

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
2/9/2024	Impaired Mobility	S/NS	NA	NA

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

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies:			N/A	S	S	N/A	S	N/A									
a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting)			N/A	S	S	N/A	S	N/A									
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			N/A	S	S	N/A	S	N/A									
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			N/A	S	S	N/A	S	N/A									
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			N/A	S	S	N/A	S	N/A									
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			N/A	S	S	N/A	S	N/A									
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			N/A	S	S	N/A	S	N/A									
g. Assess developmental stages of assigned patients. (Interpreting)			N/A	S	S	N/A	S	N/A									
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		N/A	S	S	S	N S	N/A									
Indicate your clinical site as well as your patient's age and primary medical diagnosis in this box weekly.	Meditech, FSBS, IV Pump Sessions		N/A	Rehab, 39, Seizures	4N, 93, Weakness and AKI	Erie County Senior Center	65, 3T, UTI & Sepsis	N/A									
Instructors Initials	NS	NS	DW	MD	NS	DW	HS										

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. NS

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

Week 5 1(a-h) – Paige, you did a great job with patient care this week and discussing the alterations related to his disease processes. You cared for a patient admitted with an acute kidney injury, mechanical fall, and gallbladder sludge leading to abdominal discomfort, limited mobility, and hydration needs. You correlated his symptoms of right sided pain as a result of his fall and corresponding injury. You noted his low BMI and overall body weight as being related to his nutritional intake. You identified his abnormal BUN/Creat levels as being related to his kidney function through discussion. You also discussed his low hgb level and how his AKI may have contributed to his low blood counts. You identified his likely poor PO intake and nutritional status as a potential contributing factor to his AKI as a result of dehydration. As a result, you correlated his prescription for lactated ringers via continuous infusion to help manage the AKI and promote adequate fluid balance and hydration. Overall nice job in being willing to answer questions and develop your clinical judgment related to his disease processes. NS

Week 7 (H)- I had given myself an NI because there was some medications that I forgot to look up when giving to my patient. I forgot to look up the side effects when hanging magnesium because I was focused on why my patient was taking them. For next clinical I will focus on both the side effects as well as the reason my patient is taking something. **Yes, it is imperative that we look up the medication and be aware of the potential side effects prior to administering to a patient.**

Week 7 (1a-e)-Great job this week! You were able to identify the pathophysiology for your patient this week utilizing his history and the symptoms he was experiencing. You were also able to review the diagnostics that the patient had and discuss how they correlated with the patient's history. I am not sure why you gave yourself an NI for (1h) I changed this because from an instructor point of view you were prepared for clinical both days. HS

Objective

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

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

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

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

Week 5 2(a,b,e) – Good work with your assessments this week, noticing numerous deviations from normal associated with his disease processes. You were very thorough in your charting, painting a clear picture of the patient's assessment findings. You noted that your patient was a high-fall risk as a result of his fall before admission, unsteady gait, use of assistive device, functional incontinence, age, and connection to the IV line for continuous infusion. You ensured appropriate precautions were in place to maintain safety, educated on safe transfer, and closely monitored your patient during ambulation to prevent injury. Nice job prioritizing your assessment findings appropriately based on his priority problems and developing a care map associated with impaired mobility. NS

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 7 (2a-f)- You did a nice job with your assessment as well as documenting it within the electronic medical record. You also did a nice job communicating with your team members and your primary nurse. You were also able to discuss your focused assessment and the reasoning behind your decision of focus. HS

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

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Comments:

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

Week 5 3(c,d) – You were prompt with your nursing care and assessments this week, allowing you time to review the prescribed medications and administer them in a timely manner. You stayed on task and prioritized your patient’s needs appropriately. NS

Week 5 3(b,d) – This week you gained experience with new nursing skills, such as monitoring an IV site with a continuous infusion, administering medications safely, and performing a subcutaneous injection for DVT prophylaxis. You safely administered the subQ injection despite the limited amount of body fat to utilize. Although you were nervous to perform this skill in front of the patient’s family members, you remained composed, educated the patient on the procedure, and safely administered the medication without harm to the patient. You did a great job! NS

