration this week. You took the time to discuss the implications, side effects, and nursing considerations for each medication to be administered. You identified the 6 rights of medication administration, performed the three safety checks, and utilized the BMV scanner for patient safety. All dosage calculation was performed accurately. You demonstrated competence in administering various PO medications, ear drops, and an intravenous infusion. You used aseptic technique in performing a saline flush to confirm patency of the IV site, noting leaking around the catheter. Due to limitations with IV access, you performed a full saline flush, noting absence of infiltration. You successfully primed and initiated an IV antibiotic as a primary infusion, monitoring the IV site closely after initiating the infusion to monitor for complications. I appreciated the focused attention to monitoring the IV site closely. You accurately programmed the IV pump per physician orders. At the end of day 2, you safely discontinued the IV site and documented accordingly. Nice work all around with your medication administration this week. 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:			N/A	N/A	S	S	S										
a. Integrate professionally appropriate and therapeutic communication skills in interactions with patients, families, and significant others. (Responding)			N/A	N/A	S	S	S										
b. Communicate professionally and collaboratively with members of the healthcare team using hand-off communication techniques. (SBAR) (Responding)			N/A	N/A	S	S	S										
c. Report promptly and accurately any change in the status of the patient. (Responding)			N/A	N/A	S	S	S										
d. Maintain confidentiality of patient health and medical information. (Responding)			N/A	N/A	S	S	S										
e. Consistently and appropriately post comments in clinical discussion groups. (Reflecting)			N/A	N/A S	S	S	S										
f. Obtain report, from previous care giver, at the beginning of the clinical day. (Noticing)			N/A	N/A	S	S	S										
g. Provide a clear, organized hand-off report to your patient's next provider of care. (Responding)			N/A	N/A	S	S	S										
			HS	HS	RH	NS											

Comments: Week 4 (4e)- According to the CDG Grading Rubric, you have earned a satisfactory for your ECSC discussion this week. You answered the questions very well and provided great insight on the older adult and the challenges that they face. Nice job with your reference and citation this week! HS

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

Week 6 4(a,b,c) – Advocacy and communication were noted strengths of yours this week. Your patient had numerous family members present throughout the two days caring for her which requires constant communication and re-assurance. It appears that you handled the number of visitors well, incorporating them into the plan of care, and answering their questions. The patient appeared comfortable in your care and it was fun to see the positive interactions between you and her. You stayed in constant communication with the assigned RNs, prompting them for further assessment. You continuously advocated for your patient, demonstrating concern about her thumb that appeared macerated underneath the wound vac. Although we did not get the resolution desired, I appreciated your level of accountability and advocacy in looking out for your patient through communication. NS

Week 6 4(e) – Great work with your CDG assignment this week related to a medication story for prescribed medications. I thought you provided sufficient detail in describing the situation, why that specific antibiotic was prescribed, and what you as the nurse were monitoring for in relation to effectiveness. Your response to Hannah added additional insight to the conversation with the use of a reputable resource to support the discussion. One tip for future success related to APA formatting: when providing an in-text citation, both the author(s) last name(s) and the publishing year go within the parenthesis. You were correct in inserting “et al” when three or more authors are present. The only suggestion is to implement the in-text citation as follows: “...this medication works by binding to the bacterial cell wall membrane causing cell death (Sawyer-Sommers, 2023). I hope that makes sense, don’t hesitate to reach out with any questions. NS

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

****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.

Week 3 5 a&b No clinical attended this week.

Week 5, 5a.: An area of teaching with my patient was safe transfers from bed to wheelchair, and Wheelchair to bed. I encouraged patient to not sit down until the wheelchair, or bed is touching the back of their legs and to also reach back with non-affected arm to grab the arm of the wheelchair to assist with sitting. I also provided education on the use of Vistaril administration 30 minutes prior to speech therapy. 5b: I utilized skyscape to research medications to be administered. **This is a great educational topic because of the new medication being ordered and her not being unfamiliar with it. RH**

Week 6: 5 (a) Education provided to the family on signs and symptoms of worsening, or not improving infection to right thumb. Skyscape utilized for information on signs and symptoms of worsening infection. Education also provided about continued use of the wound vac after discharge. Good education and advocacy for the patient! You stated your concerns with health care providers monitoring of her skin condition to the thumb underneath the dressing. One way to help promote positive outcomes is to educate the family on when to see out and notify the health care provider. Good thoughts! NS

Week 7 (5a)- Education was provided about changing positions slowly to minimize symptoms of orthostatic hypotension. Also utilizing walker at home if patient is feeling dizzy, or feels gait is off due to current diagnosis of Parkinson's as well. Keeping the walker in an easily accessible area for use when needed. (5b)- Skyscape utilized for education on orthostatic hypotension.

