

EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Karli Schnellinger

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
1/31/24	Acute pain	S/RH	NA	NA
2/14/2024	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:			NA	S	NA	S	S										
a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting)			NA	S	NA	S	S										
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			NA	S	NA	S	S										
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			NA	S	NA	S	S										
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			NA	S	NA	S	S										
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			NA	S	NA	S	S										
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			NA	S	NA	S	S										
g. Assess developmental stages of assigned patients. (Interpreting)			NA	S	NA	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		No clinical	Rehab, 71, Reverse Shoulder replacement	Erie County Senior Center	Rehab, 59, Stroke	4N, 75, Kidney Stones, hematuria										
Instructors Initials	RH		DW	RH	DW	RH											

Comments:

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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, DW, NS

Week 4 (1 c, d, e)- This week you did a great job discussing your patient's pathophysiology of their illness as well as had a great discussion of their medications and why they were relevant to their care. RH.

Week 5 (1h)- Karli, please keep in mind that Infection Control, Digestive Health, and the Erie County Senior Center, while not your typical inpatient clinical, are still clinical experiences. In the future, be sure to review each competency and evaluate as appropriate. For example, competency 1h asks you to evaluate whether or not you demonstrated evidence in being prepared for clinical. Did you prepare for the ECSC activity and bring your clinical paperwork that was mentioned in the syllabus? If yes, the evaluation could have been an S. If not, it would have been an NI or U. DW

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. 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	S	NA	S	S										
a. Perform inspection, palpation, percussion, and auscultation in the physical assessment of assigned patient. (Noticing)			NA	S	NA	S	S										
b. Conduct a fall assessment and implement appropriate precautions. (Noticing)			NA	S	NA	S	S										
c. Conduct a skin assessment and implement appropriate precautions and care. (Noticing)			NA	S	NA	S	S										
d. Communicate physical assessment. (Responding)			NA	S	NA	S	S										
e. Analyze appropriate assessment skills for the patient's disease process. (Interpreting)			NA	S	NA	S	S										
f. Demonstrate skill in accessing electronic information and documenting patient care. (Responding)	S		NA	S	NA	S	S										
	RH		DW	RH	DW	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 4 (2 a-f)- This week you did a good job of performing your head to toe when time was available to you due to the therapy scheduling. You also ran into the issue when therapy was during the time you wanted to reassess and you worked around that in order to still complete an assessment. You also were able to document and find other assessment pieces in the electronic health record. RH

Week 6: (2 a-f)- Great job getting your head to toe assessment done with a difficulty therapy schedule to work around. You were able to document all findings appropriately in the patient chart/electronic health record You communicated well with your patient throughout the day and explained what you were doing with each assessment. 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	NA	S	S										
a. Perform standard precautions. (Responding)																	
b. Demonstrate nursing measures skillfully and safely. (Responding)	S		NA	S	NA	S	S										
c. Demonstrate promptness and ability to organize nursing care effectively. (Responding)			NA	S	NA	S	S										
d. Appropriately prioritizes nursing care. (Responding)			NA	S	NA	S	S										
e. Recognize the need for assistance. (Reflecting)			NA	S	NA	S	S										
f. Apply the principles of asepsis where indicated. (Responding)	S		NA	S	NA	S	S										
g. Demonstrate appropriate skill with Foley catheter insertion, maintenance, & removal (Responding)			NA	NA	NA	NA	S										
h. Implement DVT prophylaxis (early ambulation, SCDs, TED hose, administer enoxaparin or heparin) based on assessment and physicians' orders (Responding)			NA	S	NA	S	S										
i. Identify the role of evidence in determining best nursing practice. (Interpreting)	S		NA	S	NA	S	S										
j. Identify recommendations for change through team collaboration. (Reflecting)			NA	S	NA	S	S										

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

	RH		DW	RH	DW	RH											
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Comments:

