EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Savannah Willis

Final Grade: **Satisfactory/Unsatisfactory**

Semester: **Spring**

Date of Completion:

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

Faculty eSignature:

Teaching Assistant: **None**

DIRECTIONS FOR USE:

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

METHODS OF EVALUATION:

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

ABSENCE (Refer to Attendance Policy)

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

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

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

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

UNSATISFACTORY CLINICAL PERFORMANCE

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

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

OTHER

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

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

Date	Care Map Top Nursing Priority	Evaluation & Instructor Initials	Remediation & Instructor Initials	Remediation & Instructor Initials
2/10/24	Impaired swallowing	S/RH	NA	NA

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

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies: a. Analyze the involved patho-physiology of the patient's disease process. (Interpreting)			S	S	S	S	S	N/A									
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			S	S	S	S	S	N/A									
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			S	S	S	S	S	N/A									
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			S	N/A	S	S	S	N/A									
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	N/A	S	S	S	N/A									
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			S	N/A	S	S	S	N/A									
g. Assess developmental stages of assigned patients. (Interpreting)			S	S	S	S	S	N/A									
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		S	S	S	S	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		4N – 54, Diabetic Foot Ulcer	Digestive Health, Infection Control, ECSC	5T – 59, Stroke	5T – 69, Cardiac arrest, dysrhythmias	3T – 60, Signs/symptoms of	Simulation									
Instructors Initials	**DW**		**NS**	**HS**	**RH**	**MD**	**KA**										

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

Week 3 1(a-h) – Savannah, you did a great job with patient care this week! You were able to make correlations between the patients disease processes and the nursing care required. You discussed the patients admitting problem related to a non-healing diabetic foot wound requiring amputation of a toe. You discussed her past medical history of diabetes and PAD as contributing factors to decreased blood flow (perfusion) leading to a non-healing wound and resulting gangrene. You focused your assessment on circulation following her recent vascular surgery and understood the importance of locating pulses with the use of the doppler. You were able to observe the procedure performed on her toe and discussed nursing implications as a result. During medication administration, you discussed the rationale behind the prescribed aspirin and Plavix and the potential side effects to educate on and monitor for. Good work this week! NS

Week 5: (1 c, d, e)- This week you did a great job discussing your patient's pathophysiology of their illness as well as had a great discussion of their medications and why they were relevant to their care. You also assisted your peers with their correlation of pharmacotherapy to diagnosis and treatment while acting as team leader. RH.

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 7 – 1a, b, c, e– You did a nice job discussing on clinical your patient's disease process related to stroke-like symptoms on Wednesday and weakness and hyperkalemia for your new patient's disease process on Thursday and what nursing was doing to help both patients. You were able to discuss symptoms we were monitoring and managing in your patient as well as pertinent labs for your patient diagnosis. You also set a goal for your patient and were able to discuss your patient's work towards meeting that goal. KA
Week 7 – 1d – You did a nice job reviewing all your medications before you administered them to the patient. You were able to discuss the reason why the patient was taking the medication as well as what we were monitoring the patient for. You also were able to discuss what information was needed to determine if the medication should be administered (i.e. blood pressure, pulse). KA

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: a. Perform inspection, palpation, percussion, and auscultation in the physical assessment of assigned patient. (Noticing)			S	N/A	S	S	S	N/A									
b. Conduct a fall assessment and implement appropriate precautions. (Noticing)			S	N/A	S	S	S	N/A									
c. Conduct a skin assessment and implement appropriate precautions and care. (Noticing)			S	N/A	S	S	S	N/A									
d. Communicate physical assessment. (Responding)			S	N/A	S	S	S	N/A									
e. Analyze appropriate assessment skills for the patient's disease process. (Interpreting)			S	N/A	S	S	S	N/A									
f. Demonstrate skill in accessing electronic information and documenting patient care. (Responding)	~~n/a~~ S		S	N/A	S	S	S	N/A									
	DW		**NS**	**HS**	**RH**	**MD**	**KA**										

Comments:

