

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

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

Student:

Final Grade: Satisfactory/Unsatisfactory

Semester: Spring

Date of Completion:

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

Faculty eSignature:

Teaching Assistant: None

DIRECTIONS FOR USE:

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

METHODS OF EVALUATION:

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

ABSENCE (Refer to Attendance Policy)

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

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
2/1/24	Impaired Physical Mobility	S/NS	NA	NA
2/7/24	Impaired Urinary Elimination	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	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies:			S	S	S	S	NA										
a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting)			S	S	S	S	NA										
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			S	S	S	S	NA										
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			S	S	S	S	NA										
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			S	S	S	S	NA										
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	S	S	S	NA										
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			S	S	S	S	NA										
g. Assess developmental stages of assigned patients. (Interpreting)			S	S	S	S	NA										
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	TM S		S	S	S	S	NA										
<div style="background-color: yellow; padding: 5px;"> Indicate your clinical site as well as your patient's age and primary medical diagnosis in this box weekly. </div> Instructors Initials	Meditech, FSBS, IV Pump Sessions		Rehab, 83 male, Pneumonia	4N, 72/Toe amputation, 89/ bowel resection	3T, 85 UTL, 71 Abnormal labs	5T, 66, Left Occipital Infarct (TIA)	NA										
	KA	KA	RH	NS	KA	MD											

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. KA

Trenton, please make sure to place a S, NI, or U in each competency versus your initials in the future. Page 2 of the tool explains what each rating means. If you have questions please let me know. KA

Week 3: (1 c, d, e)- This week you did a great job discussing your patient's pathophysiology of their illness as well as had a great discussion of their medications and why they were relevant to their care. You also had good discussion with your peers about their patient's pathophysiology related to their disease process. RH.

Week 4 1(a-h) – You did a nice job this week asking appropriate questions and digging through the patient's chart to make connections related to the pathophysiology involved with your patient's disease processes. On day one you cared for a patient admitted with cellulitis to the left foot with chronic diabetic ulcers and osteomyelitis. You discussed the medical treatment of amputation that your patient underwent one day prior. You discussed the symptoms your patient presented with and the corresponding therapies prescribed. You noted his chronic immobility and risk factors for skin breakdown, infection, delayed healing, etc. You identified how his diabetes played a role in the delayed wound healing and chronic wound problems. On day 2, you cared for a patient that underwent a bowel resection as a result of a bowel obstruction. You discussed the implications for treatment, importance of monitoring the GI status, and understood the potential risk of infection post-op. You identified the importance of slowing introducing a diet, and incorporating IV fluids to help maintain fluid balance. Nice job in our discussions this week identifying alterations and using clinical judgment. NS

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 patient you cared for with acute renal failure day one and UTI and hyponatremia on day two. You were able to discuss symptoms we were monitoring and managing in your patient 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 goals. 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

Rehab Clinical Objective 1 B-E-This week you were able to identify symptoms, medical treatments, pharmacotherapy, and diagnostic tests that were a part of the patient's stay on the Rehab unit. You did a great job in correlating all of these with the patient's diagnosis. Great job! MD

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies:			S	S	S	S	NA										
a. Perform inspection, palpation, percussion, and auscultation in the physical assessment of assigned patient. (Noticing)			S	S	S	S	NA										
b. Conduct a fall assessment and implement appropriate precautions. (Noticing)			S	S	S	S	NA										
c. Conduct a skin assessment and implement appropriate precautions and care. (Noticing)			S	S	S	S	NA										
d. Communicate physical assessment. (Responding)			S	S	S	S	NA										
e. Analyze appropriate assessment skills for the patient's disease process. (Interpreting)			S	S	S	S	NA										
f. Demonstrate skill in accessing electronic information and documenting patient care. (Responding)	TM S		S	S	S	S	NA										
	KA	KA	RH	NS	KA	MD											

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

Trenton, please make sure to place a S, NI, or U in each competency versus your initials in the future. Page 2 of the tool explains what each rating means. If you have questions please let me know. KA

Week 3: (2 a-f)- This week you did a good job of performing your head to toe when time was available to you due to the therapy scheduling. You also were able to perform wound care and a dressing change on both days of clinical this week. You also were able to document and find other assessment pieces in the electronic health record. RH