Week 7 (B)- I had given myself an NI, because I moved the enoxaparin after administering it because I was having a really hard time pushing the plunger down as well as the insulin needle acting up. For next clinical, I will absolutely make sure that I try and at least use both hands to ensure I push the plunger down and not move the needle anywhere is not supposed to go and I will also ensure that I triple check the needle cap is thoroughly completely on and nothing is wrong with the insulin pen before administering insulin. Both were great learning experiences! The enoxaparin syringe can be a little tricky the first time you use it. You will want to make sure the safety is engaged as soon as possible and with only one hand. HS

Week 7 (3 c, d)- Nice job this week as team leader! You were able to prioritize the plan for the day and adjust when necessary based on changes that occurred during the day. You were able to identify when your team members needed assistance and jumped in to help out. HS

Objective

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

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

Comments:

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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

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

Week 5 3(k-r) – You were very thorough in reviewing and administering medications to your patient this week. You identified the 6 rights of medication administration and performed the 3 safety checks. You were able to administer PO and subQ medications. I appreciated the extent of research put into reviewing your medications, including the classification, indications, side effects, and nursing implications for each. All medication dosage calculations were performed accurately. You gained experience in monitoring an IV site for complications, maintaining continuous infusions to promote positive patient outcomes. BMV scanning was utilized to promote patient safety. Safe and appropriate technique was demonstrated in administering an injection for the first time on a real patient, Good work! NS

Week 7 (3k,l,m)- You did a nice job with medication administration this week! You followed the rights of medication administration and completed all checks prior to administering. HS

Week 7 (3s)- Great job with the FSBS and determining insulin coverage per the sliding scale. HS

Objective

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

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

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

g. Provide a clear, organized hand-off report to your patient's next provider of care. (Responding)			N/A	S	S	N/A	S	N/A									
	NS	NS	DW	MD	NS	DW	HS										

Comments:

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! This week your initial response had both an in-text citation and a reference and your peer response had a reference. However, your peer response did not have an in-text citation. For this reason, you are receiving a NI. Please remember this for the next CDG you turn in. This way you will receive a satisfactory. Let me know if you have any questions. MD

4e- I had received an NI last week for not meeting the CDG criteria and had missed putting in an in-text citation. For this week of clinicals and moving forward I will ensure that I put an in-text citation in my CDG response post behind my findings, as well as triple check that I have an in-text citation and a reference for my posts. Thanks, Paige! NS

Week 5 4(a) – I thought you did an excellent job this week with communication and forming a therapeutic connection with your patient and his family members. It was evident that your patient felt comfortable in your care and felt at ease communicating with you. This is what nursing is all about! It can be overwhelming to have family members present during interactions with your patient or while performing nursing skills. However, you overcame the nerves and administering an injection and helped the patient and his family feel at ease. It was great to see you in the room talking with him and learning more about his past during your care. NS

Week 5 4(e) – You did very well with your CDG requirements this week. You took the feedback from the previous week related to the in-text citation and ensured one was provided this week, nice job. Your selected article was pertinent to your patient situation this week and you provided a good summary of the study that was conducted. I thought you did well describing how it related to your patient and how he could benefit from an exercise program to help promote strength and independence. Your response to Ava provided additional insight to the conversation with the use of a reputable resource to support your discussion. All criteria were met for a satisfactory evaluation. Some tips for APA formatting in the future: when using a direct quote within your discussion, be sure to include the page number with your in-text citation. If you paraphrase the information rather than taking the direct quote, the page number is not needed. For your initial post, overall APA formatting looked good with one minor correction. The title of the journal (International Journal of Environmental Research and Public Health) should be italicized in the reference *International Journal of Environmental Research and Public Health*, 17(9). These are just tips for future success. Let me know if you have any questions. Great job! NS