Week 4 (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 6: (3 b, c, d, e) You had good time management and organization this week! You also had the opportunity to remove an NG tube, which you did well with no assistance. You were able to describe what was going to happen to the patient and confidently remove the tube. You were able to look up your medications and were prepared for medication administration when it was time. 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	S	NA	S	S										
k. Administer PO, SQ, IM, or ID medications observing the rights of medication administration. (Responding)			NA	S	NA	S	S										
l. Ensure patient safety through proper use of EHR, IV flow sheet, and BMV. (Responding)			NA	S	NA	S	S										
m. Calculate medication doses accurately. (Responding)			NA	S	NA	S	S										
n. Administer IV therapy, piggybacks, IV push, and/or adding solution to a continuous infusion line. (Responding)			NA	S	NA	S	NA										
o. Regulate IV flow rate. (Responding)	S		NA	S	NA	NA	NA										
p. Flush saline lock. (Responding)			NA	S	NA	S	S										
q. D/C an IV. (Responding)			NA	NA	NA	NA	NA										
r. Monitor an IV. (Noticing)	S		NA	S	NA	S	S										
s. Perform FSBS with appropriate interventions. (Responding)	S		NA	NA	NA	NA	S										
	RH		DW	RH	DW	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

Week 1 (3s)- The student was able to satisfactorily perform a Quality Control check of the glucometer as well as demonstrate skills and knowledge required for proper fingerstick blood glucose measurement with the ACCU-CHEK Inform II glucometer. DW

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 4 (3 k, l, m, n, o, p, r)- 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 had the opportunity to hang an IV infusion. You compared the order on the IV bag to the order in the chart, you checked IV placement, primed the IV tubing, and programed the pump correctly. RH

Week 4 (3 k, l, m, n) You did great with medication administration this week. You were to crush all medications and administer them one at a time mixed in pudding. The patient was slow at taking her medications due to her swallowing but you encouraged her and allowed her to take her time without having her feel rushed. You also had the opportunity to perform a subcutaneous injection and an IV push medication followed by an IV flush. Great job! 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	NA	S	S										
a. Integrate professionally appropriate and therapeutic communication skills in interactions with patients, families, and significant others. (Responding)			NA	S	NA	S	S										
b. Communicate professionally and collaboratively with members of the healthcare team using hand-off communication techniques. (SBAR) (Responding)			NA	S	NA	S	S										
c. Report promptly and accurately any change in the status of the patient. (Responding)			NA	S	NA	S	S										
d. Maintain confidentiality of patient health and medical information. (Responding)			NA	S	NA	S	S										
e. Consistently and appropriately post comments in clinical discussion groups. (Reflecting)			NA	S	NA S	S	S										
f. Obtain report, from previous care giver, at the beginning of the clinical day. (Noticing)			NA	S	NA	S	S										
g. Provide a clear, organized hand-off report to your patient's next provider of care. (Responding)			NA	S	NA	S	S										
			DW	RH	DW	RH											

Comments:

Week 4 (4e): proper APA formatting for your citation is as follows: Dykes, P. C., Burns, Z., Adelman, J., Benneyan, J., Bogaisky, M., Carter, E., Ergai, A., Lindros, M. E., Lipsitz, S. R., Scanlan, M., Shaykevich, S., & Bates, D. W. (2020). Evaluation of a patient-centered fall-prevention tool kit to reduce falls and injuries: A nonrandomized controlled trial. *JAMA network open*, 3(11), e2025889. <https://doi.org/10.1001/jamanetworkopen.2020.25889>.

