EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Kailee Felder

Final Grade: **Satisfactory/Unsatisfactory**

Semester: **Spring**

Date of Completion:

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

Faculty eSignature:

Teaching Assistant: **None**

DIRECTIONS FOR USE:

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

METHODS OF EVALUATION:

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

ABSENCE (Refer to Attendance Policy)

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

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

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

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

UNSATISFACTORY CLINICAL PERFORMANCE

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

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

OTHER

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

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

Date	Care Map Top Nursing Priority	Evaluation & Instructor Initials	Remediation & Instructor Initials	Remediation & Instructor Initials
2/1/2024	Impaired Physical Mobility	Satisfactory/MD	NA	NA
2/21/24	Risk for bleeding	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	N/A	N/A	S	N/A	S	S							
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			S	S	N/A	N/A	S	N/A	S	S							
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			S	S	N/A	N/A	S	N/A	S	S							
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			S	S	N/A	N/A	S	N/A	S	S							
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	S	N/A	N/A	S	N/A	S	S							
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			S	S	N/A	N/A	S	N/A	S	S							
g. Assess developmental stages of assigned patients. (Interpreting)			S	S	N/A	N/A	S	N/A	S	S							
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		S	S	N/A	N/A	S	N/A	S	S							
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-71 Hip fx	5T-78 L TKA	N/A	IC, DH	5T- 86 CVA	N/A		5T-77 Hip fix							
Instructors Initials	**DW**		**NS**	**MD**	**DW**	**DW**	**RH**	**DW**	**DW**								

Comments:

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

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

Week 3 1(a-h) – Kailee, you did a nice job this week making correlations between your patient's disease process and the nursing care required. You discussed the cause of your patient's fall and resulting hip fracture. Risk factors and potential complications of immobility were identified. Besides her fall and fracture, she was overall very healthy with limited past medical history to correlate. You identified her symptoms of pain and limited mobility of the affected extremity prior to surgery, including her risks when maintaining bedrest. You identified the rationale behind the foley catheter placement for immobility. You observed the medical treatment performed to stabilize and replace the portion of the hip that was fractured and discussed your observations upon returning. Great job this week! NS

Week 4- 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 (1h)- Kailee, please keep in mind that Infection Control, Digestive Health, and the Erie County Senior Center, while not your typical inpatient clinical, are still clinical experiences. In the future, be sure to review each competency and evaluate as appropriate. For example, competency 1h asks you to evaluate whether or not you demonstrated evidence in being prepared for clinical. Did you prepare for the IC experience by reviewing the Isolation Precaution Quick Reference Guide and scavenger hunt requirements mentioned in the syllabus? If yes, the evaluation could have been an S. If not, it would have been an NI or U. DW

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. RH.

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

Comments:

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

Week 3 2(a,b,e) – Nice job with your assessments this week, noting both normal findings and deviations from normal. You noticed neck stiffness, use of glasses, weakness and pain to the affected extremity, abnormal gait, musculoskeletal trauma, inability to perform ADLs, irregular bowel pattern, and the use of an indwelling urinary catheter on day 1. On day 2 post-surgery, you noticed improvements in assessments and a circulatory assessment that was within normal limits. You maintained patient safety by performing a safety assessment and ensuring all precautions were in place. NS

Week 4- 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

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

Week 6 (2f)- Again, please be sure to review all competencies and evaluate yourself accordingly. During the IC clinical experience, you were required to navigate the EHR and determine why a patient is in isolation, as well as whether or not the precautions were documented appropriately. Please take credit where credit is due. DW

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 were able to identify your patient was bleeding from a previous medication injection into their abdomen and you applied a dressing to that area. You then assisted them with cleaning up in the bathroom when you identified the patient was bleeding quite a bit from their hemorrhoids. You stayed calm and called for some assistance while keeping the patient relaxed. You then reassessed vitals upon this episode being resolved. Great job! RH

