

**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
2/7/2024	Impaired Physical Mobility	Satisfactory/MD	NA	NA
2/16/2024	Decreased Cardiac Output	Satisfactory/HS	NA	NA

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

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies:			NA	NA	S	S	NA	NA									
a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting)			NA	NA	S	S	NA	NA									
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			NA	NA	S	S	NA	NA									
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			NA	NA	S	S	NA	NA									
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			NA	NA	S	S	NA	NA									
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			NA	NA	S	S	NA	NA									
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			NA	NA	S	S	NA	NA									
g. Assess developmental stages of assigned patients. (Interpreting)			NA	NA	S	S	S	NA									
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		S	NA	S	S	S	NA									
	Indicate your clinical site as well as your patient's age and primary medical diagnosis in this box weekly.	Meditech, FSBS, IV Pump Sessions	Infection Control and Digestive Health	No clinical	5T, 79 years old, Parkinson's Disease	3T, 52 years old, Congestive Heart Failure	Erie County Senior Center										
Instructors Initials	MD	MD	DW	DW	MD	HS	DW										

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. DW/NS/HS

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 6- (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 patients history. 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:			NA	NA	S	S	NA	NA									
a. Perform inspection, palpation, percussion, and auscultation in the physical assessment of assigned patient. (Noticing)			NA	NA	S	S	NA	NA									
b. Conduct a fall assessment and implement appropriate precautions. (Noticing)			NA	NA	S	S	NA	NA									
c. Conduct a skin assessment and implement appropriate precautions and care. (Noticing)			NA	NA	S	S	NA	NA									
d. Communicate physical assessment. (Responding)			NA	NA	S	S	NA	NA									
e. Analyze appropriate assessment skills for the patient's disease process. (Interpreting)			NA	NA	S	S	NA	NA									
f. Demonstrate skill in accessing electronic information and documenting patient care. (Responding)	S		S	NA	S	S	NA	NA									
	MD	MD	DW	DW	MD	HS	DW										

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 6 (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 your findings to your team leader and your primary nurse. You were also able to discuss your focused assessment and the reasoning behind your decision of focus. HS

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

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

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

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

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 6 (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:			NA	NA	S	S	NA	NA									
k. Administer PO, SQ, IM, or ID medications observing the rights of medication administration. (Responding)			NA	NA	S	S	NA	NA									
l. Ensure patient safety through proper use of EHR, IV flow sheet, and BMV. (Responding)			NA	NA	S	S	NA	NA									
m. Calculate medication doses accurately. (Responding)			NA	NA	S	S	NA	NA									
n. Administer IV therapy, piggybacks, IV push, and/or adding solution to a continuous infusion line. (Responding)			NA	NA	NA	NA	NA	NA									
o. Regulate IV flow rate. (Responding)	S		NA	NA	NA	NA	NA	NA									
p. Flush saline lock. (Responding)			NA	NA	NA	NA	NA	NA									
q. D/C an IV. (Responding)			NA	NA	NA	NA	NA	NA									
r. Monitor an IV. (Noticing)	S		NA	NA	NA	S	NA	NA									
s. Perform FSBS with appropriate interventions. (Responding)	S		NA	NA	NA	S	NA	NA									
	MD	MD	DW	DW	MD	HS	DW										

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

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

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 6 (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

Objective

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

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

Comments:

Week 3 (4e)- According to the CDG Grading Rubric, you have earned a satisfactory for your Infection Control discussion this week. Your discussion was extremely thorough and backed by evidence. Keep up the good work! In terms of APA formatting, I have just one suggestion. When you use a direct quote, the citation should include the author(s) last name, the year of publication and the page number. This would be an example of an APA formatted citation- (Harding et al., 2023, p. 251). DW

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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 also had a reference and an in-text citation for both your initial post and peer response. Great job! MD

Week 6 (4e)- Great job with your CDG this week! You successfully met all of the requirements on the rubric. You answered all of the questions with a thorough explanation for each one. You also provided an in-text citation with a reference. Nice job! HS

Week 7 (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. Also, nice job with your APA formatting. I just have two suggestions: 1. The title in your reference should start with a capital letter; all other words in the title should be lowercased. 2. Scholarly writing utilizes paraphrasing of information whenever possible, as opposed to directly quoting. Please try to incorporate more paraphrasing with your citations in future writing. DW