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 5 (4a,b)- How was your communication with the clientele at the ECSC? Did you engage with the other professionals running the organization? These would have been appropriate skills to evaluate yourself on following the ECSC clinical experience this week. Please be sure to thoroughly review the clinical tool and evaluate yourself accordingly. It's important to take credit where credit is due. (4e)- According to the CDG Grading Rubric, you have earned an S for your participation in the Erie County Senior Center discussion this week. Your discussion was thoughtful and supported by evidence. Additionally, I have a couple suggestions for future improvement with APA formatting. First, when you use a direct quote, the citation should include the author(s) last name, the year of publication and the page or paragraph number. This would be an example of an APA formatted citation- (Gasnick, 2022, para 16). Second, the words fine and overview should be the only words in your reference title that start with a capital letter. Otherwise, keep up the good work! DW

Week 6 (4 a, b, c, e) You communicated well with your patient this week and you assisted in keeping her calm and informed of what was happening. You were able to assist with understanding of the family members/visitors she had. You had a great discussion post relating your medications to your patient's health history. 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:			NA	S	NA	S	S										
a. Describe a teaching need of your patient.** (Reflecting)																	
b. Utilize appropriate terminology and resources (Lexicomp, UpToDate, Dynamic Health, Skyscape) when providing patient education. (Responding)			NA	S NI	NA	S	S										
			DW	RH	DW	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 4- 5a & b – One of the points of education I was able to provide to my patient was the importance of early ambulation and using her incentive spirometer. With her having a history of several DVTs in the past I wanted to make sure she knew the importance of getting up and moving and using the incentive spirometer to keep her lungs nice and clear throughout her stay. After discussion I was able to help her get up and go to the bathroom and when she came back, she demonstrated to me how to use the incentive spirometer, and explained the importance back to me. **Can you tell me what resource you used for this information? I changed your 5b to NI because no resource was listed. This can be skyscape or Lexicomp. RH**

Week 6- 5a & b – This week I was able to educate my patient about the importance of making sure she continues to cough and deep breath throughout the day to prevent further complications. According to skyscape, a couple of these complications include pneumonia and atelectasis. Since my patient was in rehab recovering from a stroke on her left side, her right side was very numb still, which is affecting her ability to get up and move around, putting her at an even higher risk of developing these complications. I was able to have a discussion with her about how to properly do this, and she used the teach back method to show me she understood how to do it. **Great job making these connections RH**

Week 7 5a & b – This week I was able to educate my patient on the importance of not itching his IV when it was in place and trying to use different alternatives. My patient was allergic to the tape that is mostly used in the hospital, including the transdermal patches which go over top of the IVs once they are placed. Since he had a transdermal patch on his left IV, it was causing it to be a little itchy, and I did not want him to itch it and accidentally pull it out which according to Skyscape could cause infection and bleeding. I was able to education him on trying to place an ice pack on it by having a discussion, and he showed me how to place it onto the IV site without getting it caught on anything. When I came back in a little bit later, he stated that the ice pack helped out a lot and that he was going to use that “trick” at home if something is itching pretty bad, rather than itching his skin raw.

Objective																	
6. Implement patient-centered plans of care utilizing the nursing process, clinical judgment, and consideration for cultural, ethnic, and social diversity. (2,3,4,5)*																	
Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
a. Develop and implement a priority care map utilizing the nursing process and clinical judgment. (Noticing, Interpreting, Responding, Reflecting)			NA	S	NA	S	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)			NA	S	NA U	S	S										
			DW	RH	DW	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.																	

See Care Map Grading Rubrics below.

Comments:

Week 4- 6b – One of the things that I noticed about my patient was that she seemed to be pretty knowledgeable about what I was doing when I was getting her vitals and doing my assessments. I was able to ask her about her job and she proceeded to tell me she had been a nursing aid for over 50 years. She also told me that she had a hard time cooking meals because she wasn't able to stir and mix things like she used to, so her and her husband tend to go out to eat most nights rather than making a home cooked meal. A social determinate of health could be lack of resources. Since she is unable to mix or do things with her arms, she might not have the assistive devices she needs to perform these tasks. Does them eating out often cause financial stress on them? RH

Week 5- 6b – Some of the things I noticed while at the senior center this past week was that when we first arrived there were not many people there, but as it got closer to lunch time, quite a few people started to show up. This made me question the nutrition status of those who came to the senior center and their ability to cook food for themselves. Another determinant that could play a factor into the nutrition status of these individuals would be their economic status and income. Many, if not all of them were retired from working, so it left me wondering if they were all able to easily pay for the meals they are getting at home. To help with this, we were able to hand out a bunch of baked goods such as cookies, cupcakes, and lots of bread that was donated for those who were there.