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	N/A	S	S	N/A	**S**	S							
b. Demonstrate nursing measures skillfully and safely. (Responding)	S		S	S	N/A	N/A	S	N/A	**S**	S							
c. Demonstrate promptness and ability to organize nursing care effectively. (Responding)			S	S	N/A	N/A	S	N/A	**S**	S							
d. Appropriately prioritizes nursing care. (Responding)			S	S	N/A	N/A	S	N/A	**S**	S							
e. Recognize the need for assistance. (Reflecting)			S	S	N/A	N/A	S	N/A	**S**	S							
f. Apply the principles of asepsis where indicated. (Responding)	S		S	S	N/A	S	S	N/A	**S**	S							
g. Demonstrate appropriate skill with Foley catheter insertion, maintenance, & removal (Responding)			S	N/A	N/A	N/A	N/A	N/A	**S**	N/A							
h. Implement DVT prophylaxis (early ambulation, SCDs, ted hose, administer enoxaparin or heparin) based on assessment and physicians' orders (Responding)			S	S	N/A	N/A	N/A	N/A	**S**	N/A							
i. Identify the role of evidence in determining best nursing practice. (Interpreting)	S		S	S	N/A	S	S	N/A	**S**	S							
j. Identify recommendations for change through team collaboration. (Reflecting)			S	S	N/A	S	S	N/A	**S**	S							
	DW		**NS**	**MD**	**DW**	**DW**	**RH**	**DW**	**DW**								

Comments:

Week 3 3(b,c,d) – You demonstrated good time management skills in the care of your patient this week. By doing so, you ensured all priority care needs were met in a timely manner. During clinical, 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. You prioritized your nursing care effectively, and noted the need for assistance related to a leaking and malfunctioning IV site. You responded

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

appropriately by carefully assessing the IV site, noting the IV was coming out of the vein and leaking under the dressing. You appropriately applied a new dressing to reduce the risk of infection and performed a saline flush to confirm patency. Later, you identified an infiltrated IV site when performing a saline flush prior to medication administration. As a result, you decided the best course of action was to remove the IV site, which was performed accurately with the use of aseptic technique. You also gained additional experience with discontinuing a foley catheter, demonstrating independence and knowledge of the procedure to promote positive outcomes. Nice job! NS

Week 4- 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: (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

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

Comments:

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

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

Week 3 3(k-s) – Great job with medication administration this week! You gained experience administering PRN oral medications for pain, performing a saline flush and IVP medication administration, initiating IV fluids prior to surgery, regulating a flow rate, D/Cing an IV, and monitoring an IV site for complications. See comments above related to IV assessment and intervention. You stated the 6 rights of medication administration and utilized the BMV scanner for patient safety. All dosage calculations were performed accurately. You did well with numerous new experiences related to medication administration. NS

Week 4- 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 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

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

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. It was evident that you made a therapeutic connection with your patient throughout the week. Nice job! NS

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 3 4(e) – Excellent work with your CDG this week! Your responses were well thought out and provided descriptive details. You selected article to summarize was pertinent to your patient's situation and you did well to summarize the article succinctly. I appreciated the extra insight and research put into your response to Tylie. You were able to enhance the conversation with additional details from an outside resource. All criteria were met for a satisfactory evaluation. You did a great job with your APA formatting! One thing to mention for future success, be sure to *italicize* the journal title and volume number when listing your reference. Otherwise, it was spot on! NS

Week 4- 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! One thing to note with your references that you provided-both of the references did not have the correct order of information this week. It should be author, year, title, journal, and then website/DOI. For example-in your initial post the reference should look like this: American Hospital Association. (2024). Team-training center: AHA. *Journal*. website/DOI. If you have any questions about this please reach out. MD

Week 6 (4e)- According to the CDG Grading Rubric, you have earned an S for your participation in the Infection Control discussion this week. Your discussion was thoughtful and supported by evidence. I have a few suggestions for improvement with future APA formatting. 1. The author listed in the reference should match the author you use in the citation. 2. If there are more than two authors, the citation will include the first author, followed by et al. Your in-text citation should always include the year of publication. 3. When the document has page numbers, they should be used over the paragraph number. An example of the appropriate citation formatting would be- According to Gerding et al., "Alcohol-based hand sanitizer…" (2008, S45). 4. Whenever possible, scholarly writing encourages the use of paraphrasing over the use of direct quotes. 5. Please make sure you utilize evidence from the literature that is up-to-date. This means resources that are 5 years old or less. A resource on hand hygiene from 2008 is extremely outdated, especially when considering the wealth of current resources; the Centers for Disease Control and Prevention (CDC) is one of them. 6. The reference was very close, but for peer-reviewed journal articles, be sure to include the volume and issue when it's available. Additionally, the reference should include the journal name in italics, page numbers and DOI. The correct reference would be- Gerding, D.N., Muto, C.A., & Owens, R.C. (2008). Measures to control and prevent clostridium difficile infection. *Clinical Infectious Disease, 46,* S43-S49. https://doing.org/10.1086/521861. The APA Examples document available in the Clinical Resources on Edvance360 are a good resource to help with APA formatting, as is the Purdue Owl website at https://owl.purdue.edu/owls/research_and_citation/apa_style/apa_formatting_and_style_guide/general_format.html. I am also available to help if you ever need it. DW