Objective

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

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

****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 5: Education related to aspiration prevention (sitting in a chair while eating, chin tucked for swallowing, eat slowly with small bites, providing proper consistency of food/fluid) was given to my patient through discussion and practice. We also discussed the importance of preventing aspiration. This education piece is necessary because the patient experienced dysphagia as a symptom of Parkinson’s Disease. The patient frequently experienced coughing fits during meals and when drinking water prior to education. This education is pertinent to help the patient avoid a blocked airway and aspiration pneumonia. I gathered this information from Skyscape and used the teach back method to ensure the patient understood the education. I continued to observe the patient throughout the day to help remind the patient of aspiration prevention techniques. **Excellent! MD**

Week 6: Education related to pain management (quiet, calm environment, comfort measures, distraction activities, etc) was given to my patient through discussion and practice. This education was pertinent because the patient experienced intermittent chest and abdominal pain rated at 5-7/10. This education pertained to the patient as it helped them to better manage the anxiety they had in association with the pain. I gathered this information from Skyscape and used the teach back method to ensure patient understood education. **Great job! Teach back is key in confirming that the patient understands the information that was given to them. HS**

*End-of-Program Student Learning Outcomes

Objective

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

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

****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(b): In preparation for a colonoscopy preparation, the patient is asked to complete a bowel cleansing regimen in addition to the avoidance of fiber and maintaining NPO status for a full 24 hours before the procedure. Patients who do not live in an environment that is supportive of this preparation for a colonoscopy or those who are poorly educated on the importance of maintaining a clear bowel in preparation for the procedure will likely be unsuccessful in clearing their bowels as recommended. This can increase the patient's risk of perforation, cause more technical difficulties during the procedure, cause the procedure to last longer than expected, or cause the patient to undergo multiple colonoscopies. **Excellent reflection on the effects of SDOH related to the population seeking care in Digestive Health. I will also add that not fully clearing out the bowel could result in missing a concerning area of the colon. Keep up the great work, Hannah! DW**

Week 5(b): For this patient, a social determinant of health is their living situation. The patient has Parkinson's Disease, is 79 years old, and lives in a condo with his wife. The patient is known to have frequent falls and fell at home while attempting a stand and pivot with his wife assisting him. At home, the patient does not have the support to continue to do necessary therapy to improve muscle response, balance, coordination, strength, and flexibility. The ability of his wife to care for him is limited and she may feel as though she is unable to care for the patient at home. The patient may feel as though he is a burden to his wife as his needs may be greater than what she is able to care for. This will worsen the patient's condition and put them at greater risk for falls. **This is a great SDOH! What types of resources would you offer to the patient and his wife to support them with this? MD**

Week 6(b): This patient's job likely played a huge role in their current situation. This patient was a former truck driver (currently on disability). As a truck driver, the patient would have spent long hours on the road, likely eating fast foods high in sodium and not drinking enough water. Poor diet and sedentary lifestyle would have contributed to their obesity. This would have led to his diagnosis of congestive heart failure and coronary artery disease. Continued poor diet and sedentary lifestyle due to

being on disability will worsen the patient's heart health. Great example! However, you would want to confirm this information with the patient. I think without discussing his typical diet and day to day activity while working we cannot guarantee that he ate fast food. HS

Week 7(b): It is important that elders have access to food and are able to be in social settings. Elders who do not have access to good meals are more likely to suffer more severe health consequences. Some elders may not have the functional ability to cook for themselves or be able to drive to a place to get food or have the money to do so. Elders are more likely to suffer depression or loneliness because they may be unable to leave their home or they may not have anyone to interact with. This will also cause their health to deteriorate further because of lack of cognitive engagement and a lack of feeling of belonging. Having access to senior centers like ECSC is imperative to helping people meet these needs. Excellent! I appreciate that you discussed how the older adult can be affected by SDOH, as well as local resources that help to prevent issues with health. DW

