

EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Lindsey Steele

Final Grade: Satisfactory/Unsatisfactory

Semester: Spring

Date of Completion:

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

Faculty eSignature:

Teaching Assistant: None

DIRECTIONS FOR USE:

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

METHODS OF EVALUATION:

Skills Lab Competency Tool & Skills Checklists
Simulation, Prebriefing, & Reflection Journals
Nursing Care Map Rubric
Meditech Documentation
Clinical Debriefing
Clinical Discussion Group Grading Rubric
Evaluation of Clinical Performance Tool
Lasater's Clinical Judgment Rubric & Scoring Sheet
Virtual Simulation Scenarios

ABSENCE (Refer to Attendance Policy)

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

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

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

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

UNSATISFACTORY CLINICAL PERFORMANCE

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

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

OTHER

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

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

Date	Care Map Top Nursing Priority	Evaluation & Instructor Initials	Remediation & Instructor Initials	Remediation & Instructor Initials
2/10/24	Constipation	S KA	NA	NA

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

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Mid term	9	10	11	12	13	Make Up	Make Up	Final
Competencies:			NA	N A	S	S	S										
a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting)			NA	N A	S	S	S										
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			NA	N A	S	S	S										
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			NA	N A	S	S	S										
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			NA	N A	S	S	S										
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			NA	N A	S	S	S										
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			NA	N A	S	S	S										
g. Assess developmental stages of assigned patients. (Interpreting)			NA	N A	S	S	S										
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		NA	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		NA	Erie County Senior Center	3-Tower, age 75, abdominal pain, nausea, constipation.	5-Tower rehab, age 73, right total hip, Team Leader	3-Tower, age 42, Osteomyelitis on metatarsal on left foot										
Instructors Initials	HS		HS	HS	KA	RH											

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 – 1a, b, c, e– You did a nice job discussing on clinical your patient’s disease process and what nursing was doing to help the patients you cared for with intermittent left arm numbness and chest pain on day one and abdominal pain and constipation on day two. You were able to discuss symptoms we were monitoring and managing in your patients as well as pertinent labs for your patients’ diagnosis. You also set a goal for your patients and were able to discuss your patients’ work towards meeting that goal. KA

Week 5 – 1d – You did a nice job reviewing all your medications before you administered them to the patient. You were able to discuss the reason why the patient was taking the medication as well as what we were monitoring the patient for. You also were able to discuss what information was needed to determine if the medication should be administered (i.e. blood pressure, pulse). KA

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:			NA	NA	S	S	S										
a. Perform inspection, palpation, percussion, and auscultation in the physical assessment of assigned patient. (Noticing)			NA	NA	S	S	S										
b. Conduct a fall assessment and implement appropriate precautions. (Noticing)			NA	NA	S	S	S										
c. Conduct a skin assessment and implement appropriate precautions and care. (Noticing)			NA	NA	S	S	S										
d. Communicate physical assessment. (Responding)			NA	NA	S	S	S										
e. Analyze appropriate assessment skills for the patient's disease process. (Interpreting)			NA	NA	S	S	S										
f. Demonstrate skill in accessing electronic information and documenting patient care. (Responding)	S		NA	NA	S	S	S										
	HS		HS	HS	KA	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 5 – 2a, d – You did a nice job thoroughly assessing your patient and notifying your nurse of any pertinent information. You were able to identify the focused assessment needing to be completed for your patient related to their diagnosis and monitored abnormal assessment findings. KA

Week 5 – 2f – You utilized the EMR to research your patient and determine what care needed to be provided to your patient throughout the day. You also utilized the EMR to research your patient's health history and information related to the patient's current hospital visit. KA

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

Comments:

Week 5 – 3b – You did a wonderful job performing compressions on the patient during the code. You were complimented by the director who reported you performed compressions with the appropriate depth and speed without the code. Terrific job! KA

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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:			NA	NA	S	S	S										
k. Administer PO, SQ, IM, or ID medications observing the rights of medication administration. (Responding)			NA	NA	S	S	S										
l. Ensure patient safety through proper use of EHR, IV flow sheet, and BMV. (Responding)			NA	NA	S	S	S										
m. Calculate medication doses accurately. (Responding)			NA	NA	S	S	S										
n. Administer IV therapy, piggybacks, IV push, and/or adding solution to a continuous infusion line. (Responding)			NA	NA	S	NA	S										
o. Regulate IV flow rate. (Responding)	S		NA	NA	NA	NA	S										
p. Flush saline lock. (Responding)			NA	NA	NA	NA	S										
q. D/C an IV. (Responding)			NA	NA	S	NA	NA										
r. Monitor an IV. (Noticing)	S		NA	NA	S	S	S										
s. Perform FSBS with appropriate interventions. (Responding)	S		NA	NA	S	NA	NA										
	HS		HS	HS	KA	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 5 – 3k – You did a nice job administering your medications this week. You observed the rights of medication administration and was able to answer all questions about your medications. You had the opportunity to pass PO, SQ, and IV medications this week. You performed the medication administration process with beginning dexterity. KA