Week 5 (6b)- Unfortunately, you are receiving a U for not commenting on an example of a SDOH that could have impacted a patient from your clinical experience this week. Please be sure to take your time and review the details of the clinical tool more closely each week. As you can see above, the directions tell you that a comment must be made for all clinicals. An example related to the Erie County Senior Center may have been lack of transportation that could impede the individual's ability to get to social activities or even health related appointments. Please be sure to address this U in the comments for next week. Failure to do so will result in a continued U until completed. DW

I definitely learned a lesson this past week on learning to read the fine print on these clinical tools, and slowing down to make sure I have done everything I need to, to earn a satisfactory for the competency. To help prevent this for the future, I will make a checklist based off of all the competencies and take it to my clinicals to make sure I know what I did and did not do that week and then translate it when doing my clinical tool. RH

Week 6- 6b – My patient is scheduled to go home soon and I have some concerns for her relating to social determinates of health when she is discharged. One would be the lack of transportation. Since she is still not very stable while walking, has that numbness and tingling on her right side, and right sided vision impairment, she likely will not be back driving for a while. This leaves me concerned on how she will be able to get to her appointments when she needs to. She has lots of help between friends and family, so hopefully they can all pitch in to help her get to those appointments. She also mentioned to me that she has a boyfriend, however he is out of town most of the time for work, so it is just her living by herself at her apartment, and seems to feel like she is burdening others when asking for help. I made sure to have a discussion to her explaining that she is going through a big change in her life, and that it is okay to ask for help, and that there are resources available if she needs. Asking for help is hard for some people when they are used to doing everything themselves. This will be a big learning curve for her. RH

Week 7 – 6b – My patient this week was very talkative and loved to tell me a bunch of stories about his life so far. While at first, I did not think much about it, I noticed that he kept saying how his wife was supposed to be there soon, and she never came while I was there. He also mentioned how he was really missing his cat that he raised from a kitten that was around 15 years old. After putting these things together, I realized that he was probably pretty lonely since he was in the hospital by himself for awhile and did not have many people to talk to. I didn't mind staying in there and talking to him because his stories were actually pretty interesting! I heard later in the day from his nurse, that a bunch of his family including a couple of his six kids, grandkids, and wife all came in to visit him the day before, which I was happy to hear considering he was ready to go home, and was getting pretty restless sitting in there by himself. He also mentioned how him and his wife were going to start helping each other out with different things, because of their age, and their ability to do things by themselves might not be as good as it was before.

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	NA U	S	S										
b. Reflect on an area for improvement and set a goal to meet this need. ** (Reflecting)	S		NA	S	NA U	S	S										
c. Demonstrate evidence of growth, initiative, and self-confidence. (Responding)	S		NA	S	NA	S	S										
d. Follow the standards outlined in the FRMCSN Student Code of Conduct Policy. (Responding)	S		NA	S	NA	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	NA	S	S										
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (Responding)	S		U	S	NA	S	S										
g. Demonstrate the ability to give and receive constructive feedback. (Responding)	S		NA	S	NA	S	S										
h. Actively engage in self-reflection. (Reflecting)	S		NA	S	NA	S	S										
	RH		DW	RH	DW	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- 7a: I think an area of strength I had this week was doing the IV dosage calculations that we learned. I enjoy doing math, so memorizing and understanding the formulas was fairly easy for me, which will definitely be beneficial when it comes to the clinical setting.