Objective

7. Illustrate professional conduct including self-examination, responsibility for learning, and goal setting. (7)*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
a. Reflect on an area of strength. ** (Reflecting)	S		S	NA	S	S	S	NA									
b. Reflect on an area for improvement and set a goal to meet this need. ** (Reflecting)	S		S	NA	S	S	S	NA									
c. Demonstrate evidence of growth, initiative, and self-confidence. (Responding)	S		S	NA	S	S	S	NA									
d. Follow the standards outlined in the FRMCSN Student Code of Conduct Policy. (Responding)	S		S	NA	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)	S		S	NA	S	S	S	NA									
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (Responding)	S		S	NA	S	S	S	NA									
g. Demonstrate the ability to give and receive constructive feedback. (Responding)	S		S	NA	S	S	S	NA									
h. Actively engage in self-reflection. (Reflecting)	S		S	NA	S	S	S	NA									
	MD	MD	DW	DW	MD	HS	DW										

****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:

- a. Successfully learned about and gained confidence in IV's, insulin, FSBS, monitoring of IV sites, and reviewed Nursing Foundations skills. I came to class prepared and asked appropriate questions for clarification. I successfully practiced administering a dose of insulin and correctly identified examples of infiltration, extravasation, and phlebitis. I also successfully performed a saline flush of a venous access device, IV bolus medication administration, prepared IV solution and tubing, and hanged IVPB. **Wonderful! MD**

*End-of-Program Student Learning Outcomes

- b. I had trouble remembering appropriate needle sizes for IM injections during the review of Nursing Foundations review. I will review IM and subcutaneous injections three times over the next week to solidify understanding. **Great! MD**

Week 3:

- a. I successfully identified proper isolation precautions for several patients including those with pneumonia, MDRO, COVID-19, and C. difficile. I observed multiple units (4N, 4P, 4C, 3T, and 5T) for implementation of correction isolation precautions and handwashing. I was able to look at a patient's chart and determine if there was appropriate and accurate documentation regarding their isolation status. **Well done! DW**
- b. During the digestive health portion of the clinical, I was unfamiliar with possible diagnoses for colonoscopies (ex. polyps and diverticulosis, prolapse). Knowing about these diagnoses would have been helpful going into the clinical experience. I will spend 1-2 hours this week studying polyps, diverticulosis, inflammatory bowel disease, and bowel cancer and their related nursing interventions. **Way to think beyond the diagnostic procedure to consider what your role might be in educating and providing care based on a diagnosis. Identifying opportunities and engaging in independently learning will be so important to your future in nursing. Nice job! DW**

Week 5:

- a. I successfully provided cues and reminders for education that was taught in physical and speech therapy. The patient picked up on new concepts quickly but would forget to apply them outside of therapy. I continued to remind the patient the importance of tucking his chin when swallowing, taking smaller sips or bites of food, eating/drinking slower, bending at the waist when sitting down or standing up, and pushing up from the chair rather than holding on to the walker. Over time, this helped the patient remember to follow these educational pieces and he had fewer coughing fits when eating/drinking and had an easier time standing. **Awesome! MD**
- b. I was unfamiliar with Parkinson's Disease and the assessment findings that can be associated with it. This made it difficult to identify interventions and areas for education aside from the cues I provided to mitigate aspiration risk and promote effective usage of the walker. A lack of understanding of the disease process makes it difficult to understand the physical and emotional difficulties that the patient may face on a day to day basis. I will spend 1-2 hours this week looking into Parkinson's Disease including disease process and nursing interventions. **Great goal! MD**

Week 6:

- a. Head to toe assessments are becoming more fluid and I am able to get them done quicker without sacrificing quality. This helps my morning to flow better because I am able to spend more time looking into the patient's chart to make better connections about their health situation and have better, more focused conversations with the patient. **Great job! HS**
- b. During clinical, the patient had an episode of severe chest pain. The patient was very anxious about this chest pain and I picked up on that and also became anxious. This was my first time handling an emergent situation that had potentially serious outcomes and I could have handled it better and more appropriately. I will spend 1-2 hours this week reviewing what the policy is for emergent situations and practicing stress management techniques 3 times this week. **While you did become anxious that is okay, you sought help and worked through the situation. When these situations occur, they are not typically the same situation and must always be handled slightly different depending on the factors of the situation. As you continue to gain knowledge and experience this will get slightly easier as well as you are able to use your clinical judgement skills. HS**

Week 6 (7c-h)- You did not self-evaluate for these competencies therefore you received U's in each area not evaluated. You must address the U's as to why they are no longer a U with the week 7 clinical tool submission.