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

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	S	N/A	N/A	S	N/A	**S**	S							
b. Utilize appropriate termino-logy and resources (Lexicomp, UpToDate, Dynamic Health, Skyscape) when providing patient education. (Responding)			S	S	N/A	N/A	S	N/A	**S**	S							
			NS	**MD**	**DW**	**DW**	**RH**	**DW**	**DW**								

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

Comments:

Week 3

A. **A teaching need of my patient was when she was prescribed a laxative. My patient stated that she did not take a laxative at home, so why was she taking one here, so I explained to her that the laxative was due to the pain medications and anesthesia she underwent the day before.** Nice job, Kailee! It's important that patients participate in their plan of care and have the opportunity to ask questions. Whenever a new medication is prescribed, patients may wonder why they are on something new. You took the time to explain the risk factors related to immobility and medication side effects related to her bowel pattern and helped her to better understand the rationale behind the prescription to keep her informed. Good work! NS

B. **I explained how the pain medication and anesthesia affected her bowels after I went and did some research on Skyscape which told me that pain medications can temporarily suppress your central nervous system which is a part of the body that keeps your bowels moving. I also explained to her that anesthesia slows everything down, so it takes time for everything to get moving again.** Good use of supplemental resources to support your education! NS

Week 4

A. **A teaching need of my patient was how to use her ambulation devices. During therapy she did not understand that she was going to need to use her upper body to help her get up her stairs at home, so the physical therapist and I helped explain to her why we were teaching her how to hop up with the use of her walker. Awesome education! MD**

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

B. During one of my patient rounds, I had to recheck my patients' blood pressure as a side effect for one of her medications was orthostatic hypotension. I made sure to recheck this because I knew she would be getting up and down throughout the day for therapy, and I did not want her to have an issue during these interventions. Anyways, when I was checking just her blood pressure, she asked me why I was only checking just one instead of all of them (meaning why was I checking one vital sign and not them all)? I then explained to her that one of her medications I had given her, amantadine, can cause blood pressure to drop when she is changing positions which means she could get dizzy. I had previously searched this information up on Skyscape when looking up my medications which helped me to explain to my patient why I wanted to make sure her blood pressure was normal. Skyscape is a fantastic resource! MD

Week 7

A. A teaching need of my patient was during his medication administration. I had to hold his heparin injection due to how much he was bleeding, and when he asked why I explained to him that I felt it was unsafe for me to give him this medication due to how much he was bleeding still. So, we decided to hold that medication after he understood why. RH
B. During this education, I had utilized Skyscape in order to make sure my patient understood why he was not getting his heparin due to what it does. I also made sure that I was watching the dressing that I had applied earlier that morning to watch for any blood that soaked through. My patient had also asked me why I was putting all these things over where he was bleeding, and I just explained to him that it was to prevent any blood from that injection site getting on him, his clothes, or the bed. RH

Week 9

A. A teaching need of my patient was about her therapy. She did not understand why she was having to go to therapeutic dining group because she just wanted to stay in her room. I had to explain to her that the therapy was for her to interact and also have an easier time eating because she sometimes would get distracted with her tv or whatever else was going on. She ended up liking going down the dining group which was great.
B. During this education I utilized the speech therapist herself! She said that this helped my patient get less distracted because she had a little less to get distracted by. She also said that dining group is a great time for patients to socialize and interact because most of the time they do not get to be around many people due to being in the hospital. Overall, I thought that she was a great help when I came to education for my patient!

