5EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Destiny Houghtlen

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
2/2/24	Decreased Cardiac Output	S KA	NA	NA
2/8/2024	Impaired Physical Mobility	Satisfactory/MD	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)			N/A	S	S	S	S	N/A	S	N/A							
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			N/A	S	S	S	S	N/A	S	N/A							
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			N/A	S	S	S	S	N/A	S	N/A							
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			N/A	S	S	S	S	N/A	S	N/A							
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			N/A	S	S	S	S	N/A	S	N/A							
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			N/A	S	S	S	S	N/A	S	N/A							
g. Assess developmental stages of assigned patients. (Interpreting)			N/A	S	S	S	S	N/A	S	N/A							
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		S	S	S	S	S	N/A	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		Digestive Health and Infection control.	3t, 70-year-old female, hypertensive, urgency	5T, 77-year-old female, right total hip	3T, 76-year-old female, weakness and altered metal status	5T, 78 year old female, fracture of the T12	N/A	MIDTERM	ECSC							
Instructors Initials	MD	MD	DW	KA	MD	HS	RH	MD	MD								

Comments:

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

Week 1 (1h)- During week 1, the Meditech, FSBS and IV pump sessions were all considered clinical hours. You came prepared to each of them and demonstrated competency accordingly. For this reason, you have earned an S for this competency. NS/DW/HS

Week 4 – 1a, b, c, e– You did a nice job discussing on clinical your patient's disease process and what nursing was doing to help the patient. You 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 4 – 1d – You did a nice job reviewing all your medications before you administered them to the patient. You were able to discuss the reason why the patient was taking the medication as well as what we were monitoring the patient for. You also were able to discuss what information was needed to determine if the medication should be administered (i.e. blood pressure, pulse). KA

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

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

Week 7: (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.

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

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

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

Comments:

Week 1 (2f)- By attending the Meditech clinical update & providing your full, undivided attention during the demonstration of documenting insulin, IV solutions, and the Meditech 2.2 upgrades, you are satisfactory for this competency. NS

Week 4 – 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 4 – 2f – You utilized the EMR to research your patient and determine what care needed to be provided to your patient throughout the day. You also utilized the EMR to research your patient's health history and information related to the patient's current hospital visit. KA

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

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

Week 7: (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. You had great time management skills while being team leader this week and you were always checking on your team members. RH

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

Objective

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

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

Comments:

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

Week 4 – 3b – You did a wonderful job managing a complex patient and ensuring all care was provided to his to the best of your ability. Even though your felt overwhelmed with the amount of work the patient had to complete, you managed his care well and maintained a smile the whole time. Be proud of everything you accomplished. KA

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

Week 6 (a, b, c, d, e, j)- Your patient was very busy and you were able to prioritize care for her. You were able to identify when you needed assistance and discuss the plan with your team leader. Nice job! HS

Week 7: (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

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

Comments:

Week 1 (3o,r)- During the IV pump session, you actively participated in the programming and maintenance of the Alaris IV pump. Additionally, you accurately identified abnormal IV site assessment data with an IV site monitoring activity. HS

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

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 4 – 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 and IV medications this week. You performed the medication administration process with beginning dexterity. KA
Week 4 – 3n –You had the opportunity to practice drawing up medication from a vile and administering slow IV push to your patient. You did a nice job priming your piggy back and connecting your patient to the medication for the first time. You performed all IV skills with beginning dexterity. You documented all medication administration and line care appropriately in the EMR. Nice job! KA
Week 4 – 3p – You did a nice job flushing your patient's IV this week and ensuring patency of the IV line. You were able to document this appropriately in the EMR. KA
Week 4 – 3r – You did a nice job monitoring your patient's IV site this week and documenting your assessment in the EMR. KA
Week 4 – 3s – You demonstrated proper technique when completing FSBS on your patient. You utilized the information received from the monitor to determine the need for insulin utilizing the patient's prescribed coverage scale. You documented all information correctly in the EMR. KA

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

Week 6 (3k, l, m, n, o, p, r, s)- You did a great job this week with practicing the six rights and safely administering your patients PO, SQ, PR, IV push, and IV piggyback medications along with proper documentation. HS

Week 7: (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

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

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

Comments:

Week 3 (4e)- According to the CDG Grading Rubric, you have earned a satisfactory for your Infection Control discussion this week. While your content was thoughtful and appropriate, please ensure that all future CDG posts utilize proper sentence structure. There were a couple sentences that you lost your train of thought and didn't finish the sentence. I know it can be challenging to identify mistakes in your own writing, but it may be helpful to read it out loud before submitting it. This often helps me. As for

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

APA formatting, your in-text citation was nearly right on point. Remember to separate your author and year of publication with a comma in the citation. Additionally, if you are going to use direct quotes, the citation should include the page number. With that said, in scholarly writing, it is ideal to paraphrase information instead of directly quoting whenever possible. Please keep this in mind for future CDGs. Otherwise, keep up the great work! DW

Week 4 – 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 4 – 4e – Destiny, you did a nice job responding to the CDG questions related to your EBP article on pursed-lip breathing and blood pressure. It related very well to your patient with hypertensive urgency this week. You were very thoughtful with your response to your classmate and added to the discussion on their EBP article. In your intext citation make sure to include the page number or a paragraph number if there are no page numbers, when in-text citing a direct quotation. Overall great job! Keep up the wonderful work! KA

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 provided a reference and an in-text citation for both your initial post and peer response. Remember, Skyscape should not be in the in-text citation. It would be whoever the author is in the in-text. For example: you referenced correctly on your peer response but the in-text citation should have been (Doenges et al., 2022). Let me know if you have any questions. MD

Week 6 (4e)- Great job with your CDG this week! Your post was very thorough and your patient had an extensive health history as well as numerous medications that you administered. You successfully met all of the requirements on the rubric for your initial posting and the response to a peer. 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: (4 b, e, f, g) you upheld the professionalism standard while on the floor and interacting with staff and patients. You also did great with your discussion post and reply this week. You gave a good SBAR report prior to leaving for the day. RH

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

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)			N/A	S	S	S	S	N/A	S	N/A							
b. Utilize appropriate terminology and resources (Lexicomp, UpToDate, Dynamic Health, Skyscape) when providing patient education. (Responding)			N/A	S	S	S	S	N/A	S	N/A							
	MD	**MD**	**DW**	**KA**	**MD**	**HS**	**RH**	**MD**	**MD**								

****5a & b- You must address this competency in the comments below for all clinicals on 3T, 4N, or Rehab- describe the patient education you provided; be specific- include the topic, method of delivery, reason for teaching need, materials to support learning through above resources (if applicable), and method used to validate learning.**
Example: Education related to orthostatic hypotension (changing positions slowly by sitting at the side of the bed or chair for a few minutes before moving to another position, utilizing the walker when ambulating) was provided to my patient through discussion and demonstration. This was necessary to maintain patient safety as he/she was experiencing a drop-in blood pressure and dizziness when getting out of bed. A patient education sheet was printed from Lexicomp and given to the patient. The teach back method was used to validate learning.

Comments:

5a&b. Week 3: I had infection control and digestive health. DW

5a&b. Week 4: Education related to the patient's blood pressure medication was given. I explained the importance of taking the medication as prescribed is extremely important. The patient had not been taking the blood pressure medication that was needed which then led to her blood pressure increasing tremendously. I used skyscape to get the information about the medication and I was able to explain the adverse effects, the implementation (it does not have to be taken with meals), and that it is important to continue taking the blood pressure medication (amlodipine besylate) even if her blood pressure is normal. I informed her that the reason her blood pressure would be normal is because of the medication. I then asked the patient to paraphrase what I explained to ensure she understood. Great job! This was great education to provide her with since she abruptly stopped her BP medications. KA
5a&b. week 5: Education related to the patient's risk for falls was given. I explained the importance of using the walker when she is moving around especially because she is uncomfortable standing if she does not have anything to hold onto. I also explained that she should have someone helping her when she is walking just to ensure she does not fall. I used skyscape to explain some good actions and interventions that would help her specifically. One intervention I found helpful was to observe behaviors that would show the patient's level of anxiety when she was walking or explaining her at home situation. Excellent! MD

5a&b. week 6: Education related to the patient's suppository was needed. I explained that the suppository was important because she needed it for her hemorrhoids. I looked on skyscape as well as Lexicomp to get information about the suppository (phenylephrine). I explained to the patient that the suppository would help with the swelling, burning, and pain that the hemorrhoids caused. She had been refusing it in the morning because she said it would cause pain but once I explained why she is getting it she understood more and had agreed to it. You did a great job educating her, and it worked because she agreed to take it. Nice job! HS
5a&b. week 7: Education related to the patients need to continue moving her legs and doing her physical therapy exercises when she is discharged was given. I informed the patient that she needed to continue strengthening her legs and her back to completely heal and be able to do her normal activities at home. I used skyscape to give information and education about her medication. Mainly her stool softeners (Colace), laxatives (Miralax, Sennosides) and her hypertension medications (Lisinopril). She was very adamant about taking all of her medications to assist with her bowel movements and you did a great job of staying on top of administering them on time and educating her on what each one was for. RH