7b: An area of improvement would be looking at the IV sites and being able to correctly document them. To help me improve this I will look in my textbooks and use ATI to review the potential complications of an IV site as well as what a normal, intact, asymptomatic site should look like at least 2 times a week before clinicals start to make sure I know what to look for and what to document when the time comes. RH

Week 3- 7f. In order to prevent myself from getting a “U” on further clinical tools I will put a reminder in my phone that will go off every week on Fridays to remind me to fill and turn in the evaluation tool. **Great idea! Lesson learned! You’ve got this! Please also make sure you are submitting the correct version will all of the faculty’s previous feedback. DW**

Week 4 7a: An area of strength I think I had was doing my patient’s IV infusion of iron. I was able to hang and spike the bag, prime the tubing, and flush out her IV. I was a little nervous when I first heard I was going to have to do it, but once I started to get things going, I thought it was so much fun to do. I think this will help in my future clinicals on the other floors because I might have a couple more opportunities to do that again. **You did great with this! RH**

Week 4 7b: An area of improvement this week would definitely be time management. With this being my first clinical on rehab, I wasn’t exactly sure how fast things were going to have to be done, such as preparing to give the meds and getting the vitals and assessment done within the right time frame. In order to help improve this for my next clinical, I want to be more organized with my clinical documents, and knowing how to find certain things in the new charting system. In order to do this I was try to set out all my documents the night before in the order I need them, as well has review the documents we were given on where things are in the new charting system at least 3 times prior to my next clinical. **This is a great goal! We are all struggling a little bit with the new charting system so reviewing it and having documents for pointers/tips and tricks will be helpful. RH**

Week 5 – 7a – An area of strength for me this week was being able to go in and talk with the citizens that were at the senior center. I thought it was pretty fun to be able to interact with them and hear them all tell stories about themselves and their families. Also, I think I was pretty good at being able to adapt to the challenges we faced at this clinical, such as having to lead the Jackpot activity they did, as well as doing our activity for longer than we anticipated. **RH**

Week 5 7b – An area of improvement I noticed for this week would be to try to speak a little louder when talking to the citizens. I often find myself having a fairly quiet voice most of the time, and forget that when talking to the older adults I may need to speak up a little more in order for them to hear me better. In order to help fix this, every day before my next clinicals, I will try to recognize who I am talking to and adjust the volume of my voice according to what I feel would be appropriate. **RH**

Week 5 (7a,b)- Unfortunately, you have earned a U for these competencies due to no reflection on strengths and opportunities for improvement related to week 5. As discussed previously, as well as in the course syllabus and in the discussion, Erie County Senior Center, Infection Control and Digestive Health are all clinical. For this week, you had a clinical experience that may or may not be out of your comfort zone. Did you identify any strengths or opportunities for improvement related to communication, engaging the older adult, making accommodations for those with decline in their functional ability so they could still participate in the activity, etc. Every hands-on or observational experience you have in the nursing program provides you with an opportunity to reflect and make improvements for the future. Please be sure to address these U’s with the week 6 clinical tool. Failure to do so will result in a continued you, regardless of your performance. I must also point out that all of the competencies in objective 7 could have been evaluated for clinical this week. I left them NA because I was not present in clinical with you. Please pay a little closer attention to each of the competencies in the tool each week, and really reflect on whether or not you’ve completed them from one week to the next. Let me know if you have any questions. I am happy to help. DW

Week 5 7a/b – In order to prevent myself from getting an unsatisfactory on these two competencies I will make reminders in my phone that will go off every week to remind me to do the highlighted competencies even if I do not have a clinical at the hospital. Additionally, in order to prevent myself from getting Us in future, I will have a faculty member look over my clinical tool every week after clinicals to make sure I have everything in place before turning it in. **RH**

Week 6 7a – I think a strength that I had for this week would be just being an emotional support for my patient. She has been through quite a bit these past few weeks, and during her therapy sessions she made comments that she was so glad I was there with her and helping her throughout the day. She was super excited when she passed her swallow test and according to PT and OT has made a lot of improvement. I think this was the first clinical where I was actually able to feel like I was there to support my patient and comfort them when they needed it. **This is so great to hear! RH**