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	N/A	N/A	S	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	N/A	S	S	N/A	**S**	S							
			NS	**MD**	**DW**	**DW**	**RH**	**DW**	**DW**								

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

Comments:

See Care Map Grading Rubrics below.

Week 3

A. Some of the things that would have influenced my patients was the history of her family members. My patient shared with me about her son becoming addicted to a substance, but now is clean. She then shared with me that she was afraid she was also going to develop an addiction like he did due to the medication that she was taking for pain. I talked to her and assured her that if she is worried about that, then I will more than happily talk to her nurse so we could find a better option for her. Good thoughts! This certainly was a concern of hers that could impact her ability to manage her pain at home adequately which could negatively impact her overall health. NS

Week 4

A. Some things that would have influenced my patients care would have been her anxiety. My patient had a history of anxiety, and I did notice she seemed very quiet when I first introduced myself. I later noticed that during therapy, she seemed very anxious about learning how to go upstairs to get into her house. She knew she had to learn this to get into her home, but with her recent surgery, she was very worried about falling or hurting herself trying to do this. So, I would say this definitely impacted how she processed everything we were telling her, but I knew she wanted to get better and be back home. This could definitely affect her support system at home and how they will work with her when performing daily tasks around the house. MD

*End-of-Program Student Learning Outcomes

Week 6

A. Some things that can influence patient care is proper PPE and precaution signs. During my infection control clinical, I made sure that all patients who were to be under any precaution had the right items available. If these are done incorrectly, then that puts staff, patients, and even visitors at risk. By making sure that all the patients had the right isolation precautions, I helped to protect anyone who went into that room as well as other patients that they came in contact with later in the day. Kailee, I appreciate this reflection. With that said, I am not sure what it has to do with social determinants of health (SDOH). To ensure that you understand the various concepts associated with SDOH, please take a little time to read through the CMS- Social Determinants of Health document in the Clinical Resources on Edvance360. An example of a SDOH that you could have possibly observed in Digestive Health could have been a financial barrier that impacts the patient's ability to maintain a specific diet or to buy medications that are recommended following a scope. Let me know if I can help clarify this concept any further. To avoid receiving a U in this competency, please make sure all future comments for 6b are specifically related to a SDOH. DW

Week 7

A. Something that would have influenced proper patient care would have been his history of cancer. My patient was diagnosed with rectal cancer back in 2021, and he is dealing with other problems such as internal hemorrhoids. One of these issues caused from these was constant rectal bleeding, and my patient was most worried about having to get up so often to go to the bathroom due to all the bleeding, or that he would make a mess and we would have to clean it up. I reassured him that no matter what happened that we would come to help him get everything cleaned up and that no one would be upset because he was also worried about upsetting us. His previous health history was a major factor in his care during this stay. RH

Week 9

A. Something that influenced my patients care was her difficulty to retain new information due to her dementia. This made her healing process more difficult because she was not able to stand on one of her legs but kept forgetting. What I did about this was I tried different forms of teaching her such as demonstration and also lots of queuing which did help a lot. I made sure to pass that on to the RN so that way she got the care she needed.

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	N/A	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	N/A	S	S	N/A	**S**	S							
c. Demonstrate evidence of growth, initiative, and self-confidence. (Responding)	S		S	S	N/A	S	S	N/A	**S**	S							
d. Follow the standards outlined in the FRMCSN Student Code of Conduct Policy. (Responding)	S		S	S	N/A	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	N/A	S	S	N/A	**S**	S							
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (Responding)	S		S	S	N/A	S	S	N/A	**S**	S							
g. Demonstrate the ability to give and receive constructive feedback. (Responding)	S		S	S	N/A	S	S	N/A	**S**	S							
h. Actively engage in self-reflection. (Reflecting)	S		S	S	N/A	S	S	N/A	**S**	S							
	DW		**NS**	**MD**	**DW**	**DW**	**RH**	**DW**	**DW**								

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

Comments:

Week 1- Strength: I think that my strength for this week was my communication. During skills lab and also when leaning IV math this week I was able to ask for help when needed from classmates and educators when needed. If I had not done this then I would have still been confused and when the test came around I would not do as well. Communication is a very important basic skill. I'm glad you felt comfortable enough to get the information you needed to be successful. Keep up the good work! DW