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

5a&b. week 8: No clinical this week

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	S	S	~~S~~ NA	~~S~~ NA	N/A	**S**	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	**S**	S							
	MD	**MD**	**DW**	**KA**	**MD**	**HS**	**RH**	**MD**	**MD**								

****6b- You must address this competency in the comments on a weekly basis. For <u>all</u> clinicals - provide an example of SDOH &/or cultural elements that influenced your patient's care; be specific.**

See Care Map Grading Rubrics below.

Comments:

6b. Week 3: Transportation is one factor that affects the social determinant of health because people need to make sure they can get to their colonoscopy appointment. They will also need a way home because they will be given monitored anesthesia which means they cannot drive themselves home. Employment could be another factor some people do not want to miss work or can not afford to miss work to get a colonoscopy, bronchoscopy, or EGD. Great considerations here! DW

6b. Week 4: Health coverage could be a factor that affects social determinants of health because my patient had not been taking her medication. I am not sure if it was because she was not able to get it or if she thought she did not need it because her blood pressure had not been high. She explained her blood pressure was not high, so she did not need to take it. This could also be due to provider linguistic; she may have not understood what the health care provider explained which led to her not taking her medication properly. Another factor could be stress, my patient has a lot going on at home which may have to do with her not taking her medication or not remembering to take it. These are all great thoughts related to SDOH for your patient. KA

Week 4 – 6a – You satisfactorily completed your care map on your patient this week. Please see comments on the rubric at the end of the tool for details. KA

6b. Week 5: Safety would be one factor that affects the social determinant of health because this patient would be at risk of falling. She has dementia so she is confused most of the time which could also lead to her safety being at risk. This also would pertain to her because she must be able to take her medication properly and perform her daily living activities safely. Stress would be another factor that affects the social determinant of health because mt patient would get stressed when she could not perform some of the activities she was asked to. One example would be she was not able to tie her shoes on her own, which was upsetting for her. These things can cause stress to her. These are all appropriate SDOH for your patient. MD

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

6b. Week 6: Safety would be one factor that affects the social determinants of health because this patient has fallen at home due to her oxygen cord getting caught on a pipe. She also has trouble walking and getting up on her own which means she could be at risk of falling at home. She also has trouble giving herself her suppository which causes issues with her hemorrhoids. This leads to an extreme amount of pain, and she has trouble walking due to the pain. Health coverage could also be a factor that would affect this patient. She had mentioned she could not afford to buy bottom dentures or hearing aids and that she needed to pay out of pocket. This made me think about her medications and if she can get them at home when she needs them. You have provided several great examples! Safety is definitely a concern for her. Her impaired ability to hear could also be a safety concern. The cost of medications as well as proper nutrition could be concern if she develops issues eating because she doesn't have dentures. HS

6b. Week 7: Safety would be one factor that affects the social determinants of health for this patient. My patient lives alone and has fallen before at home. She usually does not use a walker but due to her last fall she needs the walker to stabilize herself. She was nervous about going home because she does not think she can take care of herself. Stress would be another factor that affects the social determinants of health for her. She gets stressed and overwhelmed because of the pain in her back and not being able to do things on her own. She was very nervous about returning home due to her history of falls so this is a huge concern for her. RH

Week 7: I changed 6a to NA due to you not completing a care map this week. RH

6b. week 8: No clinical this week.

6b. week 9: Transportation would be a factor that affects the social determinants of health for these older adults. Some are not able to get to the senior center or they would have to ride a bus to get there. Safety would be another concern for these older adults because most of them had a hard time walking, hearing, or seeing. This could be dangerous and put them at risk of falling.