Week 1 2f: We did not access the charts in the online Meditech, unless this is referring to the Meditech 2.0 orientation, but with documentation on paper I would be 'S.'
Week 1 (2f)- By attending the Meditech clinical update & providing your full, undivided attention during the demonstration of documenting insulin, IV solutions, and the Meditech 2.2 upgrades, you are satisfactory for this competency. NS

Week 3 2(a,b,e) – Good work with your assessments this week, noticing deviations from normal and coordinating your care appropriately. You noticed limited vision with the use of glasses, darkened teeth with normal oral mucosa, weak pulses on palpation requiring the use of a doppler, non-pitting edema consistent with her disease process, tingling to the right lower extremity, use of a supportive shoe for ambulation, bruises and skin abnormalities, and an irregular bowel pattern. You used appropriate assessment to focus on her perfusion by performing focused circulatory assessments pre- and post-op. With her new use of a post-op shoe, falls and safety are a concern. You performed a focused safety assessment and ensured all precautions were in place. NS

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

Week 5: Week 5: (2 a-f)- This week you did a good job of performing your head to toe when time was available to you due to the therapy scheduling. You worked around therapy schedules to get your head to toe as well as your reassessment done. You also were able to document and find other assessment pieces in the electronic health record. You also checked documentation and assisted your peers in correcting their charting while acting as team leader. RH
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 7 – 2a, d – You did a nice job thoroughly assessing your patient and notifying your nurse of any pertinent information. You were able to identify the focused assessment needing to be completed for your patient related to their diagnosis and monitored abnormal assessment findings. KA
Week 7 – 2f – You utilized the EMR to research your patient and determine what care needed to be provided to your patient throughout the day. You also utilized the EMR to research your patient's health history and information related to the patient's current hospital visit. KA

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies: a. Perform standard precautions. (Responding)	S		S	S	S	S	S	N/A									
b. Demonstrate nursing measures skillfully and safely. (Responding)	S		S	S	S	S	S	N/A									
c. Demonstrate promptness and ability to organize nursing care effectively. (Responding)			S	S	S	S	S	N/A									
d. Appropriately prioritizes nursing care. (Responding)			S	S	S	S	N/I	N/A									
e. Recognize the need for assistance. (Reflecting)			S	S	S	S	S	N/A									
f. Apply the principles of asepsis where indicated. (Responding)	S		S	S	S	S	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)			S	N/A	S	S	S	N/A									
i. Identify the role of evidence in determining best nursing practice. (Interpreting)	S		S	S	S	S	S	N/A									
j. Identify recommendations for change through team collaboration. (Reflecting)			S	S	S	S	S	N/A									
	DW		**NS**	**HS**	**RH**	**MD**	**KA**										

Comments:

Week 3 3(b,c,d) – You demonstrated good time management skills in the care of your patient this week. You ensured all priority care needs were met in a timely manner. By doing so, you were able to ensure you had adequate time to observe her procedure and accompany her back to the room for a good learning experience. During clinical,

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

be sure to utilize your down time to review the patient's chart to correlate abnormal findings with the patient's disease process by filling out the Patient Profile Database. NS

Week 5: (3 c, d, e) This week you demonstrated good organization and time management when it was time for medication administration. This was difficult due to the varying therapy schedules we had to work around. You did a good job looking up your medications, administering medications, completing your head to toe, and charting your findings while also participating in therapy with your patient throughout both days. You were not afraid to ask for assistance when needed. RH

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 7(3d): I was able to prioritize interventions well, however I found myself going back and forth because I didn't have the right resources to follow through with my interventions. For example, I forgot my patients towels in the room and didn't have them when I was getting my patient washed up. I had forgotten to bring med cups with the medication administration and had to go to the locked cabinet for one, then I had to go back in again because I forgot the insulin pen. I recognize that I understand the big picture of the care I am doing but just miss the smaller details and steps occasionally. I'd like to improve by stopping before I do something and make mental note of everything I need to do and ensure I have all my supplies to go through with the task. I thought you provided excellent care. Your organization and time management skills will improve with practice and time. KA

Week 7 – 3b – You did such a great job caring for both of your patient's this week. You provided excellent education to your patient on day one related to her biggest concerns on managing her residual speech issues and her concern with ambulating. You helped your patient on day two with the autonomy she sought out while being stuck in the hospital bed due to her fatigue and weakness. Terrific job! KA