Week 6 (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. I have a few suggestions for improvement with future APA formatting. 1. With scholarly writing, paraphrasing information is preferred over directly quoting. This would have been fairly easy to do with the information you used from Harding et al. 2. The reference was close. Be sure to include all of the authors. 3. The year of publication is 2023. 4. The only words that should start with a capital letter in the title are Lewis's and Assessment. The correct reference would be- Harding, M., Kwong, J., Hagler, D., & Reinisch, C. (2023). *Lewis's medical-surgical nursing: Assessment and management of clinical problems* (12th ed). St. Louis, MO: Elsevier, Inc. DW

Week 7 (4a, b, c, d)- You did a nice job communicating with your patient, team members and primary nurse. You identified and notified the appropriate individuals when necessary. HS

Week 7 (4e)-You had a great CDG this week! You were able to turn in your CDG on time, have the adequate word count, and you were able to provide to the conversation with the information you gave! You also included a reference and an in-text citation for your post. Nice job! HS

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies:			N/A	S	S	N/A	S	N/A									
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)			N/A	NS	S	N/A	S	N/A									
	NS	NS	DW	MD	NS	DW	HS										

**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 & b- Education on fall prevention (Not to stand or walk by himself, to get me or another nurse if he needed his phone, book, urinal, or even food menu was out of reach, to get me if he needed help repositing to prevent any accidents, utilizing his wheelchair when needing to go anywhere, besides in PT when he could have extra

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

help with ambulating) This was provided to my patient through discussion, we used the teach back method a little bit, where he explained back to me what he needs to do and avoid doing. This was very necessary for his safety to prevent any injuries. This was due to his extreme weakness in his right lower extremity. weakness. I looked at Skyscape for proper nursing intervention for falls, and verbally told my patient. The teach back was validated for learning, he had told me what he shouldn't do if a nurse or PCT was not with him. As in do not try and grab anything that's not in reach, do not try and get up without his wheelchair, call if he needs us to help reposition. **I am unsure about the reason for rating yourself a NI for 5B-you were able to use Skyscape as a resource for gaining knowledge to give to your patient. I am going to change this to a satisfactory. I think you did a great job with education this week! MD**

5a& 5b Week 4- I had given myself an NI because I had felt I could've done more patient education. For my clinical this week, and so forth I will work harder on provided more education to my patient on interventions they need, or just simple education. I will continue to do more research on their preventions and risk to provide even more useful education to my patients.

Week 5 5a & 5b- Education related to medications (medication action, dose of medication, effectiveness for the medicine on him and route of administration) . This was provided to my patient through discussion and reassurance that he knew what medication he was taking and how he was taking it. This was necessary to provide to my patient because he needed to understand why he was taking 5 drugs orally as well as a subcu shot he was getting to have a full understanding on the medication effective towards him. It was also necessary to provide the route of each medication given so he could let me know if he does good with taking oral medications as well as how he preferred taking them (as in all at once or one at a time). I looked at Davis's Drug guide on Skyscape to ensure I had provided him the right teaching for the medications, as well as double checked my patients chart to ensure he could take pills whole as well as not need anything special to take them with besides water. The teach back method was effective in my opinion because the next day when I was administering his medications, he had told back to me why he was taking his meds, (as in, he told he was taking his anxiety med, his depression med, and his aspirin). **Very detailed response, Paige! That's great that you were able to use the teach back method and that he retained the information from the day before! Very important educational needs related to medication administration. NS**