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

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

Comments

Week 1: My strength would be that I was able to successfully get a FSBS and use the glucometer. Awesome! MD

My weakness would be that I had trouble remembering the IV math formulas. I will review the formulas and do practice problems before the first clinical so I will have a better understanding and I will be prepared. Great goal! MD

Week 2: I did not have clinical. MD

Week 3: My strength would be that I was able to remember what frequent organisms needed what specific precautions for infection control. This was helpful when I was going through the hospital to ensure the patients in precautions had the proper precautions set up. Excellent! Glad this experience reinforced that knowledge for you. DW

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

My weakness would be I was nervous to ask the doctor what we were looking at during the colonoscopy and there were some things I was unsure of what they were. Luckily the nurse and doctor explain what we were looking at during most of the colonoscopy. I would like to improve on asking questions when I am unsure of things for the next clinical. This will ensure I am more confident in what I am doing. I will also look over the procedure or illness if I find that I had questions about them after clinical. Great idea! Figuring our the anatomy during an endoscopic procedure can be challenging. Asking questions will provide clarify and will also help to develop relationships with other disciplines. Teamwork is an integral part of healthcare, so the more you engage others now, the easier it will be when you are licensed as an RN. DW

Week 4: My strength would be I was able to notice when I took my patients' blood pressure it was normal but a few hours later I went in and seen the blood pressure on the monitor was very high and different from the number I got when I took it. I had asked the patient when she last remembered her blood pressure being taken and she said physical therapy had taken it before they started working with her. With this information I had taken her blood pressure again to ensure she was at a good blood pressure. Great job providing continuous monitoring for your patient related to her hypertensive urgency. KA
My weakness would be I would like to be more comfortable when I am giving medication. I felt overwhelmed and nervous during the medication pass which I would like to improve on. I am going to review the videos on hanging IV bags and the information that was provided on edvance to ensure I feel less overwhelmed for my next clinical experience. I will also review the notes we received last semester about medication this will also ensure that I feel more confident when passing medications during the next clinical. These are all great things to do to help you feel more comfortable. I thought your overall did a great job with your medication pass even though you were nervous. You will get better with time and practice. You got this! KA

Week 5: My strength would be I felt more comfortable administering medications. I followed the six rights of medication and confirmed the patients name, date of birth, and allergies. I felt it went well the patient took the PO medication one at a time and I was able to ensure she swallowed them without difficulty. You did awesome with medication administration! MD
My weakness was that I would like to be more organized and better with time management. I felt that I was scrambling to get the information I needed written down and trying to be with the patient at the same time. I would like to improve on this by next clinical by organizing my things before clinical, waking up earlier so I am able to be on the floor which will help with feeling more prepared, and I am going to double check my information before I leave clinical in case I need to stay after to do more research. Great goal! MD

Week 6: My strength would be I was able to spend a good amount of time with my patient. I washed her hair, and I was able to do a thorough head to toe assessment. I felt like I did good ensuring my patient had what she needed, and I was able to be in the room when wound care and physical therapy worked with the patient. Great job! HS
My weakness would be I would like to spend more time looking in the patient's chart and being able to connect the patient's lab values to their history and their current diagnosis. I will ensure during the next clinical I am looking in the chart and writing down more information, so I am able to try to connect things to one another. This way if I am unsure of why something is being done or why something is abnormal, I can ask about it during the second day of clinical. Your patient kept you very busy this week! HS

Week 7: My strength would be I communicated well with my patient, and I felt like she was comfortable with me. I spent some time with her during her physical therapy and I was able to listen to her concerns and learn a little bit about her background. My weakness would be I was nervous to go in her room because the previous shift had mentioned that she was rude and short. This made me feel nervous about being with her and taking care of her. Since I am a student, I was nervous she would be annoyed with me being in the way and in her room for the day off and on. I was wrong, and she was glad to have a student with her. What would be your goal to improve upon your weakness from this week? Remember part of this competency is to create a goal to improve on your weakness. I have highlighted the requirements in green above. RH

Week 8: No clinical this week.

MIDTERM-Destiny-Great job this first half of the semester! Keep seeking out opportunities to perform skills! MD

Week 8: My strength would be I used teamwork with my group to set up our activity and we also worked with the older adults on the activity.
My weakness would be I would like to come up with an activity that more people would do. There were only three people that wanted to join in on our activity which was coloring and painting. In the future I would like to research more about what older adults may be interested in doing for activities. I would also like to bring a variety of things next time to give the older adults more options.