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: k. Administer PO, SQ, IM, or ID medications observing the rights of medication administration. (Responding)			S	N/A	S	S	S	N/A									
l. Ensure patient safety through proper use of EHR, IV flow sheet, and BMV. (Responding)			S	N/A	S	S	S	N/A									
m. Calculate medication doses accurately. (Responding)			S	N/A	S	S	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)			S	N/A	N/A	S	N/A	N/A									
q. D/C an IV. (Responding)			N/A	N/A	N/A	S	N/A	N/A									
r. Monitor an IV. (Noticing)	S		S	N/A	N/A	S	S	N/A									
s. Perform FSBS with appropriate interventions. (Responding)	S		S	N/A	S	S	S	N/A									
	DW		**NS**	**HS**	**RH**	**MD**	**KA**										

Comments:

Week 1 (3o,r)- During the IV pump session, you actively participated in the programming and maintenance of the Alaris IV pump. Additionally, you accurately identified abnormal IV site assessment data with an IV site monitoring activity. HS
(3s)- The student was able to satisfactorily perform a Quality Control check of the glucometer as well as demonstrate skills and knowledge required for proper fingerstick blood glucose measurement with the ACCU-CHEK Inform II glucometer. DW

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

Week 3 3(k-s) – You did a great job with medication administration this week. You performed your assessments in a timely manner allowing time to look up and review medications prior to administration. You demonstrated knowledge of the medications prescribed and discussed the implications for each medication. You ensured the 6 rights of administration were practiced and utilized the BMV scanner for patient safety. All oral medications were administered safely. A saline flush was performed using aseptic technique to ensure patency. All infection control measures were followed. You gained experience with administering a subcutaneous injection of insulin, using the protocol to determine the appropriate dose to be administered. Your injection technique was spot on. You monitored her IV site closely with continuous infusion running to prevent complications. Overall, great work! NS

Week 5: (3 k, l, m)- You were well prepared for medication administration this week and you performed all checks well! You used the EMAR to look up medications that were due then used skyscape to further investigate each medication. You answered all my questions well and your medication pass went smoothly! You had so many medications and you did great going through them with me. RH

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

Rehab Clinical Objective 3 P-R-You did a great job with these IV skills with this clinical experience! MD
Rehab Clinical Objective 3S-You were given an opportunity to perform a FSBS and completed this skill well! Great job! MD

Week 7 – 3k – You did a nice job administering your medications this week. You observed the rights of medication administration and was able to answer all questions about your medications. You had the opportunity to pass PO, Topical, and SQ medications this week. You performed the medication administration process with beginning dexterity. KA
Week 7 – 3r – You did a nice job monitoring your patient's IV site this week and documenting your assessment in the EMR. KA
Week 7 – 3s – You demonstrated proper technique when completing FSBS on your patient. You utilized the information received from the monitor to determine the need for insulin utilizing the patient's prescribed coverage scale. You documented all information correctly in the EMR. KA

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: a. Integrate professionally appropriate and therapeutic communication skills in interactions with patients, families, and significant others. (Responding)			S	S	S	S	S	N/A									
b. Communicate professionally and collaboratively with members of the healthcare team using hand-off communication techniques. (SBAR) (Responding)			S	S	S	N/I	S	N/A									
c. Report promptly and accurately any change in the status of the patient. (Responding)			S	S	S	U	S	N/A									
d. Maintain confidentiality of patient health and medical information. (Responding)			S	S	S	U	S	N/A									
e. Consistently and appropriately post comments in clinical discussion groups. (Reflecting)			S	S	S	U	S	N/A									
f. Obtain report, from previous care giver, at the beginning of the clinical day. (Noticing)			S	S	S	U	S	N/A									
g. Provide a clear, organized hand-off report to your patient's next provider of care. (Responding)			S	S	S	U	S	N/A									
			NS	**HS**	**RH**	**MD**	**KA**										

Comments:

Week 3 4(a,b) – You performed as an accountable and professional member of the health care team. You were active on the unit with your patient and helped others as well. Your communication with the patient's, family members, peers, and health care team were strong. Nice job! NS