Comments

*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)			N/A	N/A	N/A	S	N/A										
b. Identify factors associated with Social Determinants of Health (SDOH) &/or cultural elements that have the potential to influence patient care.** (Noticing, Interpreting, Responding, Reflecting)			N/A	U	S	S	S										
			HS	HS	RH	NS											

****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.**

Comments: Week 3 6b, No clinical this week.

Week 4 (6b)- This competency must be addressed on a weekly basis for all clinicals.

Week 4 (6b): Cultural elements of our clinical experience at the ECSC was that we provided hygiene products for the seniors to take as needed. The senior population is on a fixed income, and assisting with providing hygiene product saves them a little money and also helps them be clean. I am not sure of some elderly present with body odor due to the inability to care for themselves properly or lack of products needed to bathe. **RH**

Week 5 (6b): My patient this week has a great support system at home for physical and financial support. My patient did have some increased anxiety related to the main support system still works in a demanding job, but there is arrangements made to accommodate times of need. Comfort and support provided with conversation about fears. Reassurance provided. **This is a huge life change for your patient and I am sure they are concerned about the amount of help they will need at home compared to what they had prior to this healthcare issue. This can be very stressful and a fearful time for patients. I am so glad you talked with your patient and offered reassurance. RH**

Week 6 (b) Social determinants of health for my patient were that she had advanced dementia and also had a husband recently diagnosed with brain cancer. Patients husband was her primary caregiver. Husband is unable to care for patient at home currently. Children also are not local, but present currently for help. Patient is to be admitted to a long-term care facility for further care. **Good reflection on SDOH related to your patient. This was a sad situation regarding her health status and that of her husband. As a result, her continued care needs are certainly a concern as her primary caregiver will be unable to manage her situation on his own. The best thing for her and her family is to receive care in a long-term facility due to her underlying dementia. If she were to return home, due to the complexity of her condition, her health outcomes most likely would have been poor. NS**

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 7 (6b)- My patient voiced that she felt she has a good support system at home, a companion that visits daily and one son that is local that checks in. My patient does live alone, if near syncope episode had happened when companion had not been visiting outcome could have been different as patient had landed on her face when she fell. Living alone, could be concerning if this patient did not have people checking in. This patient may benefit from something such as a life alert pendant or bracelet for times when alone.

See Care Map Grading Rubrics below.

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

****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: 7A. Already having knowledge of IV pumps, insulin dosing and administration. HS

7B. Areas for improvement is calculating manual IV drip rates. To improve on calculating IV drip rates I will do all the provided practice question provided in resources, as well as watch videos online with examples until I have a solid understanding of it. That is a great plan to improve on the drip factor calculations. HS

Week 3 7A. Areas of strength: already having knowledge of respiratory data collection. 7B Areas for improvement are to build on current respiratory knowledge to learn more in depth information about diseases and treatment, and testing. *Lynnette, I have changed several of the objectives to N/A since you did not have a clinical experience for the week. Reflections should directly relate to the clinical experience.*

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

I appreciate the self-reflection for this week however, you are not required to self-reflect when you do not have clinical for the week. HS

Week 4 (7a&b)- These competencies must be addressed on a weekly basis for the clinical, which includes off site clinical experiences.
(7 f)- You received a U for this competency because the weekly CDG post was not submitted by the established deadline. HS

Week 4 (7abf) I will be sure to address areas as indicated on the weekly tool, and also be more mindful of deadlines and look ahead at work, school schedules and try to make adjustments if needed. RH

Week 5 (7a) Area of strength this week was navigating the EHR to find medical history to learn about my patient. (7b): Area of improvement is to improve on assessment skills and include more details. I will do this by taking my time and being sure to cover all body systems. I will review head to toe assessment from skills lab. I will also make a checklist to keep handy as a reminder of things to be sure to observe. This is a good goal and you will have ample time this semester to work on your assessment skills. RH