Weakness: I would say that my weakness this week was being nervous. When I am doing something that I have not done before or am not use to, I get super shaky which leads to the task being even harder that it should have been. Something that I can do to improve this is giving myself some time before doing the task to make sure that I am ready and can do it correctly. I can also not stress myself so much about getting the

task done, but rather doing it correct. Great reflection here, Kailee! Are there any mindfulness techniques that you can try to reduce the anxious feelings; maybe the 4-7-8 breathing that you learned last semester? I find that this really helps me to focus on the task and not the nervousness. DW

A. Week 3- An area of strength for me would be my confidence. I felt very confident in a lot of my abilities today which I think helped me to develop as a student nurse. Even in pretending to be confident, I realized that I knew how to do the task at hand and did it correctly. Kailee, you did an awesome job this week! You were active and independent with your nursing care throughout the week. You used your clinical judgement and experiences last semester to help drive your care and confidence. I was impressed with your ability to connect with your patient and ability to perform some skills independently! Keep it up. NS
B. Week 3- An area of weakness for me would be my vocabulary and grammar. I realized today that a couple times I had to go back and explain again to my patient because I would get so caught up in what I was saying, I would forget I was talking to a patient who most likely did not understand a word I said. A way that I could fix this is by slowing down and trying to pretend I am talking to someone who has not the slightest idea about what any word I am saying means. By doing this I will be able to make sure that my patient understands the point that I am trying to get across. This is a very good reflection! One of our biggest challenges as health care providers is explaining to patients in a way that they will understand. As our knowledge and experience grows, we can talk over the patients heads at times. It is essential that patients are able to comprehend the education provided in order to implement the plans on discharge. Sometimes we have to take a step back to determine how each individual patient best learns and understands. Good thoughts! NS

Week 4

A. An area of strength for me would be my time management. I felt that I had all of my tasks done in a very timely manner while also having time to see if anyone needed help with any of theirs. You had excellent time management! Keep working on continuing to improve this! MD
B. An area of weakness for me would be that I tend to rush myself. I get very caught up in what I am doing and I sometimes forget that I need to make sure I am doing it correctly. A way that I can improve on this is by taking my time and making sure that I double check myself before proceeding. In doing this, I will ensure that my likeliness of making a mistake is little to none. This is a great goal! Another tactic that I do is I take a deep breath before a procedure or medication pass. It helps calm me and remind me that what I am doing needs to be at a slower pace and that I need to focus closely on what I am about to do. It may help you as well. It is important to try different things to ensure that you are providing the best/safest care for your patients. MD

Week 6

A. An area of strength for me would be that I am comfortable enough to take initiative. Today we had an incorrect sign posted on a door, and I had to explain to the staff why it was wrong and that they are not protecting themselves correctly. I say this is my strength because I think that I did help to protect hospital staff from gaining an unwanted infection from the hospital. Great job! I am glad you feel comfortable speaking up when needed, whether its related to a procedure or advocating for a patient. Well done! DW
B. An area of weakness I would say is my use of technology. I say this because I think that it was a little more difficult to find things I needed today due to the new charting system, so I was not sure if what I found was the right thing. A way that I can improve this is by in my free time I can use the "test" version of our meditech to get more comfortable with where everything is now. Great idea! How often will you do this and when will you complete this goal by? Even if it's a quick, 5-10 minutes after class the next two weeks, it would make a big difference in your confidence with navigating the EHR. Please make sure your future reflections for 7b include all of this information (what, how often and by when). DW

Week 7

A. An area of strength for me would have been my prioritizing. On Thursday, I managed to prioritize what my patient needed checked on first such as his actively bleeding dressing that I knew would need changed and checked on. I say this was my strength because I realized that this was an active problem for my patient and I did not want him to have to sit in his own blood. RH
B. A weakness for me this week I would say is my time management. I felt like I had a lot of downtime this week because of all the therapy and I think that I could have used this time better. What I can do to improve this is by seeing if any others need help, writing a list of to-do's for myself, and also even answering other call lights. Another thing that you could do would be to research more data about your patient by filling out your patient profile database. RH