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 3 4(e) – Nice work with your CDG requirements this week. You selected an appropriate article based on your patient's health status and did a nice job correlating how it related to the care provided. It was a very interesting read. Additionally, you did an excellent job in your response post to Melisa, adding additional thought and insight into the discussion. Well done. See my comments on your posts for more details. All criteria were met for a satisfactory evaluation. Your APA formatting looks really good. One tip for future success with APA – when providing a reference, the journal title and volume number should be *italicized*. Otherwise, it looks spot on. NS

Week 4 (4e)- According to the CDG Grading Rubric, you have earned a satisfactory for your Infection Control, and ECSC discussions this week. You provided a lot of information on each post. I would suggest moving forward to re-read the questions prior to submitting your response, just to confirm you have answered all of the questions with the appropriate details. You answered all of the questions however, on the Infection Control post you went vague with some of your responses and they did not directly reflect the question. For example, you discussed what should be stocked in all isolation carts and not specifically what would be needed for patients with C-diff. Overall nice job with both posts! HS

Week 5: (4 b, e, f, g) you upheld the professionalism standard while on the floor and interacting with staff and patients. You also did great with your discussion post and reply this week. You gave a good SBAR report prior to leaving for the day. RH

Week 6: b I feel as though my SBAR report was not as great as the other students in the room. I did not mention my patients vitals, that they had a pacemaker put in during their stay, or how long the code was. I could have been more in-depth with my patient and nest week I will improve this by taking more notes on my patients chart and going more in depth on my SBAR sheet rather than just jotting things down. I can appreciate this evaluation and I know you will be very thorough in the next upcoming clinical experiences. MD

Rehab Clinical Objective 4 C-G-You did not fill in these boxes of this objective. Please remember to double check your clinical tool before submission. Respond to this with how you will prevent this from occurring in the future. MD Week 6 (c,d,e,f,g) U acknowledgement: in the future I will make sure to review every section of my clinical tool. Last week I addressed my N/I and forgot to go back and check the others. Moving forward I will fill out each section entirely then go back to address and U's or N/I's.

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 provided an adequate reference and in-text citation for both the initial post and peer response. Great job! MD

Week 7 – 4b – You completed the SBAR worksheet and provided your RN with handoff communication related to your patient utilizing the SBAR you developed. You made sure all pertinent information and changes in patient status were communicated to your nurse during hand-off report. KA
Week 7 – 4e – Savannah, you did a great job completing the CDG questions on the education you provided to your patient this week related to her admitting diagnosis. The education related to walker usage and helping her regain her speech was very well done. You were thoughtful with your response to your peer and added to their discussion on the education they provided. You included a reference and in-text citation for both of your posts. Keep up the excellent job! KA

Objective

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

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

****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 (5 a-b): My patient needed to be educated about the importance of physically looking at her feet due to having diabetes. Patient was taught through discussion and demonstration that they need to regularly look at their feet before they put shoes on, after socks and shoes are removed, before they shower, they need to keep their feet dry and clean, and they need to avoid soaking their feet. This teaching was required to help the patient understand the importance of maintaining physical health due to having diseases that leave them at risk of complications. Information was taken from SkyScape prior to education discussion and the teach back method was used to make sure the patient understood. Well done, Savannah! This was an important teaching topic for her, as her lack of foot care led to the toe amputation. With diabetes, patients don't always know or feel if a wound develops. This can lead to poor wound healing and complications. Re-enforcing this education and ensuring that it is understood through teach back and demonstration will help prevent complications in the future. Good work! NS

Week 5 (a-b): My patient needed to be educated on proper swallow techniques and the speech therapist was able to help me find exercises on Lexicomp. The main exercise was to take a deep breath, hold your breath while you swallow, and cough after to clear any debris. I explained this when we were back in the patient's room and demonstrated it. The patient then repeated what I said and demonstrated it herself very well which validated learning. Way to go using not only Lexicomp but asking the speech therapists for their assistance in good education topics! RH