Week 6 7b – A weakness this week was improper body mechanics. I was definitely bad at going into my patient’s room and not raising the bed when doing certain things such as my assessment, vitals, and even pulling her up in bed with the blude pad. I know I need to fix this, because I do not want it to become a habit that will cause damage to my body down the road. In order to improve on this for future clinicals, I will be sure to look over my notes from foundations at least 3 times before my next clinical experience to remind me the proper body mechanics I should be using while working in the hospital. **That is a great plan! Save your back! RH**

Week 7 7a – I think an area of strength for me this clinical was being able to put in the foley catheter on a female patient. I have never had the opportunity to do that yet throughout all my clinicals and we pretty excited to get the chance this week! I was definitely a little nervous since I have never done it on a real patient before, but I was able to overcome that and go in with the attitude that I knew what I was doing and with confidence. This will definitely help me out in the future if I get the opportunity to put another one in, since I had the experience of doing one already.

Week 7 7b – An area of weakness for this week would be being too self-critical of myself. Although I may have a really good and informative week at clinical, I seem to always remember the things I did wrong, and what I should've done differently to help correct those things. In order to help change this for the future, and keep things more balanced on the good and the bad, I will try to keep a small notebook in my car, and after at least one day of clinical each week, I will write down a list of all the things I did well for that day or week, so that way when I start to feel down on myself, I can go back and remind myself of all the important things I've done. I will start writing in the notebook today with the positive things I did this week and continue to do so for the rest of the semester.

Student Name: Karli Schnellinger				Course Objective:			
Date or Clinical Week: 1/31/24							
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	1. Was your patient in a sling? This could be an assessment finding.
	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. Great list! 5. Puffiness could be highlighted to relate to your priority problem as well 6. Great list here as well! Chronic pain can be a risk if the acute pain is not addressed or managed well. Great job putting that together
	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	8. "Medications as ordered" is very broad. What medications would you specifically give your patient for your priority problem?
	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	2	13. Here you did not re-evaluate all items that were highlighted. This includes xrays and a surgery update. This could

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	something like “no new xrays” or “no new xrays ordered”
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: 41/42 Satisfactory
Faculty/Teaching Assistant Comments: This shows good thought process while caring for your patient! You did a good job developing a list of potential problems and complications from the priority problem. I would definitely save this for your senior portfolio!							Faculty/Teaching Assistant Initials: RH

Student Name: Karli Schnellinger				Course Objective:			
Date or Clinical Week: 2/15/24							
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	
	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	5. would anxiety and pain contribute to your nursing problem? 7. a sign and symptom of skin breakdown/skin ulcers would be nonblanchable redness.
	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	
	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	
Ref	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	

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

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

Student name: Karli Schnellinger								
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: 1/10/24	Date: 1/10/24	Date: 1/12/24	Date: 1/17/24	Date: 1/18/24	Date: 3/11 or 3/12/24
	Performance Codes: S: Satisfactory U:Unsatisfactory							
Evaluation:	S	S	S	S	S	S	S	
Faculty/Teaching Assistant Initials	RH	RH	RH	RH	RH	RH	RH	
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 1/10/24. 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. RH

Week 2

(Trach Care & Suctioning 1/17/2024) - During this lab, you satisfactorily demonstrated competence with tracheal airway suctioning and tracheostomy care. Although you stated that this was the most nerve-wracking check-off you have done, you were able to remain composed and demonstrate preparedness for each skill. During the tracheal suctioning procedure, you were able to remind yourself to flush the catheter and suction the oropharynx prior to discarding the suction catheter. You were conscientious of

your sterile field throughout. During tracheostomy care, you identified potential sterile field contamination from your stethoscope and verbalized the appropriate steps to move forward. Because you were able to identify and remind yourself, no prompts were needed for either skill. You answered my questions appropriately demonstrating knowledge and competence of each procedure. Keep up the hard work! NS
(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: Karli Schnellinger							
	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	RH	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