Midterm- Kailee, what a great first half of the semester you've had so far. It is evident that you are making great strides in the MSN course. Your tool demonstrates your ability to provide patient-centered care, prioritize and make appropriate clinical judgments. Your skills and communication have been consistently satisfactory. I appreciate your diligent approach, attention to detail and calm demeanor with changes in patient condition in the clinical setting. This is very important in nursing. You have satisfactorily completed both of your required care maps for this semester. At midterm, you are satisfactory for all clinical competencies within this tool. Please continue to actively seek out opportunities to perform your skills and to "think like a nurse" over the next few weeks of clinical. Lastly, use this time over spring break to regroup so you can finish strong for the remainder of the semester. I am confident in you! Please let us know if you have any questions or need further clarification. Keep up the hard work and effort. DW

Week 9

A. An area of strength for me I think is my want to get to know my patient. I spent a lot of my time talking with her and trying to get to know her so that way I knew what ways I could care for her the best. I think this is very important because little details about your patient that you pay attention to can really affect their stay in the hospital!

B. An area of weakness for me would me would be my communication. I feel like this week I had a couple of areas where communication was missed or just not the best it could have been, which lead to confusion and disorganization. What I can do to improve this is by keeping myself organized so that way I know what I need to confirm and what I already know so that way there is less room for error when it comes to my future patients.

Student Name: Kailee Felder				**Course Objective:**			
Date or Clinical Week: 2/1/2024							
	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	You did amazing with noticing all abnormal assessments, labs/diagnostics, and risk factors! 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	Awesome job with interpreting the data that you collected! MD
	5. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	6. Identify all potential complications for the top nursing priority problem.	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**	3	
	7. Identify signs and symptoms to monitor for each complication.	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**	3	
Responding	8. List all nursing interventions relevant to the top nursing priority.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	Amazing responding and interventions for your patient! 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	You met all criteria! 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: **42/42 Satisfactory MD**

Faculty/Teaching Assistant Initials: MD

Student Name: Kailee Felder				**Course Objective:**			
Date or Clinical Week: 2/21/24							
	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	4. Great list of nursing problems 6. hypovolemic shock- great complication and good thought process
	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	8. Intervention #11: this is a great nursing intervention, always keeping patient safety in mind 10. Intervention #12: no frequency. “as ordered” is not necessarily a frequency
	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:**	**Total Points: 42/42** Satisfactory **Faculty/Teaching Assistant Initials:** RH

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

Student name: Kailee Felder								
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:** 1/18/24	**Date:** 1/17/24	**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 provided comforting communication with your patient throughout the procedure. You communicated the need to suction based on the assessment findings. You did well to maintain the sterile

field and applying sterile gloves. During the tracheal airway suctioning, you were able to remind yourself to hyper oxygenate the patient when preparing the equipment and setting up suctioning. You also reminded yourself to re-assess the respiratory system prior to suctioning the oropharynx. During tracheostomy care, you reminded yourself to remove the old dressing prior to applying sterile gloves. Continue to work on not letting your verves interrupt your thought process. It was evident you knew the procedure, but at times you had to slow yourself down. You answered my questions appropriately demonstrating knowledge and competence of each procedure. Keep up the hard work! DW/RH/NS/HS
(EBP Lab)- You actively participated in the online searching process for evidence-based practice literature, as well as reviewing example articles to determine appropriate selection and information needed when summarizing a research article. KA/LK

Firelands Regional Medical Center School of Nursing
Medical Surgical Nursing 2024
Simulation Evaluations

Simulation Evaluation Performance Codes: **S**: Satisfactory **U**: Unsatisfactory	**Student Name:** Kailee Felder							
	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	S				
Faculty/Teaching Assistant Initials	MD	DW	RH	DW				
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. DW

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Kailee Felder (M) and Katelyn Morgan (A)
GROUP #: 1
SCENARIO: MSN Scenario #1 – Musculoskeletal/Respiratory
OBSERVATION DATE/TIME(S): 2/29/2024 0800-1000