Week 6 (5a-b): My patient needed to be taught and shown different strength building activities he could do in between therapy times. I went onto Lexicomp while my patient was taking a break from therapy and printed out a packet of small exercises like calf extensions and straight leg raises that he could do on his own when he is sitting or with help from a nurse when he's standing. He appreciated this gesture and told me the next day he used the packet as reference in his downtime. Great! MD

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

Week 7 (5a-b): My first patient needed to be taught and shown how to properly use a walker. I had printed some resources from Lexicomp and read through them with her and then she was able to teach it back to me. I showed her how to properly use the walker and she then demonstrated the proper gait with it. When she made any mistake, we were able to discuss it and talk about what she could do to improve her inappropriate action. You did a nice job educating her and helping her with this concern as well as with how to manage her speech deficits. KA

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

****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:

Week 3 (6b) – My patient's home environment did not have a consistent pattern and affected the way she cared for herself. She lived with several different people (not family) in one house, and they changed or moved places often. This only supported the habitual inconsistent routine with her glucose monitoring and caused my patient's health to suffer. My patient was also not in the most ideal place economically and could not work enough to afford an insurance that would help take care of her needs. Good identification of how SDOH has impacted her overall health. These are very challenging issues that she has to overcome with her disease process. NS

Week 4 (6b) – The seniors at the senior center were mostly either from nursing facilities or from home and on a fixed income. Due to their economic state, they had trouble budgeting money for personal care and hygiene products. Due to this we provided soaps, toothpaste, lotions, and sponges for them to take as they needed. Seeing how they must go through day to day without knowing if they'll be able to clean up themselves alone or pay for hygiene products was upsetting but it felt good to help them and provide some hope in a dark time. That is a great example that you provided! It is very sad to think of the sacrifices that are faced for those older adults living on a fixed income. How wonderful that you were able to provide them with those supplies, and hopefully giving them one less thing to worry about at this time. HS

Week 5 (6b): My patient had a very large support system that was able to encourage her to do well in therapy to get back to her baseline. She had several friends, family members, and church members that were visiting, leaving mail, texting her, and calling her to wish her well. Having a good support system and good community at home helps healing tremendously as it gives patients a reason to fight for their health. They were all so proud of her and it made me happy to see that she'll be well taken care of when she gets to go home. She did have a lot of visitors and those who were writing mail or sending gifts. Her support system is great now I can hope that it continues when she goes home. RH

Week 6 (6b): My patient was very open with me and mentioned he was not in great shape financially. He had Medicare but they had been denying a lot of things for him. He was scared he could not get a walker for home and told the therapist that's why he didn't want to get one. He desperately needed one and was scared of learning on the

*End-of-Program Student Learning Outcomes

walker and only using the cane at home. I felt bad as this is often the case I see with many patients; they have several insurance problems and their health care sits at a stand still until they get approved. Great job identifying SDOH! Insurance is a huge SDOH! MD

Rehab Clinical Objective 6A-You did not submit a care map this week. This competency is an NA. MD

Week 7 (6b): My patient had a great healthcare access and quality. She recognized that something was wrong with her when she was speaking with her friend knew she had to call her doctor immediately. Her healthcare provider answered and told her to get the ED urgently. She had a reliable and trustworthy HCP that was able to answer and give her advice in a timely manner which is not something everyone has access to. Having a HCP like that is wonderful and a great SDOH. You did a nice job recognizing a patient's SDOH can positively impact there ability to manage their healthcare and not just negatively affect them. KA
See Care Map Grading Rubrics below.

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

****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:

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

7a: I showed strength in the IV lab, I did well in prepping the IV medications, setting the manual drip rate, and I was confident in my skills. I also did well in my head to toe as I was able to do everything and in an efficient time. Overall, it was a good week and has set me up for a confident semester. So glad to hear this, Savannah! Keep up the great work! DW
7b: I noticed I was having trouble remembering the formulas for the IV rates and drip rates even though once I looked at the formulas, I was able to do the math correctly. To improve this, I will be finishing the practice IV math practice problems, and I will be doing 5 IV math problems I find online every night while studying. I will also be rewriting the formula sheet from the IV math lab so that I can build recognition of when I need to use which formula. Excellent! Also keep in mind that the IV math application questions will be available in the open lab on 1/16/24 if you'd like to review them again. DW