Student Name: Destiny Houghtlen	**Course Objective:**
Date or Clinical Week: Week 4	

	Criteria	3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	**(lists at least 7*) *provides explanation if < 7**	**(lists 5-6)**	**(lists 5-7 but no specific patient data included)**	**(lists < 5 or gives no explanation)**	3	You did a great job including all pertinent information in the assessment findings, lab/diagnostics, and risk factors sections. KA
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	**(lists at least 3*) *provides explanation if < 3**		**(lists 3 but no specific patient data included)**	**(lists < 3 or gives no explanation)**	3	
	3. Identify all risk factors relevant to the patient.	**(lists at least 5*) *provides explanation if < 5**	**(lists 4)**	**(lists 3)**	**(lists < 3 or gives no explanation)**	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	You did a nice job listing an exhaustive list of nursing priorities for your patient and highlighting your main nursing priority. You listed appropriate complication for your chosen priority and relevant S&S to assess for each. All pertinent data highlighted in the noticing section. KA
	5. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	6. Identify all potential complications for the top nursing priority problem.	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**	3	
	7. Identify signs and symptoms to monitor for each complication.	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**	3	
Responding	8. List all nursing interventions relevant to the top nursing priority.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	You did a nice job were pertinent nursing interventions for your priority nursing problem and ensuring they were prioritized, had frequencies, were realistic, and included rationale. You would want to list out the related medications individually versus a generalized statement. You would also want to make sure there is an intervention for each of your abnormal assessment findings. Therefore you would want to add an intervention related to assessing the patient's dizziness and monitoring the the patient's telemetry. KA
	9. Interventions are prioritized	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	10. All interventions include a frequency	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	11. All interventions are individualized and realistic	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	2	
	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	You did a nice job reassessing all of your highlighted areas in the noticing section when evaluating your care map. KA

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: You did a terrific job satisfactorily completing your first care map. See comments above for areas you can improve on in the future. Keep up the wonderful work! KA**	**Total Points: 41/42** **Faculty/Teaching Assistant Initials:** KA

Student Name: Destiny Houghtlen	Course Objective:
Date or Clinical Week: 2/8/2024	

	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	Be sure to be more specific with your potential complications. Respiratory problems and poor circulation are not specific complications. Pneumonia would be specific. Let me know if you have any difficulties with this. 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)**	2	
	7. Identify signs and symptoms to monitor for each complication.	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**	2	
Responding	8. List all nursing interventions relevant to the top nursing priority.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	All criteria met. MD
	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	All criteria met. MD

ecting	14. Evaluation includes one of the following statements: • Continue plan of care • Modify plan of care • Terminate plan of care	**Complete**			**Not complete**	3	

Total Possible Points= 42 points 42-33 points = Satisfactory 32-21 points = Needs Improvement* < 21 points = Unsatisfactory* ***Total points adding up to less than or equal to 32 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.** **Faculty/Teaching Assistant Comments:**	**Total Points: 40/42 Satisfactory MD** **Faculty/Teaching Assistant Initials:** MD

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

Student name: Destiny Houghtlen								
Skills Lab Competency Evaluation	**Lab Skills**							
	Week 1	**Week 1**	**Week 1**	**Week 1**	**Week 1**	**Week 2**	**Week 2**	**Week 9**
Performance Codes: **S**: Satisfactory **U**:Unsatisfactory	**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: 1/17/24	**Date:** 1/16/24	**Date:** 1/17/24	**Date:** 1/16/24	**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**	**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 1/17/24. 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. During this lab, you satisfactorily demonstrated competence with tracheal airway suctioning and tracheostomy care. You did a nice job of explaining the procedure to your patient and keeping

the patient comfortable. Great job maintaining your sterile field and applying sterile gloves. You stayed very calm throughout both procedures. You were able to answer my questions appropriately demonstrated knowledge and competence of each procedure. No prompts were needed for either skill. You were thorough in your approach and well prepared. Nice 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:** Destiny Houghtlen							
	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: 2/28/24**	**Date: 4/10 or 4/11/24**	**Date: 4/15/24**	**Date: 4/25/24**	**Date: 4/29/24**
Evaluation	S	S	S	S				
Faculty/Teaching Assistant Initials	MD	MD	RH	MD				
Remediation: Date/Evaluation/Initials	NA	NA	N/A	NA				

* Course Objectives

Comments:
Simulation 1-Please review the comments placed on the Simulation scoring sheet below. In addition, review the individual faculty feedback placed within the Simulation #1 Prebrief and Reflection Journal Dropboxes. MD