Week 5 – 3n – You did a nice job monitoring the patient's primary IV fluids and monitoring for continued patency of the IV line. You did a nice job priming your piggy back and connecting your patient to the medication for the first time. You performed all IV skills with beginning dexterity. You documented all medication administration and line care appropriately in the EMR. Nice job! KA

Week 5 – 3q – You successfully DC'd an IV catheter this week you proper technique. You monitored the site for bleeding and dressed the site appropriately after discontinuation. Great job! KA

Week 5 – 3r – You did a nice job monitoring your patient's IV site this week and documenting your assessment in the EMR. KA

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

Comments:

Week 4 (4e)- According to the CDG Grading Rubric, you have earned a satisfactory for your Erie County Senior Center discussion this week. Your content was thoughtful and appropriate. Your activity sounds as though it was successful in meeting the needs of those at the center. Nice job! HS

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 5 – 4b – You completed the SBAR worksheet and provided your RN with handoff communication related to your patient utilizing the SBAR you developed. You made sure all pertinent information and changes in patient status were communicated to your nurse during hand-off report. KA

Week 5 – 4e – Lindsey, you did a great job choosing an appropriate EBP article and answering all the CDG questions related to your article this week. You did a great job responding to a classmate and adding to the conversation on their EBP article. You included an in-text citation and reference in both of your CDG posts. Remember when in-text citing a direct quotation remember to include the page number or the paragraph number if there are no page numbers in your in-text citation. I greatly enjoyed the summary of your article on almond oil for constipation. Keep up the terrific work! KA

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

Objective

5. Implement patient education based on teaching needs of patients and/or significant others. (1,6)*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies:																	
a. Describe a teaching need of your patient.** (Reflecting)			NA	NA	S	S	S										
b. Utilize appropriate terminology and resources (Lexicomp, UpToDate, Dynamic Health, Skyscape) when providing patient education. (Responding)			NA	NA	S	S	S										
			HS	HS	KA	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:

5a & b: A teaching need of my patient was about fluid and nutrition intake. I educated this through discussion and answering her questions. I educated her on the importance of staying hydrated and eating a proper diet including fiber. High-fiber foods help move waste throughout the body, and it supports the microbiome in the digestive tract. Drinking water helps your body pass the stool and soften it. After providing this education, my patient was willing to drink water and I refilled her water cup two times. I utilized Lexicomp and printed her off a visual diagram that showed high-fiber food options. I used the teach-back method and both my patient and her spouse demonstrated understanding. **Terrific job! I am sure this visual aid was helpful to utilize with teaching her. KA**

5a & b: A teaching need of my patient was to move her leg without the assistance of her arms. My patient walked independently but was a standby assist. She was non-weight bearing on her right leg due to her total hip. When she would move around in bed or in her wheelchair, she would pick up her leg to move it. During physical therapy, we learned she is strong enough to move her leg with no added assistance. I reminded her each time we transferred, and I was encouraging her to remember on her own for the next time. I received education from the physical therapist, along with additional research from Skyscape. My method of delivery was constantly reminding and encouraging her. My patient demonstrated learning by remembering the education and moving her leg hands free by the end of the day without needing a reminder. **Sometimes this can become a habit and then the limb is too weak to move on its own so the patient will always have to assist the limb so this is a great teaching topic for her, good observations! RH**

5a & b: A teaching need of my patient was on hygiene and ambulation. My patient refused a bag bath, oral care, and a change in linens. My patient had food crumbs on his bed, blood stains on his sheets, and food spilled on his clothes. He had declined hygiene care the day prior to my clinical, and the day of my first clinical. I utilized Lexicomp and showed my patient an article on the importance of hygiene care. I used persistent education, discussion about the article I showed him, and open-ended questions. My patient had an opened wound on his left foot, so cleanliness and hygiene were especially important to prevent infection. My patient demonstrated understanding when on my second day of clinical, he was willing to get his linens changed and get a full bag bath.

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
a. Develop and implement a priority care map utilizing the nursing process and clinical judgment. (Noticing, Interpreting, Responding, Reflecting)			NA	NA	S	NA	NA										
b. Identify factors associated with Social Determinants of Health (SDOH) &/or cultural elements that have the potential to influence patient care.** (Noticing, Interpreting, Responding, Reflecting)			NA	S	S	S	S										
			HS	HS	KA	RH											

****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:

See Care Map Grading Rubrics below.