Week 3:

7a: I did well in monitoring my patient and making sure she felt safe and comfortable. My patient had to go to the OR and wanted to be left awake for her operation, she felt fine before hand but once we got her set up in the actual OR she looked at me and said, "Savannah, I'm starting to get scared." I asked if she would like me to update her and walk her through what was happening to which she happily said yes. Throughout the operation I was able to update her on what the surgeon was doing and made sure to reassure her that she was doing great and to try to stay calm by regulating her breathing and participating in grounding techniques such as grasping her blankets for 10 seconds then slowly releasing for 10 seconds then repeating. This is awesome, Savannah! I can see that you really made a positive impact on her in your care. I am glad that you had the opportunity to accompany her to the procedure not only for your learning benefit, but for her comfort as well. Sometimes in healthcare we forget how scary it can be to go through various testing and procedures. We kind of get numb to what patients go through. This gave you the opportunity to see and hear what the patient was feeling in the moment. Truly nice job providing comfort and support and using relaxation techniques to help her through it. Great reflection! NS

7b: I did well in patient care, however I was relatively slow in charting. I constantly found myself lost in the chart and was confused on where to look for something. I was late with most of my charting and found myself slowing down a lot, I do not want this to become normal. Hopefully it was because I'm getting used to clinicals again. To become better at this, I will look back through the Meditech 2.0 guide presentation and make a list of reminders of where to find something and ask questions when I get stuck. I will also spend time on the Test Meditech 2.0 to read over the physical assessment page so I know what to expect when charting even though I do very well in completing the actual head to toe assessment. This will come with time. We are all learning the new system and how to best navigate it. However, I like that you identified a specific plan and goal to improve. Don't ever hesitate to reach out with questions! Keep up the hard work. NS

Week 4:

7a: I did well in communicating with my team and finding the best solutions to problems through collaboration. I had a team for the ECSC clinical, and we had trouble communicating at first because our messages were not going through but I was able to figure out how to get all three of us in a group chat and get us to agree on how to present our activity to the seniors of ECSC. The activity went smoothly and we were all satisfied with the outcome. Great job in identifying the problem and finding an appropriate solution. Nice job! HS

7b: In the infection control clinical I did not do well in knowing what precautions each disease required. I found myself looking at my badge to see the specifics and would've felt better if I had memorized more. To improve on this I will be making a chart and organizing what type of diseases should be in each precaution such as pneumonia and flu in droplet precautions and COVID being under droplet plus precautions. Great idea! It does take some time to become familiar with all of the different precautions. HS

Week 5:

7a: I'm getting a lot better in connecting the dots and being able to anticipate nursing needs. For example, when I got report from the previous RN that the patient had a stroke I wondered if it was ischemic or hemorrhagic. By looking into the chart I found out it was an ischemic stroke so I figured she'd be on a blood thinner or anticoagulant then I found out she was on aspirin. From working in the progressive unit I know that usually aspirin is taken with other meds to increase the effect but that puts the patient at a bleeding risk. After further investigation I discovered the patient was also on lovenox and marked as a bleed risk. It was satisfying to finally see things come together. Good job using your resources to find answers and make those connections to your patient's history and plan of care. RH

7b: I had trouble in medication recognition even if I had previously known about the med. Therefore, I would like to get better at my medication memorization. I realize this normally comes with time, but it would be nice to not have to go to skyscape constantly. To get better at medication recognition I will start making a spreadsheet of all the medications I have worked with so far and pick 7 to work on becoming familiar with weekly and use Quizlet to test myself at the end of the week. This will not only increase my recognition but also my confidence in med passes and my memorization in medication information. That is a great idea! RH

Week 6
7a I did well in my day organization. I wrote down goals for every hour and checked them off as I went through my day. I will be doing this from now on in the next coming weeks to view my progress. You did awesome with organizations! MD

7b
I mentioned this in clinical discussion but I would like to get better at my attention span. I tend to lose focus and need to work on bringing myself back and regaining concentration. To do this I will be color coordinating my notes based on blue for when I'm paying the most attention, and pink for when I'm losing my attention. This is a great goal! MD