Week 4 2(a,b,e) – Good work with your assessments this week, noticing numerous deviations from normal. For both assigned patients, skin integrity and assessment was a priority focus. You were able to observe and assist the Podiatrist and wound care nurse on day one with a dressing change to the amputated foot as a result of osteomyelitis. Due to his immobility, you provided good skin/hygiene care and did a thorough assessment during his bath. On day two, your patient was post-op following a bowel resection surgery. You focused your assessment on her incision, noting staples and surrounding skin integrity. NS

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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

Rehab Clinical Objective 2 A-This week you were able to perform a great head to toe assessment! You were able to translate all of your findings in documentation and while discussing your patient with me. You really did a great job putting the pieces together with the patient’s assessment and what you would see with the diagnosis! MD

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies:																	
a. Perform standard precautions. (Responding)	TM S		S	S	S	S	NA										
b. Demonstrate nursing measures skillfully and safely. (Responding)	TM S		S	S	S	S	NA										
c. Demonstrate promptness and ability to organize nursing care effectively. (Responding)			S	S	S	S	NA										
d. Appropriately prioritizes nursing care. (Responding)			S	S	S	S	NA										
e. Recognize the need for assistance. (Reflecting)			S	S	S	S	NA										
f. Apply the principles of asepsis where indicated. (Responding)	TM S		S	S	S	S	NA										
g. Demonstrate appropriate skill with Foley catheter insertion, maintenance, & removal (Responding)			NA	S	S	NA	NA										
h. Implement DVT prophylaxis (early ambulation, SCDs, ted hose, administer enoxaparin or heparin) based on assessment and physicians' orders (Responding)			S	S	S	S	NA										
i. Identify the role of evidence in determining best nursing practice. (Interpreting)	TM S		S	S	S	S	NA										
j. Identify recommendations for change through team collaboration. (Reflecting)			S	S	S	S	NA										
	KA	KA	RH	NS	KA	MD											

Comments:

Trenton, please make sure to place a S, NI, or U in each competency versus your initials in the future. Page 2 of the tool explains what each rating means. If you have questions please let me know. KA

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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

Week 4 3(a,b,f,g) – You gained experience with following appropriate precautions for a patient on contact isolation for ESBL of the urine. You followed appropriate protocol in utilizing the gown and gloves during all interactions. You implemented your nursing care well, demonstrating good time management. You prioritized excellent hygiene care due to his immobile status. The patient and his wife were so appreciative of the care provided and said that was the cleanest he had been in months. Awesome job prioritizing cleanliness with his risk for infection. Catheter care was provided for your patient with a chronic foley catheter, maintaining asepsis and reducing the risk of CAUTI. NS

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

Week 5 – 3g – You did a nice job monitoring your patient's Foley and providing peri care throughout your shift. You documented the Foley in the EMR appropriately in your assessment. You also assisted the RN in transitioning the patient from a Foley bag to a leg bag prior to discharge. KA

Rehab Clinical Objective 3 D-You were able to identify the priority assessments with your patient and prioritize interventions that needed to be completed! MD

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies:			S	S	S	S	NA										
k. Administer PO, SQ, IM, or ID medications observing the rights of medication administration. (Responding)			S	S	S	S	NA										
l. Ensure patient safety through proper use of EHR, IV flow sheet, and BMV. (Responding)			S	S	S	S	NA										
m. Calculate medication doses accurately. (Responding)			S	S	S	S	NA										
n. Administer IV therapy, piggybacks, IV push, and/or adding solution to a continuous infusion line. (Responding)			NA	S	S	NA	NA										
o. Regulate IV flow rate. (Responding)	TM S		NA	S	S	NA	NA										
p. Flush saline lock. (Responding)			NA	N/A	S	NA	NA										
q. D/C an IV. (Responding)			NA	N/A	S	NA	NA										
r. Monitor an IV. (Noticing)	TM S		NA	S	S	NA	NA										
s. Perform FSBS with appropriate interventions. (Responding)	TM S		NA	S	S	NA	NA										
	KA	KA	RH	NS	KA	MD											

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

Trenton, please make sure to place a S, NI, or U in each competency versus your initials in the future. Page 2 of the tool explains what each rating means. If you have questions please let me know. KA

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 3: (3 k, l, m)- You were well prepared for medication administration this week and you performed all checks well! You used the EMAR to look up medications that were due then used skyscape to further investigate each medication. You answered all my questions well and your medication pass went smoothly! You were able to prepare for medication pass very quickly due to the physical therapy schedule and I appreciated your willingness to prioritize medications for the patient's schedule for the day. RH