Week 7 5a & 5b- Education related to his diabetes (how much insulin he is going to be taking, what he is really taking the insulin for long acting or short acting for after or before meals, as well as education on his feet. This was provided for my patient through discussion when I was getting his blood sugar. This was necessary for my patient because he needed to know why he was getting two insulin's instead of his regular one dose. He also needed education on his feet because his feet were covered and wrapped up in the blanket and even though his room was toasty and his feet were warm to touch, they looked cold, especially walking around without socks. I advised him to put on socks and offered to go grab him a pair to cover up his feet because of diabetic sensory neuropathy. I utilized my Lewi's Medical Surgical nursing book in this aspect through discussion by telling him what I know and have learned about diabetic sensory neuropathy and as to why I am suggesting him to be wearing socks or his slippers while walking around or even lying in bed with his foot hanging out a bit. We had used the teach back method to ensure he understood what I was saying and he had told me he would put socks on if his wife would bring him his own. **Great job educating your patient! HS**

Objective

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

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

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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

****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: A factor associated with his social determines of health would be his health insurance and where he lives. He had stated to me his insurance covers a lot but not some necessary things, like some dental care that he needed done and some surgeries that he couldn't get. He also stated that his home is not equipped for his right lower extremity weakness. He has a big tub/ shower that is hard to step into, he has stairs he has to go up to get into his bedroom and he has 2 dogs that he could trip over. **These are very important SDOH to consider! MD**

Week 5 6b: A factor associated with his social determines of health would be his transportation. He can no longer safely drive, and he relies on his wife to drive him anywhere he needs to go. This includes doctors' appointments, hospitals, and grocery stores. Since his wife is his only means of transportation it is a big factor in his social determinants of health because if she is unavailable or not home, he is secluded to his home with no way of going anywhere. **Very good! You identified a social aspect that could potentially negatively impact his health. This was a tough situation, as he is 93 years old and wants things to stay the way that they are. However, this puts a big strain on his wife who is also an older adult and may not be able to provide the same level of care. We talked about him not wanting to go to a nursing facility for rehab and strengthening because he is comfortable in his home environment. As nurses we assess the home environment upon discharge to ensure the safety of our patients. Good thoughts! NS**

Week 6 6b: A factor associated with some of the clients in the Erie County Senior Center would be that they cannot drive on their own. About 5 people took the bus to get to the senior center because they can't drive. They is a factor because they did eat lunch there, but if they need to get to doctors appointments or even to the hospital in emergencies they cannot get there themselves and will have to get on the bus or call someone for help. **Great observation and reflection on SDOH for the older adult population in the community. DW**

Week 7 6b: A factor associated with my patients' social determinates of health would be that his social and community help. He had told me he only had his wife to help him whatever he needed. He has a HCP, but he really doesn't want any at home help. With, he has muscle twitching and diabetes that could be better managed with some help. Although he his wife, his son and two daughters moved away, and he had stated to me that he really doesn't get out and isn't in a church community group or much because he doesn't like too but his wife is. He does not have much social or community help so that is a factor in his social determinates of health. **Great example! HS**

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

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

h. Actively engage in self-reflection. (Reflecting)	S		N/A	S	S	S	S	N/A									
	NS	NS	DW	MD	NS	DW	HS										

****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: An area of strength this week was coming prepared to class by watching all the videos needed, as well as all doing all the lessons that were given to us beforehand. **Very good! Being prepared allows you to practice more meaningfully to help apply to the clinical setting. Nice job. NS**

7b: An area of weakness this week was forgetting steps in our skills during skills lab. I had watched the videos beforehand but doing it from memory was a little bit harder than I had thought. By not forgetting any steps from here on out, I will watch the videos more than once as well as look over my red folder more than once before demonstrating a skill. **Good reflection and plan to help you master the skills learned in foundations. Keep up the hard work! NS**

Week 1 7(f) – This competency was changed to a “U” due to late submission of the clinical tool for week 1. The submission was due 1/13/24 at 2200 and was submitted on 1/15/2024. Remember, the clinical tool is due each Saturday at 2200. Be sure to set a reoccurring reminder to avoid late submission moving forward. As a reminder from the directions at the beginning of this document, 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. Let me know if you have any questions. **NS**

Week 2 7(f)- Moving forward I will ensure that I am thoroughly checking the syllabus for upcoming assignments that are due as well as set reminders on my computer and my phone to ensure that I submit my clinical tool in a timely manner with it done. **NS**

