EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Joshua Hernandez

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)
1/25/24	7 hours	Missed 3T clinical	

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
02/17/2024	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)			S	S	S	S	NA	NA	S	S							
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			S	S	S	S	NA	NA	S	S							
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			S	S	S	S	NA	NA	S	S							
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			S	S	S	S	NA	NA	S	S							
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	S	S	S	NA	NA	S	S							
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			S	S	S	S	NA	NA	S	S							
g. Assess developmental stages of assigned patients. (Interpreting)			S	S	S	S	NA	NA	S	S							
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		S	S	S	S	NA	NA	S	S							
Indicate your clinical site as well as your patient's age and primary medical diagnosis in this box weekly.	Meditech (room H) FSBS room (skills lab) IV Pump [illegible]		3T 71years old,Syncopal episode	Rehab, 59 years old, Stroke/team leader	4N, 74 Years old, UTI	Rehab, 75 years old, Stroke	NA	NA		Erie County Senior Center, 3T, 60 yeard old [illegible]							
Instructors Initials	**DW**		**KA**	**RH**	**NS**	**MD**	**DW**	**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 – 1a, b, c, e – You took good care of your patient with syncope and dehydration. 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 3 – 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

Week 4 (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

Week 5 1(a-h) – This week you cared for a patient admitted with hyponatremia, UTI, and deconditioning. You were able to discuss the alterations in health that your patient was experiencing and the pathophysiology involved with his UTI as a result of urinary retention. You noticed symptoms of decreased urinary output, confusion, agitation, and penile swelling that contributed to his care needs. You correlated the medications prescribed for the patient's condition, including the antibiotic for the UTI and nystatin powder for the groin redness and swelling. You noted your patient's consult for speech therapy and prescribed thickened liquids for dysphagia. Through discussion you noted the abnormal lung sounds and correlated the findings to potential aspiration pneumonia. Nice job enhancing your clinical judgment and understanding of disease processes. NS

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

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	S	S	NA	NA	S	S							
b. Conduct a fall assessment and implement appropriate precautions. (Noticing)			S	S	S	S	NA	NA	S	S							
c. Conduct a skin assessment and implement appropriate precautions and care. (Noticing)			S	S	S	S	NA	NA	S	S							
d. Communicate physical assessment. (Responding)			S	S	S	S	NA	NA	S	S							
e. Analyze appropriate assessment skills for the patient's disease process. (Interpreting)			S	S	S	S	NA	NA	S	S							
f. Demonstrate skill in accessing electronic information and documenting patient care. (Responding)	S		S	S	S	S	NA	NA	S	S							
	DW		**KA**	**RH**	**NS**	**MD**	**DW**	**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 – 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 3 – 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

Week 4 (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 also ran into the issue when therapy was during the time you wanted to reassess and you worked around that in order to still complete an assessment. You also were able to document and find other assessment pieces in the electronic health record. You also checked documentation and assisted your peers in correcting their charting while acting as team leader. RH

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

Week 5 2(a,c,e) – Good work with your assessments this week, noticing numerous deviations from normal. You noticed his adventitious lung sounds and correlated the findings to potential aspiration pneumonia as a result of his dysphagia. You performed a focused skin assessment due to the groin redness and pressure injuries to his heel and coccyx. You implemented interventions to promote skin healing through the use of theraworx, nystatin, and applying mepilex dressings to the areas of pressure injury. You discussed your priority assessment focus based on his disease processes. NS

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

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

Comments:

Week 4 (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 through the dobhoff NG tube, completing

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

your head to toe, and charting your findings while also participating in therapy with your patient throughout the day. You were not afraid to ask for assistance when needed. RH

Week 5 3(b,g,h) – You demonstrated beginning competence in performing several new nursing skills this week. You gained experience with obtaining a FSBS in order to administer insulin. You also gained experience in performing wound care with topical medications and protective dressings. You discontinued an infiltrated IV safely to prevent complications. (g) on day two you maintained a foley catheter that was placed after your care on day 1. This competency was changed to "S" because you provided catheter care with hygiene to reduce the risk of infection and monitored the output via the urinary drainage bag. (h) you administered a subQ injection of enoxaparin on day one as DVT prophylaxis. NS