Week 4 3(k-s) – You did well this week with medication administration. You were able to identify the 6 rights of med administration, practiced the three safety checks, and utilized the BMV scanner to safely administer medications to your patient. You gained experience with various PO medications in addition to insulin administration via subcutaneous injection. You also gained experience with hanging primary continuous IV fluids. You discussed the rationale, side effects, and implications of each medication administered. All dosage calculations were performed accurately, specifically with insulin administration based on the protocol prescribed by the provider. You also gained experience performing a FSBS for the first time, obtaining accurate results using appropriate technique. NS

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 – 3 n, o, p – You had the opportunity to complete the skill of administering and IV antibiotic on your classmate's patient. You did a nice job priming your piggy back and connecting your patient to the medication for the first time. You did a nice job flushing your patient's IV this week and ensuring patency of the IV line. 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 5 – 3s – You demonstrated proper technique when completing FSBS on your patient. You utilized the information received from the monitor to determine the need for insulin utilizing the patient's prescribed coverage scale. You documented all information correctly in the EMR. KA

Rehab Clinical Objective 3 K-M-This week you were able to identify the rights of medication administration and you were able to accurately administer medications to your patient. You identified safe practice and performed really well with administering your patient's medications! MD

Objective

4. Use therapeutic communication techniques to establish a baseline for nursing decisions. (1,5,7)*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies:			S	S	S	S	NA										
a. Integrate professionally appropriate and therapeutic communication skills in interactions with patients, families, and significant others. (Responding)			S	S	S	S	NA										
b. Communicate professionally and collaboratively with members of the healthcare team using hand-off communication techniques. (SBAR) (Responding)			S	S	S	S	NA										
c. Report promptly and accurately any change in the status of the patient. (Responding)			S	S	S	S	NA										
d. Maintain confidentiality of patient health and medical information. (Responding)			S	S	S	S	NA										
e. Consistently and appropriately post comments in clinical discussion groups. (Reflecting)			S	S	S	S	NA										
f. Obtain report, from previous care giver, at the beginning of the clinical day. (Noticing)			S	S	S	S	NA										
g. Provide a clear, organized hand-off report to your patient's next provider of care. (Responding)			S	S	S	S	NA										
	KA	KA	RH	NS	KA	MD											

Comments:

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

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 4 4(a) – You did very well with your therapeutic communication again this week. This is a major strength of yours. Your patient and his wife truly appreciated the level of care provided and commitment to making your patient feel safe and comfortable in your care. Nice job! NS

Week 4 4(e) – Overall nice work with your CDG this week. You identified an article that was pertinent to your patient care experience. You summarized the article well to provide insight into patient perceptions related to delaying care for diabetic ulcers. Knowledge deficit often contributes to patient’s delaying or not seeking out health care options. Diabetes is a difficult disease process to understand and manage. Studies that look into patient perceptions allow us as nurses to better understand their mindset to best promote positive outcomes. An in-text citation and reference were provided. Your response to Katie provided additional thought and insight with the use of a reputable resource to support your discussion. When using Skyscape resources as references, the in-text citation should include the author of the resource used, rather than stating (Skyscape, 2022). The correct in-text citation for your response post would be (Doenges et al., 2022). All criteria were met for a satisfactory evaluation. NS

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 – Trenton, you did a nice job responding to all your CDG questions related to the EBP article you reviewed. The topic on EKG monitoring for a fib post-stroke was very interesting. Your response to your classmate was thoughtful and well-written. 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. APA formatting on your reference was a little off please see my suggestions below. Overall you did a great job. Keep up the good work! KA

Yan, B., Hans, T., Lam, C., Swift, C., Ho, M.S., Mok, V.C.T., Sui, Y., Sharpe, D., Ghia, D., Jannes, J., Davis, S., Liu, X., & Freedman, B. (2020). Nurse led smartphone electrographic monitoring for atrial fibrillation after ischemic stroke: SPOT-AF. *Journal of Stroke*, 22(3), 387-395.