Week 3- 7a: N/A, 7b: N/A

Week 4- 7a: An area of strength this clinical would be assessing for pain throughout my day with him, to ensure his medication was still working and to ensure his chest pain had not gotten worse during PT and OT. **Awesome! MD**

7b: An area of weakness this clinical would-be time management. Rehab mornings were fast past with med pass, full head to toe, vitals and ensuring he was ready to go to OT/ PT. For next clinical on rehab, I will ensure I prioritize my time evenly. I will look up my medications faster and more effectively, so I am prepared to go through them with my clinical instructor, as well as watch the time on the clock routinely so I am managing my time, so I have everything done by the time they need to go to PT or OT. I will also manage my time to ensure I have adequate time to get all my documentation done appropriately and in a timely manner. **This is a great goal to strive for! I think this will help you in all clinical areas not just rehab! MD**

Week 5- 7a- An area of strength this clinical would be using my clinical judgment to determine what was best for my patient. My patient was started on Heparin because he had impaired mobility due to his generalized mild weakness. I reviewed his labs before I administered his medication and found he had low platelet count, which told me that his blood was not clotting the best. Because Heparin is a blood thinner and stops clotting, I made a clinical to decide to not give him the Heparin to eliminate anything from happening in case he was to start bleeding or was already bleeding from somewhere already. **Awesome!! His low platelets in addition to low hgb and hct made this something to consider. While we don't want him to develop a DVT during his care, we also don't want him to bleed excessively with his risk for injury. You discussed the fact that your patient was ambulating in the room, sitting in the chair, and the alternatives of SCDs if heparin poses a risk. I thought you did a nice job of thinking this through and using your nursing judgement! NS**

7b- An area of weakness this clinical would be pulling the saline flush syringe a little bit too hard. During IV lab I had pulled it a little harder because it was a little bit tough to pull back to get the air out. In this case, it turned out to be a lot easier to pull back than the other syringe. For next clinical, I will ensure that I do not pull on the plunger as hard, so the plunger does not come out and all the saline does not spill on the floor, again. **Silly mistakes like that make for a good learning experience. You did nothing**

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

that could cause harm to the patient and identified what to do differently. A true no harm, no foul scenario. We learn best from mistakes – I bet in the future you will remember the plunger coming out and will laugh as you find yourself more comfortable with handling the syringe. Keep up the hard work! NS

Week 6- 7a: My strength this clinical was communicating effectively and creating professional relationships amongst the folks at the Erie County Senior Center. Love it! Just to help reflect a little more deeply- where do you think this comfort level came from...past experiences with other older adults, maybe? DW

7b: My weakness this clinical was picking an easier activity to do with them. My group and I picked crossword puzzles to do with them. Although they enjoyed it, some of them told me they wished it was a little harder. In the future, I will pick an activity that is more fun and also a bit more challenging for them. Or to compromise and come prepared with both easy and more difficult puzzles that each individual can select for themselves. DW

Week 7-7a: My strength this clinical was looking at my patients' chart before administering meds. I had checked and seen that the platelets had dropped from the previous day which could indicate that he is a higher risk not to clot blood. I then had an order to administer enoxaparin which is an anticoagulant. Although we did more research to find that this wasn't detrimental to administering the medication, but the I established the platelets will need to be monitored from now on. Great job! You correlated the information that you found when looking up your medications directly to your patient. You did a great job correlating the medication directly to the patient and the side effects to monitor for.HS

7b: My weakness this clinical was the med pass. The second insulin pen not working how I expected it to like the first insulin pen. I tried not to think about it and focus on what needed to be done next, but it kind of threw me way off and had me discombobulated throughout the day after that. For my next clinical I will think about whatever unexpected things happen for a second and then let it go and prepare myself for whatever else is next to ensure I am in the right head space as well as calm my nerves so nothing else unexpected throws me off. Additionally I will sit back and let my nerves calm down before I go back out on the floor to reprepare myself. You did a great job at clinical! In the healthcare field we are constantly experiencing things that don't go as planned or suddenly change and we must adapt and move forward. You will see this begin to get easier the more situations that you are exposed to. HS