6b. After talking with some of the older adults at the Erie County Senior Center, I learned that many of them are retired or jobless. I also learned that a few adults who have walking assistive devices cannot drive. These are social determinants of health because it impacts how they live and provide for themselves. If an older person lives alone, has zero access to transportation, and has no job, they are very likely to struggle with adequate nutrition. These older adults also struggle with ambulation, which could make getting daily physical activity difficult. **Nice job, you have identified several factors that are associated with SDOH and how they could directly impact those individuals. HS**

6b. My patient's lack of education regarding healthy nutrition and maintaining a healthy diet influenced her care. This influences health outcomes negatively because if the patient does not understand the importance of healthy eating, they are prone to more complications such as their primary problem, constipation and abdominal pain. **Definitely this can be a concern. Did she utilize an assistive device to ambulate? I was just question how much moving around she was doing which also increases her risk for constipation. Did she have any concerns regarding financial or having a PCP that could also affect her overall management of this concern? KA**

Week 5 – 6a – You satisfactorily completed your care map on your patient this week. Please see comments on the rubric at the end of the tool for details. KA

6b. A social determinant of health was where my patient lived. She lives in a ranch-style home and she has two steps outside on her front porch. This is a social determinant of health because she struggled with stairs due to her total hip surgery. This influenced her health because she was unable to safely enter or exit her home without a risk for injury. Working with physical therapy helped, and she was able to learn alternative ways to walk up and down the steps. She also only has one railing in her house, so she had to learn how to grasp the railing in one hand and a wide base cane in the other to go up and down the steps. **I believe you also had some discussions with her that she was trying to figure out how to get a second railing installed prior to discharge, so that would be super helpful to her. RH**

6b. A social determinant of health of my patient was his history of a disease called Charcot-Marie Tooth disorder. This is a hereditary disorder that damages nerves in the arms and legs. This disease can result in the patient having smaller, weaker muscles, impaired gait, frequent falls and more. This influenced my patient because it decreased his ability to walk without assistance. My patient was also put on fall precautions because of his lethargy, impaired gait, and general weakness. My patient had a history of falls within the last six months, and this hereditary disease could have been part of the cause of his falls.

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

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Comments:

7a. – An area of strength is my skills with an insulin pen. I enjoyed preparing, priming, and injecting the insulin dose. I feel confident with that skill and I look forward to doing it at clinical. **HS**

7b. – An area of weakness I can improve on is my skills with primary and secondary tubes. I struggled to prime the tubes and I kept getting air bubbles. To improve this task, I will ask my classmates and teachers for help. I will also research tips and tricks to learn how to handle and prime the tubes effectively. **This will become easier the more you do it. Take your time and don't rush, and be sure to close the roller clamp after removing the tubing from the package. HS**

Week4-

7a.- An area of strength was my ability to follow directions. While I was at clinical I was assigned a few different tasks, I used my listening and responding skills to effectively complete what was assigned to me. **HS**

7b. – An area of improvement is to communicate more effectively with my classmates. While we were planning our activity there was some miscommunication which led to confusion. We were able to work through it, but I would like to improve my communication skills going forward. To execute this, I will ask the instructors for some tips on Monday and I will reach out to three classmates I do not usually talk to before my next clinical. **It does make things more challenging when you are working with others on a project, it is helpful to identify clear roles and responsibilities and follow up with an email or text to the group after so that everyone has a copy of how the responsibilities are assigned. HS**

7a – An area of strength was my ability to handle tough situations. I was with my nurse in a patient's room when we noticed she had no pulse. I was there while the code was called, and I helped with compressions. This was my first time witnessing or being a part of something like this. It was tough, but I was proud of myself for maintaining my composure and giving compressions. It was difficult not to get emotional, but I was able to stay calm. The other nurses said my compressions were very good, and they did not need to correct me at all. **You did a terrific job and should be proud of the compressions you performed throughout the code. KA**

7b. – An area of weakness would be responding to an unhappy patient. I encountered an aggravated patient during clinical and I was unsure how to calm them down. I did learn some communication techniques from another nurse which helped. Going forward, I will ask two more instructors on tips or advice when dealing with an angry patient before my next clinical. **Great idea. You will also learn more about therapeutic communication techniques in Psych nursing and get multiple opportunities to practice the techniques on clinical and during simulation. KA**

Week 6:

7a- An area of strength was my team leadership skills. I feel like I did well prioritizing and organizing care for my classmates. I enjoyed listening to the charge report and I felt like it strengthened my report-taking skills. **You did great with time management this week! RH**