Rehab Clinical Objective 4 E-You had a wonderful CDG this week with response! You were able to turn in your CDG on time, have the adequate word count for both posts, and you were able to provide to the conversation with the information you gave! You were able to provide a reference and in-text citation for both the initial post and peer response. For the initial post-be sure to have the order of the reference be author, year, title, and website. Your in-text citation should be (American Hospital Association, 2024, p. 5). Your peer response in-text citation should be (Vallerand et al., 2022). Let me know if you have any questions! MD

Objective

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

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

****5a & b- You must address this competency in the comments below for all clinicals on 3T, 4N, or Rehab- describe the patient education you provided; be specific- include the topic, method of delivery, reason for teaching need, materials to support learning through above resources (if applicable), and method used to validate learning.**

Example: Education related to orthostatic hypotension (changing positions slowly by sitting at the side of the bed or chair for a few minutes before moving to another position, utilizing the walker when ambulating) was provided to my patient through discussion and demonstration. This was necessary to maintain patient safety as he/she was experiencing a drop-in blood pressure and dizziness when getting out of bed. A patient education sheet was printed from Lexicomp and given to the patient. The teach back method was used to validate learning.

Comments:

Week 3: 5a: A teaching need of my patient would be related to his high fall risk status, proper movement when ambulating and taking extra, but necessary steps to ask for help when needed, such as hitting the call light to ambulate. Even though he had fall precautions in place, he didn't have non-skid socks, so I applied those and educated the importance of taking every step to not fall, which includes skid preventing socks. He was educated on not having area rugs, cords, and other unnecessary things in his area that could potentially factor into a fall. The patient demonstrated proper movement with ambulation and teach back was used for the call light, non-skid socks, and night light at home. **This is a great educational topic! RH**

Week 3 5b: I did use appropriate terminology; however, I did not use any resources such as Skyscape; the occupational therapist and I coincided for most of the education related to ambulation, and I personally educated on the call light and having a night light at home in hallways with non-skid socks. **For this week since you did reach out to the OT team for resources, I will let the "S" stay, but for future weeks, please use a resource or at least list where the information came from if you got it from another healthcare professional. RH**

Week 4 5a: A teaching need of my patient with the bowel resection would be proper body mechanics with transfers/ movement and education on scanning the environment for risks during transfers. This was necessary to maintain safety because she already uses a walker at home and is a fall risk and with the abdominal surgery, a fall or incorrect transfer may lead to dehiscence of her surgical site. With the fall risk aspect and risk of dehiscence if proper mechanics aren't used, I thought this was a good educational piece for both. **Good thoughts and prioritization of educational needs! Noting her home environment and risks is important, as patients leave the controlled hospital environment and have to learn how to navigate in their home independently. Nice job! NS**

Week 4 5b: Skyscape was used for teaching under teaching/discharge considerations. "Assist client to learn safety measures as individually indicated. Actions using correct body mechanics for particular transfer, locking wheelchair before transfer, using properly placed and functioning hoists, ascertaining that floor surface is even and clutter free are important in facilitating transfers and reducing risk of falls or injury to client and caregiver." Teach back was used to validate and also demonstration; when I got her up to the restroom a couple times I would have her sit at the edge of the bed, get her feet set and hands set stable on the walker bars and before getting up doing a quick scan for environmental risks in the areas we would occupy walking. **Good use of supplemental resources to help support the education provided. NS**

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 5 5a: A teaching need for my patient would be for my patient on Wednesday with the indwelling catheter; she was discharged and needed education on how to change the drainage bag to a leg bag, and vice-versa.

Week 5 5b: Education was provided from Cleveland Clinic’s “Urine drainage bag and Leg Bag Care” and was printed for the patient to take home as well. This was done through teach back and demonstration. Education was validated as patient was able to perform the bag change and we showed her husband how to as well. This was necessary for the patient to know so during the night there isn’t backup in the catheter. **Great job providing this essential education to the patient prior to discharge to ensure she can properly care for her leg bag until she see the healthcare provider post discharge. KA**

Week 6 5a: A teaching need of my patient on Wednesday would be the effects of smoking and it’s risk for stroke. I chose this because he is currently treated for hypertension and hypertension alone is a risk factor so those combined increase his risk for another stroke. He is a half pack a day smoker. **Awesome! MD**

Week 6 5b: The resource I used was from the National Institute of Health under “Smoking and Stroke.” A printout sheet of the effects, etc was provided to the patient and discussion and teach back were used to validate his learning on the effects. I felt it was necessary to provide this education because he already has experienced a stroke and has multiple risk factors for it, so something related to that was pertinent and smoking is modifiable. **Wonderful! MD**

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	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)			S	S	S	S	NA										
	KA	KA	RH	NS	KA	MD											