Week 8 7a: N/A

7b: N/A

Student Name: Paige Knupke				Course Objective: 6a			
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	A thorough list of all abnormal assessment findings based on the care provided were listed. A total of 16 assessment findings were listed. Most abnormal diagnostic findings were obtained from the chart and listed. Be sure to list his abnormal CT and ultrasound findings. Although they didn't directly correlate with the priority problem, its important to list all abnormal diagnostic to help identify the priority problem. A thorough list of risk factors were listed based on the patient's past medical and social history.
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)	3	
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	2	Three nursing priorities were listed. There are numerous additional priorities to consider, such as skin integrity, pain, knowledge deficit related to his self care, anxiety, fatigue, urinary elimination (related to his functional incontinence), to name a few.
	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	2	
	6. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	3	Most relevant data were appropriately highlighted pertaining to the top priority problem of impaired mobility. Consider including his functional incontinence, acute pain, use of glasses, bruising from falls, and use of 1 person assist for ambulation as supportive findings related to your priority problem. Potential complications were identified, with specific signs and symptoms of each to monitor for.
	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	Nice work with your intervention list. A list of 15 nursing interventions were listed, each pertinent to the patient situation. Interventions were prioritized appropriately with assessments taking highest priority. An appropriate frequency was provided for each intervention, rationale was described, and each listed intervention contained specific patient information to make them individualized,
	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	including medication dosages that were prescribed and relevant to the priority problem.
Reflecting	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	An evaluation was performed in which reassessment findings were listed based on the last patient assessment. Due to your patient's weakness and risk for falls, it was appropriately determined to continue the plan of care upon discharge to acute inpatient rehab.
	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.							Total Points: 40/42 - Satisfactory
Faculty/Teaching Assistant Comments: Paige, you did a nice job with your care map submission related to impaired mobility. You provided good detail throughout and demonstrated developing clinical judgment. You received 40/42 points for a satisfactory evaluation. Review the comments provided for continued success. You have now completed one of the two required care map submissions for the semester with a satisfactory evaluation. You have met the requirement of completing one prior to midterm. You only need to complete one more satisfactory care map for the semester. Great job! Keep up the hard work. NS							Faculty/Teaching Assistant Initials: NS

Student Name:				Course Objective:			
Date or Clinical Week:							
Criteria		3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)		
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)		
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)		
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	5. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	6. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)		
	7. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)		
Responding	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	9. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete		
	10. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete		
	11. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete		
	12. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete		
Ref	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete		

ecting	14. Evaluation includes one of the following statements:	Complete			Not complete		
	- Continue plan of care - Modify plan of care - Terminate plan of care						
Total Possible Points= 42 points 42-33 points = Satisfactory 32-21 points = Needs Improvement* < 21 points = Unsatisfactory* *Total points adding up to less than or equal to 32 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines. Faculty/Teaching Assistant Comments:							Total Points: Faculty/Teaching Assistant Initials:

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

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

Week 2

(Trach Care & Suctioning 1/17/2024) - During this lab, you satisfactorily demonstrated competence with tracheal airway suctioning and tracheostomy care. You did a nice job of explaining the procedure to your patient and promoting comfort throughout the procedure with strong communication. Great job maintaining your sterile field and applying sterile gloves throughout both procedures. It was evident that you were cognizant of the importance of maintaining sterility. You answered my questions

appropriately demonstrating knowledge and competence of each procedure. No prompts were required for either skill. You were thorough in your approach and clearly well prepared. Keep up the hard work! NS
(EBP Lab 1/18/2024)- 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: Paige Knupke							
	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	S					
Faculty/Teaching Assistant Initials	MD	NS	HS					
Remediation: Date/Evaluation/Initials	NA	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