Week 7:

7a: I did well with my med pass for my second patient this week. While I was waiting for the team lead and my instructor, I said each drug and asked if the patient knew what the drug was. She did not know most of them as they were not home medications. I ended up going through and reading the expected outcome, implementation, adverse reactions, and assessments for each drug to make my patient feel better about her medications. In previous clinicals my patients have known most of their meds so I don't have to do this with every med but I made sure to go through it slowly and efficiently with her. I did well in giving her heparin and insulin SQ but I could have done better in organizing my meds after scanning them before opening them and putting them in the cup. Great job making sure your patient knew all her medications before administering them to her. You did a nice job overall with your medication administration process. KA

7b: On the second day my patient was in a shared room with their bed on the far side of the room. I thought I wouldn't mind this, but I found it occasionally uncomfortable when I was done seeing my patient and had to chart in front of a patient that didn't understand what I was doing there. I felt awkward especially if I forgot something at the computer and had to keep going back and forth between the curtain. Therefore, I'd like to improve my clinical care mental mindset and improve my confidence when going into the unknown. I look back and I don't think I should have minded the second patient as she wasn't talking to me or making any gestures that could be perceived as wanting me to leave. I was simply doing my assigned tasks and was not bothering anyone. In the future if I have a patient on the farther side of the room, I'd like to make sure I have a mental path laid out and come prepared by ensuring I have everything I need when I go past the curtain. I will also introduce myself to the patient that is not mine and explain that I'm the nurse for their roommate and will be going back and forth between caring and charting. I will also be affirming myself throughout clinical that it's okay to take up space and that I'm there to help the patients, I'm not bothering them. Great thoughts. You got this! KA

Student Name: Savannah Willis				**Course Objective:**			
Date or Clinical Week: Week 5 (2/7/24 and 2/8/24)							
	Criteria	**3**	**2**	**1**	**0**	**Points Earned**	**Comments**
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	**(lists at least 7*) *provides explanation if < 7**	**(lists 5-6)**	**(lists 5-7 but no specific patient data included)**	**(lists < 5 or gives no explanation)**	3	
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	**(lists at least 3*) *provides explanation if < 3**		**(lists 3 but no specific patient data included)**	**(lists < 3 or gives no explanation)**	3	
	3. Identify all risk factors relevant to the patient.	**(lists at least 5*) *provides explanation if < 5**	**(lists 4)**	**(lists 3)**	**(lists < 3 or gives no explanation)**	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	6/7. Great lists here, very descriptive
	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	11. These were all very specific to the patient and the priority problem, great job
	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: • Continue plan of care • Modify plan of care • Terminate plan of care	**Complete**			**Not complete**	3	

Total Possible Points= 42 points
42-33 points = Satisfactory
32-21 points = Needs Improvement*
< 21 points = Unsatisfactory*
***Total points adding up to less than or equal to 32 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.**

Faculty/Teaching Assistant Comments: **Great job! This care map shows great time put in and understanding of the nursing process. You were very detailed and specific in your interventions for you priority problem. Please keep this for your senior portfolio.**

Total Points: **42/42 Satisfactory**

Faculty/Teaching Assistant Initials: RH

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**		
Refl	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: • Continue plan of care • Modify plan of care • Terminate plan of care	**Complete**			**Not complete**		
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: Savannah Willis								
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:** 1/22/24	**Date:** 1/22/24	**Date:** 3/11 or 3/12/24
Evaluation:	S	S	S	S	S	S	S	
Faculty/Teaching Assistant Initials	DW	DW	DW	DW	DW	DW	DW	
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. DW

Week 2
(Trach Care & Suctioning) - During this lab, you satisfactorily demonstrate competence with tracheostomy care and tracheostomy suctioning. You were able to maintain sterile field when necessary and you did not need any prompts for either skill. You answered my questions regarding knowledge and competence of both procedures. You were very precise and thorough with your procedure. Great job! 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

Simulation Evaluation Performance Codes: **S**: Satisfactory **U**: Unsatisfactory	**Student Name:** Savannah Willis							
	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	HS	RH	KA					
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