***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.

WEEK 3 6B: I identified my patient’s age as a factor into social determinants of health. He even told me himself that sometimes he will skip an appointment or just stay at home because he doesn’t feel the greatest or doesn’t want to leave the house. Although he didn’t specifically give a reason, I know that his age plays a big factor into when he does that. **Skipping appointments is a huge risk factor for developing worsening health conditions, so great observation! RH**

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 4 6b: A social determinant of health for my toe amputation patient could be health illiteracy. Unfortunately, problems can be missed in nursing homes (pressure ulcers) and with the patient being health illiterate and not knowing for example to turn and reposition Q2H, this lead to broken skin surface and a consult to wound care when the problem was discovered in the hospital. **Good reflection! Health care management is complex for anyone, especially when health illiteracy is involved. If they patient is educated on discharge instruction in terms he is unable to understand, it would be difficult for him to manage his problems or concerns. Assessing the education level and potential understanding of instructions prior to providing education is key. NS**

Week 5 6b: A SDOH I identified for my patient on Thursday would be income or a lack of. He had consults for PT and OT and mentioned a couple times how he didn't want to do it and he didn't know how it would get paid for. **This can definitely affect his overall care and how he will be able to manage his chronic conditions. 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

Week 6 6a: A social determinant of health for my patient on Wednesday could be education. He didn't really understand anything when I was talking to him about his smoking, high blood pressure, stroke, etc so it had to be really thoroughly explained all throughout. I could just tell from a healthcare perspective with his lack of knowledge related to health that this certainly has affected his current health status. **Great SDOH! MD**

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)	TM S		S	S	S	S	NA										
b. Reflect on an area for improvement and set a goal to meet this need.** (Reflecting)	TM S		S	S	S	S	NA										
c. Demonstrate evidence of growth, initiative, and self-confidence. (Responding)	TM S		S	S	S	S	NA										
d. Follow the standards outlined in the FRMCSN Student Code of Conduct Policy. (Responding)	TM S		S	S	S	S	NA										
e. Incorporate the core values of caring, diversity, excellence, integrity, and “ACE”- attitude, commitment, and enthusiasm during all clinical interactions. (Responding)	TM S		S	S	S	S	NA										
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (Responding)	TM S		S	S	S	S	NA										
g. Demonstrate the ability to give and receive constructive feedback. (Responding)	TM S		S	S	S	S	NA										
h. Actively engage in self-reflection. (Reflecting)	TM S		S	S	S	S	NA										
	KA	KA	RH	NS	KA	MD											

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

Comments:

7a week 1: An area of strength to start this semester would be clinical skills. Week one lab was the first time I was able to complete each step of the skills performed correctly without looking back and forth between the checklist. I spent a lot of time on break reviewing those skills so I would be prepared to learn new skills, and this will help with my time management and confidence moving forward in clinical. **Great job! This time spent reviewing definitely paid off! KA**

7b week 1: An area of improvement for me would be therapeutic communication. This is something I'm always aiming to improve and would like to really apply and better this semester. **You will have plenty of practice during clinical. KA**

Trenton, please make sure to place a S, NI, or U in each competency versus your initials in the future. Page 2 of the tool explains what each rating means. If you have questions please let me know. KA

WEEK 3 7A: An area of strength for me this clinical week would be developing wound care skill outside of lab. I only observed wound care last semester, and although it was a simple dry dressing change, I felt like I did a good job on it and my clinical instructor observed and said it was good as well. **You did a great job with your wound change on both days. RH**

Week 3 7b: An area of improvement for me this clinical week would be being more thorough during med pass. My patient had multiple tablets of different medications and instead of scanning each separate one I only scanned one of the ones that were together. It wasn't that I didn't know the six rights, it was that I need to take it slightly slower and be more detail oriented. My instructor reminded me during med pass while I scanned them incorrectly and I realized and made sure to scan those ones and the rest appropriately. I am going to correct this by separating each individual medication before leaving the med room instead of keeping the same meds attached to each other. This will ensure that each separate medication will be scanned appropriately and will be a good reminder for me moving forward. **Sometimes just slowing down is all we need in order to be more careful with our actions. RH.**