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

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	~~NA~~ S	S	S	NA	NA	S	S							
l. Ensure patient safety through proper use of EHR, IV flow sheet, and BMV. (Responding)			S	S	S	S	NA	NA	S	S							
m. Calculate medication doses accurately. (Responding)			S	S	S	S	NA	NA	S	S							
n. Administer IV therapy, piggybacks, IV push, and/or adding solution to a continuous infusion line. (Responding)			NA	NA	S	NA	NA	NA	S	S							
o. Regulate IV flow rate. (Responding)	S		NA	NA	S	NA	NA	NA	S	S							
p. Flush saline lock. (Responding)			NA	NA	S	NA	NA	NA	S	NA							
q. D/C an IV. (Responding)			NA	NA	S	NA	NA	NA	S	NA							
r. Monitor an IV. (Noticing)	S		S	NA	S	NA	NA	NA	S	S							
s. Perform FSBS with appropriate interventions. (Responding)	S		S	NA	S	NA	NA	NA	S	NA							
	DW		**KA**	**RH**	**NS**	**MD**	**DW**	**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 – 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 3 – 3r – You did a nice job monitoring your patient's IV site this week and documenting your assessment in the EMR. KA
Week 3 – 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

Week 4 (3 k, l, m)- You were well prepared for medication administration this week and you performed all checks well! You were able to pass medications through the dobhoff NG tube with correct technique. 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 also did a great job looking up medications as team leader and asking your peers questions about their medications prior to med pass. I changed 3k to "S" due to you still passing medications this week via NG tube. RH

Week 5 3(k-s) – You demonstrated confidence and competence in medication administration this week. You identified the six rights of medication administration and performed the three safety checks, using the BMV scanner for patient safety. You gained experience in administering various PO medications, accurately performing all dosage calculations. You gained experience with administering two separate subQ injection, one for insulin and one for DVT prophylaxis accurately and safely. You did well preparing IV infusions through priming of tubing and programming the IV pump at the prescribed rate, monitoring IV sites closely and identifying infiltration. You followed appropriate procedure by stopping the infusion and discontinuing the IV to prevent worsening complications. A saline flush was performed to confirm patency on day one prior to initiating the infusion. A FSBS was obtained in order to determine the need for insulin. Due to the patient refusing breakfast, you administered half of the prescribed insulin dose with the use of discussion related to nursing judgment. Job well done! NS

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

Objective

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

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

Comments:

Week 3 – 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

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 3 – 4e – Josh, you did a wonderful job discussing your EBP article on the older adult population and factors to focus on with their care in your CDG this week. You did a nice job responding to a peer with thoughtful and considerate comments. Remember to include the page number in your in-text citation when using a direct quotation. If your reference does not have page numbers include the paragraph number. Keep up the nice work! KA

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

Week 5 4(a) – You did well communicating with your patient despite his confusion and agitation. You used frequent reminding and cues to promote safety and reduce his frustration. This was a challenging experience due to his underlying confusion. However, I thought you handled the situation well and gained experience in communicating with a challenging patient. NS

Week 5 4(e) – Nice job this week with your CDG requirements. You selected a pertinent article based on your patient's situation related to fall prevention as a result of his limited mobility and safety concerns. You did well summarizing the article and describing how it related to the patient care provided during the week. An in-text citation and reference were provided in your initial post. For the provided reference, when doing APA formatting, be sure to keep the title of the article in normal font rather than italics. Furthermore, the journal title itself should be italicized and capitalized in its entirety. Proper APA formatting for your reference would be as follows:
Ong, M. F., Soh, K. L., Saimon, R., Wai, M. W., Mortell, M., & Soh, K. G. (2021b, November). Fall prevention education to reduce fall risk among community-dwelling older persons: A systematic review. *Journal of Nursing Management*, *29*(8). https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9291009/.
When using a direct quote from a resource, be sure to include the specific page number with your in-text citation. Your response post to Essence provided additional insight to the conversation with the use of a reputable source to support your discussion and enhance the conversation. NS

Rehab Clinical Objective 4 E-You had a wonderful CDG this week with response! You were able to turn in your CDG on time, have the adequate word count for both posts, and you were able to provide to the conversation with the information you gave! You provided an adequate reference and in-text citation for both your initial and peer responses. Great job! MD