Week 6 (7a): Area of strength observing and reporting concerns of the appearance of periwound surrounding black foam from wound vac. This is a great strength to note! You made a conscious effort to advocate for your patient and your concerns. Although your patient was still discharged, this shows your willingness and desire for your patient's to have positive outcomes. This was a great concern to you, and you did everything in your power to have other health care team members look at the wound. This is not always easy, but it's the right thing to do. Great job! NS
7(b): Area for improvement, improve on narrative documentation. I do sometimes forget about things I would like to include in a nurses note. To better improve on this will be sure to make myself a note on my report paper on what I would like to chart about. I like your plan for improvement! NS

Week 7 (7a) - Area of strength this week was remaining calm while my patient has having anxiety and getting a little panicky with the onset of pain causing discomfort. And questioning why my patient was receiving fluids with potassium when potassium levels had not been below normal lab value. (7b) – Area for improvement is to be sure to only document on the documentation that we are permitted to do. I will make a note for my clipboard as a reminder of assessments not to complete for example the skin and DVT risk assessment. I am used to filling these areas out while working the floor. I must remember that my role is different in the school clinical setting.

Student Name: Lynette Swinehart			Course Objective: 6a				
Date or Clinical Week: Week 6							
Criteria		3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)	3	A thorough list of all abnormal assessment findings (12) were listed. All abnormal labs/diagnostics (10) were identified and listed with specific patient data. A thorough list of risk factors were identified, including past medical and social history.
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)	3	
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	Ten nursing priorities were identified, each relevant and pertinent to the patient situation during the time providing care. Based on the noticing section and abnormal findings, the top priority problem of impaired wound healing was identified. This was supported by the strep A infection, necrotizing fasciitis identified from biopsy, wound vac in place, and abnormal skin findings underneath the wound vac. The elevated CRP and ESR, pain, and additional findings support his as the top priority problem. Based on the identified top priority, appropriate assessment findings, diagnostics, and risk factors were highlighted. Based on the top priority problem of impaired wound healing, three potential complications were identified. Each listed potential complication listed is relevant to the patient situation. Signs and symptoms to monitor for each complication were listed. This allows the nurse to be proactive in responding to complications rather than reactive.
	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	
Respon	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	Thirteen nursing interventions were listed based on the top priority problem. Overall this was a well thought out list that was relevant and individualized to your patient. You could consider an intervention related
	9. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	

ding	10. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	<p>to elevating the affected extremity to help reduce the puffiness noted in your assessment and promote adequate circulation. Also consider including interventions related to monitoring lab values specific to the potential complications that you identified. We would want to monitor WBCs daily to monitor for worsening infection/antibiotic resistance.</p> <p>Each listed intervention was prioritized appropriately, with assessments taking highest priority prior to implementation of additional interventions to monitor for improvement/decline. Each listed intervention included a frequency and appropriate rationale. Specific medication dosages and interventions were listed to make the intervention list individualized to your patient. Great job.</p>
	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	
Reflecting	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	<p>Findings from the assessment section were re-listed, with the most updated assessment findings included. Specific patient data was included. Based on some progress and some decline, you appropriately determined the need to modify the plan of care related to the wound care orders to help promote positive outcomes.</p>
	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	3	
<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: Lynette, you did a really nice job with this care map assignment related to impaired wound healing. You received 42/42 points for a satisfactory evaluation. I appreciated you taking the time to discuss your care map assignment throughout the week to help enhance your understanding. It is clear that you put good thought into developing your care map and utilized the feedback provided from our discussion. You have now completed one satisfactory care map submission for the semester prior to midterm. You are only required to complete one more satisfactory care map sometime before the end of the semester. Let me know if you have any questions! Keep up the hard work. NS</p>							<p>Total Points: 42/42 – Satisfactory</p> <p>Faculty/Teaching Assistant Initials: NS</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		

ecting	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*</p> <p>*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>							Total Points:	
							Faculty/Teaching Assistant Initials:	

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

Student name:								
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
Performance Codes: S: Satisfactory U: Unsatisfactory	S	S	S	S	S	S	S	
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 and you did not need any prompts for either skill. You answered my questions regarding knowledge and competence of both procedures. Great job! RH

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

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

<u>Simulation Evaluation</u>	Student Name:							
	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
Performance Codes: S: Satisfactory U: Unsatisfactory	S	S						
Evaluation	S	S						
Faculty/Teaching Assistant Initials	HS	RH						
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