- **Week 6 (7c-h) Re-evaluation:** I received U's in these areas of the clinical tool because I neglected to self-evaluate. These areas are no longer a U because I have successfully self-evaluated these areas for Week 6 during Week 7.

Week 7:

- a. We had good team work with this clinical. I was able to work with my peers to make the activity with the seniors very smooth and organized. We also worked together to help the senior center with other things like bagging bread slices for their Meals on Wheels program, passing out Bingo cards, and handing out cookies and tissues that we brought for the seniors. **Teamwork is so important in healthcare. I appreciate that you are building this skill and successfully implementing an activity as a group. DW**
- b. I didn't go out of my way to make conversation with the elders at ECSC like I should have. I could have learned more about the elders there like what they do in their free time or what jobs they used to do. Being able to build connections with people is an important aspect of nursing because patients may reveal more important health related information when they trust their nurse or other healthcare professional involved with their care. I will practice open ended communication with 3 people this week. **Great goal, Hannah! I can relate to the uncomfortableness of engaging a people you don't know. One thing that's helped me in the past is coming up with a couple different starter statements that I can keep in my back pocket if I can't think of anything to say. Just a thought. DW**

Student Name: Hannah Baum		Course Objective:					
Date or Clinical Week: 2/7/2024							
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	All criteria met. MD
	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	All criteria met. MD
	5. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	6. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	3	
	7. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	3	
Responding	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	Most of your interventions were in order of assess, do, and then educate but a couple were not. Please be sure to take time and place all assessment pieces first followed by administering, monitoring, encouraging, then educating the patient. MD
	9. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	2	
	10. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	11. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	12. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
Ref	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	All criteria met. MD

ecting	14. Evaluation includes one of the following statements: <ul style="list-style-type: none"> • Continue plan of care • Modify plan of care • Terminate plan of care 	Complete			Not complete	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:</p>						Total Points: 41/42 Satisfactory MD	
						Faculty/Teaching Assistant Initials: MD	

Student Name: Hannah Baum		Course Objective: 6a					
Date or Clinical Week: 2/16/2024							
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	Great job! You identified all abnormal assessment and lab findings and the risk factors pertinent to your patient. HS
	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	Great job! You listed the nursing priorities and identified the priority as well as the potential complications and the signs and symptoms to monitor for. HS
	5. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	6. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	3	
	7. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	3	
Responding	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	Great job with your interventions for this patient. The only adjustment you could make would be to include as needed (prn) with a couple of the interventions within the assess area. You properly prioritized and made them individualized for the patient. HS
	9. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	10. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	11. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	12. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
Refl	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	

ecting	14. Evaluation includes one of the following statements: <ul style="list-style-type: none"> • Continue plan of care • Modify plan of care • Terminate plan of care 	Complete			Not complete	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: Great job with your care map! You were able to identify the priority problem as well as the potential complications that could occur. You identified interventions that were specific to your patient and prioritized them and explained a rationale for each one. HS</p>						<p>Total Points:42/42 Satisfactory HS</p>	
						<p>Faculty/Teaching Assistant Initials: HS</p>	

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

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

*Course Objectives

Comments:

Week 1

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

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

(IV Math)-You satisfactorily participated in the IV Math learning session on 1/9/24 as well as the assigned IV Math practice questions and the IV Math Application lab on 1/10/24. KA/DW

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

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

Week 2

(Trach Care & Suctioning) - During this lab, you satisfactorily demonstrate competence with tracheostomy care and tracheostomy suctioning. You did a nice job overall and sterility was maintained. One prompt was received for applying the mask before tracheal suctioning. Remember to step back and avoid cleaning the inner cannula over the sterile field. Otherwise, keep up the good work!

DW/RH/NS/HS

(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: Hannah Baum							
	Performance Codes: S: Satisfactory U: Unsatisfactory	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)
	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	DW	MD						
Remediation: Date/Evaluation/Initials	NA	NA						

* Course Objectives

Comments:

EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

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

Student eSignature and Date:

12/27/2023