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	S	S	NA	NA	**S**	S							
b. Utilize appropriate termino-logy and resources (Lexicomp, UpToDate, Dynamic Health, Skyscape) when providing patient education. (Responding)			S	S	S	S	NA	NA	**S**	S							
			KA	**RH**	**NS**	**MD**	**DW**	**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: 5a & b:I educated my patient on the need of coughing and deep breathing when they have been inactive for a long time. I had the patient take a couple of coughs follow with a deep inspiration and expiration as I showed them first they followed right after me. I believe that this was important to teach my patient since they haven't been moving much and have been laying down since they have gotten admitted and this would be able to loosen their secretions and prevent them from developing pneumonia. I provided patient education while using my skyscape app on the benefits of coughing and deep breathing and as well as the risk for them being immobile. I was able to use the teach back method and asked if the patient had any other questions regarding what we smoke about. This was definitely good information to provide your patient especially to help her prevent further complications related to her decreased mobility. KA

Week 4:5a & b: For this week in in Rehab I educated my patient on the use of their self-suction device when they have impaired swallowing due to their stroke. I had instructed the patient to suction their mouth when it had gotten to the point where they felt like they had quite a bit of saliva in their throat so that they don't irritate their mouth so much. I utilized the teach back method and the patient was able to let me know what I had told them. I believe that this important because of the first things that I had learned in nursing school was ABC which airway, breathing, and circulation and with the teaching I had provided the patient is able to keep a patent airway. The way I provided patient education was through Skyscape on the nursing priorities of impaired swallowing. That was probably very helpful to the patient! Great information to provide her, not only for her comfort but to also assist with maintaining her airway. RH

Week 5: 5a & b: For this week on 4N I educated my patient on the importance on turning In bed to prevent further decline in their skin since they had already developed wounds. I let the patient know to turn to their side every 2 hrs and rotate for one side to the other and as well as getting pressure off of that wound site. I taught my patient by moving them first and teaching them the benefits on this. The way I had gotten my education was through skyscape and confirmed the patients understanding by using the teach back technique. An important teaching need identified as a result of his already formed pressure injury to prevent further complications. Nice job prioritizing this education during your patient care. NS

Week 6: For this week on rehab I educated my patient on the importance of using their stronger side due to them having weakness on their right side because of their stroke. When my patient was getting up to transfer from the wheelchair to the bed I let them know to use their left side as much as possible. I taught my patient by demonstrating to

them what we did in rehab that morning which is use the strength in their left leg the best they can so that they are able to help us out transferring and decreasing the chances of an injury. My patient was aphasic so I was able to verify that they learned what I taught them by using short words such as yes and no when I asked if they understood what I shown them. The way I had gotten my education was through PT and as well as skyscape when looking for interventions on patients with impaired mobility. Awesome! MD

Week 9: 5a & b: for this week on 3T I educated my patient on the importance of cleansing themselves to prevent any chances of getting any infections. I educated the patient in regards to performing adequate body care and even on how to perform personal hygiene in bed without them having to get up and using the restroom. This helps to promote feeling clean and have a sense of their normal life outside of the hospital. My patient also was peeing a little bit while they were laying in bed so by promoting peri-care it would decrease the chances of the patient obtaining any sort of infection. I taught my patient by using the Lexicomp about different diseases that can be obtained from poor hygiene and the patient confirmed understanding by the teach back method.

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

See Care Map Grading Rubrics below.

Comments:

Week 3 6b: My patients Social determinants of health would have to come from housing since they are a nursing home patient they do not have a house of their own. This influenced my patient care because I had to keep in mind that my patient is used to help in the nursing home so they will probably need extra assistants in the hospital as well, I was able to ask my patients if their was anything I could help them with every chance I had gotten because since my patient is used to having an environment with

caregivers that are with them for long periods of time I wanted them to feel welcomed and not a burden to me. Patients backgrounds and housing needs to be part of the care one is giving because it can act as guide on being able to deliver care without being to invasive or doing different things that patients may not be used to depending on where they come from. Being in an extend-care facility definitely affects the patient's ability to manage their overall health since they are reliant on the care provided to them while they are there. KA