Week 4 7a: An area of strength this week would be hygiene care. My patient from the nursing home was in need of good hygiene care; another student helped me with a bag bath that took about a half hour, and I did about another half hour helping him rinse his dentures, apply lotion everywhere, etc. I list this as a strength because I don't do hygiene care often due to refusals or independent patients. **I am not sure if the wife mentioned this to you, but the personal care that you and your classmate provided made a significant impact on her and the patient. They truly appreciated the in-depth level of care provided and really increased his self-esteem. You provided excellent personal care that made them feel cared for. Job well done! NS**

Week 4 7b: An area of improvement for me would be removal of the needle during medication injections. I gave 35 units of insulin and overall, the administration went very well; however, this was my second time (the other was an IM) where I pulled the needle out at a slight angle instead of directly straight, leading to an abrasion of the superficial skin. Both times I've done this only a few drops of blood came out and it wasn't an issue but if I make that slight improvement to the removal there shouldn't be blood. **Good reflection on an area for improvement! I am sure you will remember this experience the next time you give an injection, just like you did last semester with your IM injection, and show improvement. Keep up the hard work. NS**

Week 5 7a: An area of strength this clinical week would be medication pass. All the med passes I've done, I tend to get a little ahead of myself and miss a step of the process. This time, I took it slower and really thought everything through, I also gave two injections that I've wanted to improve on and this week she said she didn't even feel the heparin shot! Overall, I am beginning to build confidence in med passes with injections. **You did a great job during medication administration and provided a smooth administration throughout the process to both patients you worked with to administer medications on this week. KA**

Week 5 7b: An area of improvement for me this clinical week would be charting. I charted a couple things incorrectly and also missed charting something. I am going to improve this by taking my charting a little slower and I'm going to start doing checks on my charting to double check and make sure everything is accurate. **Great idea. Charting is a skill you will strengthen with time. Trying to document as close to the time of completion and being away from as much distraction as possible will also help. KA**

Week 6 7a: An area of strength this clinical week would be prioritization skills. Being the team leader for one of the days gave me the opportunity to overview things and prioritize different things for the day. Med passes were prioritized for the patients that needed early meds before therapy started and we also prioritized med pass for late morning for two patients that had two med passes. I felt like our prioritization led to a very successful and smooth clinical day. **You did awesome with prioritization! MD**

Week 6 7b: An area of improvement that I can work on for future clinicals could be my sleep. Wednesday, I had a lack of sleep and I definitely felt like it affected my day; I was a little brain fogged and my thinking was a little slower. I will improve this by preparing for my clinical day ahead of time and ensuring a good night's rest. **Great goal! MD**

Student Name: Trenton McIntyre		Course Objective: 6a					
Date or Clinical Week: Week 4							
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	Ten abnormal assessment findings were listed. Consider including his hearing difficulty with hearing aids, delayed capillary refill, and urine characteristics in your assessment findings. Six abnormal diagnostic findings were identified through review of the chart. Consider including his low hgb, elevated BUN, low calcium, and microbiology demonstrated MSRA of the toe wound in your diagnostic findings. Appropriate risk factors were identified based on past medical history and social history. Consider including him living at a nursing home as a risk factor for immobility.
	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	A thorough list of nine nursing priorities were identified. You appropriately selected impaired mobility as the top priority problem leading to risk of pressure injury formation, chronic foley catheter use, and delayed wound healing. You identified three potential complications to monitor for, including specific signs and symptoms that would indicate a complication is occurring. Relevant data was appropriately highlighted from the noticing section.
	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	1	Six nursing interventions were provided. There are numerous additional interventions to consider for the patient with impaired mobility. We would want to assess their level of mobility, ROM, strength, use of assistive devices, etc. You also would want to incorporate active/passive ROM. We can consult with PT/OT to determine appropriate mobility goals. Turning and repositioning would be important to prevent skin breakdown, encouraging coughing and deep breathing to prevent respiratory complications, and
	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	

							assessing/performing wound care are all additional interventions to consider. Interventions were prioritized appropriately, included a frequency, and rationale was provided for each.
Reflecting	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	You provided a re-assessment of abnormal findings to evaluate the progress made. Based on him being discharged that day, you made the appropriate determination to terminate the plan of care and transfer to the extended care facility.
	14. Evaluation includes one of the following statements: <ul style="list-style-type: none"> Continue plan of care Modify plan of care Terminate plan of care 	Complete			Not complete	3	
<p>Total Possible Points= 42 points 42-33 points = Satisfactory 32-21 points = Needs Improvement* < 21 points = Unsatisfactory* *Total points adding up to less than or equal to 32 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.</p> <p>Faculty/Teaching Assistant Comments: Trenton, nice job with your care map submission related to impaired mobility. You provided good, detailed information related to priority problems and potential complications. Be sure to review the comments provided related to the intervention section. You received 40/42 points for a satisfactory evaluation. You have completed your one care map requirement prior to midterm, and only need to submit one more satisfactory care map this semester. Let me know if you have any questions or concerns. NS</p>							Total Points: 40/42 - Satisfactory
							Faculty/Teaching Assistant Initials: NS