CLINICAL JUDGMENT COMPONENTS	OBSERVATION NOTES
NOTICING: (2) * • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B	**Focused observation:** Focused observation on pain assessment. Be sure to look at the affected extremity when performing pain assessment. Vital signs obtained. (full set) Focused neurovascular assessment performed (delayed). **Recognizing deviations from expected patterns:** Noticed hypertension, tachycardia, tachypnea. Noticed delayed cap refill, noticed pallor, noticed paralysis, noticed paresthesia (did not noticed absent pulse, pressure). (4/6 Ps). **Information seeking:** Verified allergies, confirmed name and DOB prior to medication administration. Sought information related to pain (duration), type of pain, numerical rating, location. Consider asking patient if this pain is new or different to identify complication occurring. Consider asking about last tetanus shot due to nature of the injury. Consider asking patient about preferred pronouns. Consider seeking information about patient's understanding of complications occurring.
INTERPRETING: (1) * • Prioritizing Data: E A D B • Making Sense of Data: E A D B	**Prioritizing Data:** Prioritized focused pain assessment. Be sure to prioritize looking at the location of pain by removing the sock to identify complications. Prioritized head to toe assessment rather then focused assessment on fractured extremity. Did not prioritize neurovascular assessment initially. Did not make sense of potential compartment syndrome based on assessment findings initially. Upon closer assessment, eventually recognized emergent findings. Prioritized contacting the provider for complication. Did not prioritize removing the pillow and/or ice related to compartment syndrome. **Making sense of data:** After completing head to toe assessment, made sense of medical emergency for compartment syndrome. Made sense of need to contact the health care provider for emergent findings. Did not prioritize collection and organization of patient data for SBAR report to the provider. Made sense of dosage calculation for morphine administration. Made sense of need to initiate fluid and antibiotics prior to surgery.

RESPONDING: (2,3,4,5,6) * • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B	**Calm, confident manner:** Roles clearly defined between medication nurse and assessment nurse. Approach was calm during emergent situation. Communication with the patient regarding interventions to be performed. Confident demeanor in interactions with health care team members. **Clear Communication:** Communicated pain assessment with med nurse. Asked about pain medication orders. Teamwork and collaboration with medication orders and dosage calculation. Good communication among team members. When talking to the provider, provide full SBAR report. Assume the provider does not know the patient. SBAR report provided to the provider regarding new assessment findings. Be sure to paint a clear picture of the patient situation and background when calling. Communicated with patient the need to move surgery up due to new symptoms (assessment findings). Didn't actually call the patients significant other (verbalized she was notified). SBAR report provided to the OR nurse. Communicated interventions performed. Be sure to provide neurovascular assessment data. Used appropriate pronouns in communication. **Well-planned intervention/flexibility:** Pain medication administered in a timely manner. Fluids and antibiotics administered prior to surgery. Did not remove pillow and/or ice after identifying compartment syndrome. Witnessed excess waste of narcotic with a witness. Consider re-assessing pain and vital signs after morphine administration. **Being Skillful:** Dosage calc performed accurately (4mg, 2mL). Appropriate needle size selected. Good technique with IM injection, aspirated prior to administration. Good teamwork with priming IV tubing and programming the IV pump. Difficulty with programming secondary infusion. Remediated during scenario. Confirmed IV patency with saline flush using aseptic technique. Be sure to clamp tubing prior to priming secondary tubing. Be sure to read orders back to the provider when receiving new orders.
REFLECTING: (7) * • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Scenario discussed in regards to complications that occurred and interventions performed. Focused discussion on prioritizing focused assessment vs. full head to toe assessment based on situation. SBAR communication highlighted and discussed held on gathering all pertinent data, providing full background and situation to the provider, and reading back orders. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences;

	identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.
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 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	Lasater Clinical Judgement Rubric Comments: Noticing: Attempts to monitor a variety of subjective and objective data but is overwhelmed by the array of data; focuses on the most obvious data, missing some important information. Recognizes most obvious patterns and deviations in data and uses these to continually assess. 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 simple, common, or familiar situations, is able to compare the patient's data patterns with those known and to develop or explain intervention plans; has difficulty, however, with even moderately difficult data or situations that are within the expectations of students; inappropriately requires advice or assistance. Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Shows some communication ability (e.g., giving directions); communication with patients, families, and team members is only partly successful; displays caring approach. Develops interventions on the basis of the most obvious data; monitors progress but is unable to make adjustments as indicated by the patient's response. Displays proficiency in the use of most nursing skills; could improve speed or accuracy. 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:

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`12/27/2023