Week 4 6b: My patients Social determinant of health would have to come from economic stability since they have been working since before their stroke. This influenced in the care of my patient because since before going up to the rehab floor they had stated that they had to drop everything and decide that this is best for them. My patient was worried about their home and how they were going to pay bills. My patient had a son and friends that came in and reassured them that everything is going to be taken care of and what they should worry about getting better. A way that this influences in the care that I give is because my patient came from living a independent life where they worked and did everything by themselves and now have someone to help them do activities of daily living is hard for them. I made sure I allowed my patient times to where they could do certain things on their own so they can have that sense of independence. One must be able to look at where the patient is coming from so that you are delivering care that is specific to them. This is a huge life change for her and I am so glad she has a good support system. Allowing her to do things herself to establish some autonomy is also a great intervention for you. Good job. RH

Week 5:My patient social determinant of health would have to come from their Quality of Care from their healthcare system. This influenced my quality of care for my patient because they weren't used to having their skin taken care of based on the quality of care that they receive currently. What I mean by this was their scrotum was red to the point where it was painful when washing them up. I made sure to address this by putting theraworks with niastatin powder to help heal their skin. My patient needs this extra attention that they don't get from their living conditions. I made sure to let my patient know the benefits of this and being as patient and careful as I possibly could. His home environment being from a nursing facility can certainly impact his overall health status. Dwelling in a nursing facility can be both positive and negative. As you noted, the formation of pressure injuries could be a result of lower quality of care and can lead to potential complications. Good thoughts! NS

Week 6:My patients social determinant of health this week would have to be physical environment. My patient after their stroke has come across barriers when it comes to their home environment when being discharged. My patients teaching in PT was practicing going up the stairs because they aren't going to be able to do that safely with their right sided weakness from their stroke. My patient is going to have a wheelchair ramp built in but until then they must be able to navigate around their house with the front porch stairs. My patient has been placed in these close to real life situations because after PT they aren't going to have them their 24/7 to help them out so they must learn how to navigate to their old environment. Awesome SDOH! MD

Week 9: My patients social determinant of health this week would have to be Transportation. My patients that I had at the senior center that I spoke to depend strongly on transportation on being able to go to where they need to go. Senior adult patients often times have healthcare appointments or places they need depend on going to be able to get by their day to day life since in their age range they aren't physically able to handle a automobile safely. The patients had stated that there is good transportation around the area they can count on to get them to where they need to go and if they didn't they wouldn't know where to go. This made me think about the other areas that probably don't have a good transportation system like erie county and how those senior adults may struggle their.

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	NA	NA	S	S							
b. Reflect on an area for improvement and set a goal to meet this need.** (Reflecting)	S		S	S	S	S	NA	NA	S	S							
c. Demonstrate evidence of growth, initiative, and self-confidence. (Responding)	S		S	S	S	S	NA	NA	S	S							
d. Follow the standards outlined in the FRMCSN Student Code of Conduct Policy. (Responding)	S		S	S	S	S	NA	NA	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	NA	NA	S	S							
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (Responding)	S		S	S	S	S	NA	NA	S	S							
g. Demonstrate the ability to give and receive constructive feedback. (Responding)	S		S	S	S	S	NA	NA	S	S							
h. Actively engage in self-reflection. (Reflecting)	S		S	S	S	S	NA	NA	S	S							
	DW		**KA**	**RH**	**NS**	**MD**	**DW**	**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- 7a:I believe that an area of strength was being able to correctly calculate how much insulin I must give prior to administering my practice insulin injection. This is crucial because being off in units can be a life or death situation to a patient and knowing how to calculate the correct dosage is as important as knowing how to administering insulin. Great reflection here! Keep up the great work! DW

*End-of-Program Student Learning Outcomes

7b:I believe that an area for improvement that I had was when administering my IM injection in the NF skills practice lab I didn't pull the syringe down when drawing back the medication fluid which caused for air bubbles to form and making the process of drawing up medications difficult . I am going to review the steps on how to perform a IM injection 3 times in my NF skills slides that I had received last semester a week prior to starting clinical. I will additionally check in with clinical instructor if I am still having issues with drawing up medications. Good plan! Practice will help to solidify this skill in your mind. Also, if it helps, you did a nice job reconstituting and drawing up the pantoprazole during the IV lab. DW