Lasater Clinical Judgment Rubric Scoring Sheet

Student Roles: A=Assessment Nurse; M=Medication Nurse

STUDENT NAME(S) AND ROLE(S): Foote (M) Houghtlen (A)
GROUP #: 1
SCENARIO: MSN Scenario #1 – Musculoskeletal/Respiratory
OBSERVATION DATE/TIME(S): 2/28/24 0800-1000

CLINICAL JUDGMENT COMPONENTS					OBSERVATION NOTES
NOTICING: (2) *					Gather name/DOB to verify patient
• Focused Observation:	E	A	D	B	Assess all vitals: identifies abnormal BP and HR
• Recognizing Deviations from Expected Patterns:	E	A	D	B	Full pain assessment. Asks about 5 "P"s (missing pallor)
• Information Seeking:	E	A	D	B	Reassess vital signs after pain medication administration
					Reassess pain after medication administration; only asks rating
					Does not check color/remove sock until on phone with healthcare provider
					Notices blue color of foot
INTERPRETING: (1) *					Prioritize pain assessment over head to toe
• Prioritizing Data:	E	A	D	B	Pain assessment: sensation, pulses, numerical rating, numbness/tingling, movement
• Making Sense of Data:	E	A	D	B	Call healthcare provider after reassess vitals and pain reassessment
					Does not check color/remove sock until on phone with healthcare provider
RESPONDING: (2,3,4,5,6) *					Ask questions/correct nurse about proper pronouns
• Calm, Confident Manner:	E	A	D	B	Attempt to gain clarification about report but nurse shrugs off questions, maintains professionalism
• Clear Communication:	E	A	D	B	
• Well-Planned Intervention/ Flexibility:	E	A	D	B	Removes ice and pillow
• Being Skillful:	E	A	D	B	Administer morphine IM: states administering 2mL (4 mg) but administers 10mL (20 mg). verify name/DOB prior to administering, uses scanner for BMV. Use of proper needle size. Utilize needle safety. This initially puts the group at "B" however we discussed this situation in debriefing. During debriefing medication math was discussed and the medication dose was corrected. The student states

	she believed the syringe was only filled with 1 mL so that medication math was correct, however, the syringe was filled with 5 mL and this was explained and discussed in debriefing. SBAR: need more with "background" information. Does not correct use of improper pronouns. Promptness when hanging IV fluids. Flush IV prior to starting fluids, does all checks with BMV Hang antibiotic lower than IV fluids. Back flow into antibiotic bag. Corrected after hung, good job! Report to OR: organized Update partner on updated surgery
REFLECTING: (7) * • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	Good group discussion regarding a refresher of all 6 "P"s as well as discussion of proper SBAR. Discussion of how to improve SBAR and how to organize all important data. Brought up importance of reading back orders from healthcare providers when receiving verbal orders. All members of group performed medication math for proper morphine administration per the order and concentration provided during simulation. Correct answer was found and discussion had about how decision making was done in simulation and how to prevent errors in future. Review of proper IV pump programing and how to program secondary fluids with smart pump. Minimal prompting needed throughout discussion. All members listed a goal/improvement for next simulation.
SUMMARY COMMENTS: * = Course Objectives **Satisfactory completion of the simulation scenario is a score of "Developing" or higher in all areas of the rubric.** **E= Exemplary** **A= Accomplished** **D= Developing** **B= Beginning** **Scenario Objectives:** 1. Select focused physical assessment priorities based on individual patient needs. (2)* 2. Implement appropriate nursing interventions based on patient's	Lasater Clinical Judgement Rubric Comments: Noticing: Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful information. Recognizes subtle patterns and deviations from expected patterns in data and uses these to guide the assessment. Makes limited efforts to seek additional information from the patient and family; often seems not to know what information to seek and/or pursues unrelated information. Interpreting: Makes an effort to prioritize data and focus on the most important, but also attends to less relevant or useful data. In most situations, interprets the patient's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse. Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Interventions are tailored for the individual patient; monitors patient progress

assessment. (1,3,6)* 3. Communicate appropriately with the patient, family, team members, and healthcare providers incorporating elements of clinical judgment and conflict resolution. (4,7)* 4. Provide patient-centered care with consideration to cultural, ethnic, and social diversity. (2,3,6)* 5. Provide appropriate patient education based on diagnosis. (5)* * Course Objectives	closely and is able to adjust treatment as indicated by patient response. Is hesitant or ineffective in using nursing skills. Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.

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