7b- An area of weakness was delegation skills. I realized today that I tried to tackle too many tasks at once. I was able to successfully do each task, but I realized there were many students I could have asked for help. This caused me to feel overwhelmed, so going forward I will be sure to ask for help or delegate tasks when appropriate. This will allow me to provide better quality care and not feel as pressured. Before the next clinical, I will review my old notes to remind myself of the rules of delegation that we learned in class. **Delegation and asking for help are great tools! We sometimes don't realize how much we have on our plate until we ask someone to assist and our load becomes much easier due to that help. RH**

Week 7:

7a- An area of strength was my improved skill on the IV pump. After my clinical, I felt more confident in my ability to flush an IV and hang primary fluids. During my time at the clinical, my IV pump was beeping and it said there was air in the tubes. I was able to notice my infusion was complete and realize what was causing the bubbles. I left clinical with more knowledge and more experience which increased my comfort level while giving IV meds

7b- An area of weakness was my forgetfulness to clamp and unclamp the tube attached to my patient's peripheral IV. Although I felt more confident in my IV skills, this is an area that I could work on. By remembering to clamp and unclamp, I will reduce risk or error and injury. Before my next clinical, I will rewatch the videos provided to us on Edvance and I will review my notes about clamping and unclamping tubes.

Student Name: Lindsey Steele				Course Objective:			
Date or Clinical Week: Week 5							
Criteria		3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)	3	You did a nice job including the relevant patient information in the assessment findings, lab/diagnostics, and risk factors section. The patient being hyponatremic should be in the lab/diagnostic section versus the assessment section and documented by a sodium level. KA
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)	3	
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	You did a nice job identifying nursing priorities for your patient and highlighting the priority you focused on. You did a nice job identifying complications and signs and symptoms the nurse assesses for with each identified complication. KA
	5. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	6. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	3	
	7. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	3	
Responding	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	Lindsey, you did an excellent job including all pertinent nursing interventions and ensuring they were prioritized, included frequencies, were individualized, realistic, and included rationale. Your intervention list was thorough and exhaustive. Great job! KA
	9. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	10. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	11. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	12. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
Refl	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	You did a nice job reassessing all your highlighted assessment findings. You reassessed your WBCs, neutrophils, and

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	monocytes, but did not reassess the Abd x-ray or CT. If there were no new findings or diagnostics done just state that. Overall you did a great job with this section. KA
Total Possible Points= 42 points 42-33 points = Satisfactory 32-21 points = Needs Improvement* < 21 points = Unsatisfactory* *Total points adding up to less than or equal to 32 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.							Total Points: 42/42
Faculty/Teaching Assistant Comments: You did a terrific job satisfactorily completing your first care map of the semester. See comments above on the rubric of things to consider when developing your next care map. KA							Faculty/Teaching Assistant Initials: KA

Student Name:				Course Objective:			
Date or Clinical Week:							
Criteria		3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)		
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)		
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)		
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	5. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	6. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)		
	7. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)		
Responding	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	9. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete		
	10. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete		
	11. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete		
	12. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete		
Ref	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:	Complete			Not complete		
	- Continue plan of care - Modify plan of care - Terminate plan of care						
Total Possible Points= 42 points 42-33 points = Satisfactory 32-21 points = Needs Improvement* < 21 points = Unsatisfactory* *Total points adding up to less than or equal to 32 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines. Faculty/Teaching Assistant Comments:							Total Points:
							Faculty/Teaching Assistant Initials:

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

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

*Course Objectives

Comments:

Week 1

(Insulin)- You were able to correctly prepare an insulin pen and administer subcutaneous insulin. Insulin requirements were accurately identified and calculated through the corrective scale and carbohydrate coverage orders. MD

(Assessment)- You were able to satisfactorily demonstrate the Basic Head to Toe Assessment during lab. KA/RH

(IV Math)-You satisfactorily participated in the IV Math learning session on 1/9/24 as well as the assigned IV Math practice questions and the IV Math Application lab on 1/11/2024. KA/DW

(Lab Day)- You satisfactorily completed the mandatory lab review of nursing foundational skills. This was achieved through simulating care for a patient in a scenario requiring competency in assessment, communication, medication administration (including PO and IM injection), nasogastric tube insertion and maintenance, patient mobility and hygiene, use of PPE for Contact Isolation, wound care, foley insertion, and development of nursing notes. NS/MD

(IV Skills)- You have satisfactorily completed IV lab including a saline flush, IV push medication administration, priming and hanging a primary and secondary IV solution, adjusting a flow rate to run by gravity, discontinuing IV solution, and monitoring the IV site for infiltration, phlebitis, and signs of complication. HS

Week 2

(Trach care 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 were very thorough during your checkoff. 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> Performance Codes: S: Satisfactory U: Unsatisfactory	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
Evaluation	S	S						
Faculty/Teaching Assistant Initials	HS	KA						
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