Week 2 7a:I believe that a strength that I was able to correctly able to figure out how to do ABG practice questions. I believe this is very important to be able to figure out what Is going on with my patient and interventions I am able to do as a nurse to try and correct an imbalance my patient may have. Wonderful! DW
7b:I believe that an area for improvement that I had was when I prep my sterile equipment for cleaning a tracheostomy. Although I did do good during my lab practical I still could find some area for improvement on where I place my items and ways I can move around my equipment without being at risk for breaking sterile field. I am going to look at the supplies that I may need for cleaning a tracheostomy and figure out how I can place them and organize my equipment 3 times before attending my first clinical on 3 tower. Great idea! Maintaining your sterile field is a basic but extremely important concept. DW
Side note: On weeks that you do not have clinical (ex. Week 7, 8 and 13), you do not need to write a strength and goal for improvement. Regardless, I'm really glad you did. It's always important to reflect on past experiences for future growth. DW

Week 3 7a: I believe that a strength that I had was being able to flow through my head to toe assessment fairly smooth without having to check my meditech screen to see what I missed. I feel that this is important because it helps me be time efficient and be able to help the patient with anything they need and as well as being able to pass medications more efficiently by having more time to look up my meds to be able to pass them out to my patient on time. Great job! Practice makes perfect! KA
7b:I believe than an area for improvement would be that I had trouble in was being able to fill out my report sheet in the right slots and found myself having to write everything behind my paper and fill the information in the correct spots after report was done. I am going to look over where everything goes in my report sheet 3 times before my next clinical so I am able to find information for my patient easier when asked a question about my patient. It does take time to get a flow with where to write things. Once you are working on a unit you may choose to create your own worksheet that flows they way you think and want to have information displayed. KA

Week 4 7a: I believe that a strength that I had was being able to do NG medication safely. I feel that this is important to know because I am not always going to do a traditional med administration such as PO or Injection meds. I was able to mix the medications correctly and make sure I took my time because these patients are at a high risk of aspiration, so I had to be able to time it right and have patience. A lot of patience! You did a great job RH
7b:I believe that an area for improvement would have to organization when being a team leader. I felt overwhelmed with writing patient's meds so then I could be able to ask my classmates about the meds they were going to be administered. I am going to grab 3 blank pieces of paper and place them in my clipboard the night before and as well as start with looking up my classmates meds first so that way I am able to help them out more after med administration. This is a difficult task but as the semester progresses you will notice how much knowledge you have on medications from looking them up every week. RH

Week 5:7a: I believe that a strength that I has was being able to take my patients blood sugar without running into any trouble. This is important to do because with this information provided to me I am able to know how much insulin to give to my patient. My patient stated that they did not have any pain when I performed this task and as well as they didn't get nervous when I did it which is a good sign. Good! Nice reflection on a strength this week. You gained experience in performing a new skill that was learned in lab during the first week of the course. You were able to transfer the knowledge learned into the clinical setting by safely performing the skill while maintaining the comfort of the patient. Nice job! NS
7b:An area for improvement that I had was when I was flushing my patient's IV's. When I went to flush my IV this week I thought that I had met resistance but turns out it was just that the clamp was on. This could have turned out worse if I hadn't caught this and continued to try and flush the saline solution. I will make sure to look at my IV lab videos under lab resources in edvance360 3 times before going to my next clinical. Good plan for improvement! This is one of those learning experiences that seems like a silly mistake, but in reality happens all the time. The benefit is that you were able to learn from the experience without any negative outcomes to the patient. We learn best from mistakes, and I am sure you will remember this each time you go to flush a line in the future. Keep up the hard work! NS
Week 6:7a:I believe that a strength that I was able to show was to feed my patient safely during their dinner time. I was able to teach my patient the importance of being able to do a chin tuck in order to decrease the risk of aspiration. I was able to promote independence as well with being able to cut my patients food up for them but allowing them to feed themselves with their stronger hand. You did great this week with your patient! MD
7b:A weakness that I had was documentation in meditech on my patient's pain assessment. I had forgotten to document my patient's pain level during clinical because even if the nurse that was assigned to him took their assessment for the medication administration I ultimately have to do my own assessment because pain can fluctuate and

change throughout the time I am their. I am going to improve this by going over what to chart over during clinicals 3 times in the sheet provided to us before clinical to ensure I get everything down. Great goal! MD

Midterm- Josh, 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. Additionally, you have satisfactorily completed one of the two 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