Student Name: Trenton McIntyre		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 pertinent assessment, lab/diagnostic, and risk factors for your patient in the noticing section. 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 including the major nursing priorities for you patient and highlighting the highest of the priorities. You did a nice job highlighting the relevant data from the noticing section and including relevant complications and signs and symptoms to assess for. 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	2	You did a nice job including pertinent nursing interventions that focused on your nursing priority. Your interventions were prioritized, individualized, realistic, and included rationales. Only one of your nursing interventions had a frequency. Remember to time all interventions. Also, you should make sure any highlighted assessment or lab/diagnostic finding has a related assessment nursing intervention. You would want to include an intervention related to assessing the patient's weakness, monitoring patient's CMP and urinalysis, and monitoring for the need for bladder scanning. What about educating your patient related to the usage of the leg bag since this was what she was discharged on? 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	1	
	11. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	12. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	

Reflecting	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	2	You did a nice job reassessing your patient's highlighted assessment findings. Remember to also reassess your patient's lab/diagnostic findings you highlighted. If there is no new CMP or UA you can report that. Overall well done. KA
	14. Evaluation includes one of the following statements: <ul style="list-style-type: none"> • Continue plan of care • Modify plan of care • Terminate plan of care 	Complete			Not complete	3	
<p>Total Possible Points= 42 points 42-33 points = Satisfactory 32-21 points = Needs Improvement* < 21 points = Unsatisfactory*</p> <p>*Total points adding up to less than or equal to 32 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.</p> <p>Faculty/Teaching Assistant Comments: You satisfactorily completed your second care map. Congratulations. See comments above one areas to improve on in the future. Terrific job! KA</p>						Total Points: 38/42	
						Faculty/Teaching Assistant Initials: KA	

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

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

*Course Objectives

Comments:

Week 1

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

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

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

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

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

Week 2

(Trach Care & Suctioning 1/18/2024) - During this lab, you satisfactorily demonstrated competence with tracheal airway suctioning and tracheostomy care. You provided good communication with your patient throughout the procedure, including asking your patient about respiratory symptoms prior to and throughout the process. You did

well to maintain your sterile field, identifying the importance of maintaining the 1” sterile boarder, and applying sterile gloves. You answered my questions appropriately demonstrating knowledge and competence of each procedure. You were able to remind yourself to re-assess the respiratory system prior to performing oropharynx suctioning. No prompts were required for either skill. 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>	Student Name: Trenton McIntyre							
	vSim- Vincent Brody (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	vSim- Juan Carlos (Pharmacology) (*1, 2, 3, 4, 5, 6)	vSim- Marilyn Hughes (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	Simulation #1 (Musculoskeletal & Resp) (*1, 2, 3, 4, 5, 6, 7)	Simulation #2 (GI & Endocrine) (*1, 2, 3, 4, 5, 6, 7)	vSim- Stan Checketts (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	vSim- Harry Hadley (Pharmacology) (*1, 2, 3, 4, 5, 6)	vSim- Yoa Li (Pharmacology) (*1, 2, 3, 4, 5, 6)
Performance Codes: S: Satisfactory U: Unsatisfactory	Date: 1/29/24	Date: 2/12/24	Date: 2/26/24	Date: 2/28 or 2/29/24	Date: 4/10 or 4/11/24	Date: 4/15/24	Date: 4/25/24	Date: 4/29/24
Evaluation	S	S						
Faculty/Teaching Assistant Initials	NS	KA						
Remediation: Date/Evaluation/Initials	NA	NA						

* Course Objectives

Comments:

Vincent Brody vSim assignment – All requirements were met for a satisfactory evaluation. NS

EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

I was given the opportunity to review my final clinical ratings in each course competency. I was given the opportunity to ask questions about my clinical performance. I have the following comments to make about my clinical performance/final clinical evaluation:

Student eSignature and Date:

Trenton McIntyre, 2/23/24