Week9:7a: I believe that an area of strength that I shown during my clinicals was that I was able to administer IV solution with minimal assistance. This is important I feel like because I feel like I haven't done these much this semester but was able to have the confidence and knowledge to be able to set it up was amazing. My patient came in for alcohol intoxication so this would help with flushing all those toxins out of their body.
7b: A weakness that I feel like I had was not being able to recognize if my patient was comfortable with having a injection done. My patient seemed hesitant on getting their subcutaneous shot done and needed my instructor to teach them in regards to their right to refusal. Is it important to know that patients are able to deny medications and aren't forced in anyway to do something they aren't comfortable with doing and as well as making sure I educate them on the importance of their medication. I am going to review my patients meds 3 times and the importance of the medication before going into the patients room and to educate them on the importance of the medication if they do refuse the medications.

Student Name: Josh Hernandez				**Course Objective:**			
Date or Clinical Week: 2/17/2024							
	Criteria	**3**	**2**	**1**	**0**	**Points Earned**	**Comments**
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	**(lists at least 7*) *provides explanation if < 7**	**(lists 5-6)**	**(lists 5-7 but no specific patient data included)**	**(lists < 5 or gives no explanation)**	3	All criteria met. MD
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	**(lists at least 3*) *provides explanation if < 3**		**(lists 3 but no specific patient data included)**	**(lists < 3 or gives no explanation)**	3	
	3. Identify all risk factors relevant to the patient.	**(lists at least 5*) *provides explanation if < 5**	**(lists 4)**	**(lists 3)**	**(lists < 3 or gives no explanation)**	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	All criteria met. MD
	5. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	6. Identify all potential complications for the top nursing priority problem.	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**	3	
	7. Identify signs and symptoms to monitor for each complication.	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**	3	
Responding	8. List all nursing interventions relevant to the top nursing priority.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	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: 42/42 Satisfactory MD

Faculty/Teaching Assistant Initials: MD

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

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

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

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

Student name: Joshua Hernandez								
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:** 1/10/24	**Date:** 1/10/24	**Date:** 1/12/24	**Date:** 1/17/24	**Date:** 1/18/24	**Date:** 3/11 or 3/12/24
Evaluation:	S	S	S	S	S	S	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 1/10/24. KA/DW
(Lab Day)- You satisfactorily completed the mandatory lab review of nursing foundational skills. This was achieved through simulating care for a patient in a scenario requiring competency in assessment, communication, medication administration (including PO and IM injection), nasogastric tube insertion and maintenance, patient mobility and hygiene, use of PPE for Contact Isolation, wound care, foley insertion, and development of nursing notes. NS/MD
(IV Skills)- You have satisfactorily completed IV lab including a saline flush, IV push medication administration, priming and hanging a primary and secondary IV solution, adjusting a flow rate to run by gravity, discontinuing IV solution, and monitoring the IV site for infiltration, phlebitis, and signs of complication. DW

Week 2
(Trach Care & Suctioning) - During this lab, you satisfactorily demonstrate competence with tracheostomy care and tracheostomy suctioning. You did a nice job of explaining the procedure to your patient. Overall nice job with maintaining your sterile field. During tracheostomy care, your sterile gloves broke when applying them, you

identified the need to obtain a new pair and executed the application effectively. During trach suctioning, you were able to remind yourself about the need to apply a mask prior to opening the sterile kit. No prompts were needed for tracheal suctioning. For tracheostomy care, you reminded yourself to fill both sides of the empty basin when preparing supplies. You also reminded yourself to remove the soiled dressing prior to applying your sterile gloves. As a result, no prompts were needed. You were able to answer my questions appropriately and demonstrated competence in both procedures. 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:** Joshua Hernandez							
	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	RH	NS	DW	DW				
Remediation: Date/Evaluation/Initials	N/A	NA	NA	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): Josh Hernandez (A) Lynette Swinehart (M)
GROUP #: 2
SCENARIO: MSN Scenario #1 – Musculoskeletal/Respiratory
OBSERVATION DATE/TIME(S): 2/28/2024 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** Noticed pain (did not perform pain assessment initially). Eventually performed pain assessment. Asked numerical rating. Asked about associated symptoms. Be sure to perform full pain assessment to collect additional data. Focused musculoskeletal assessment due to complaint of pain. Full set of vital signs obtained. Performed focused respiratory assessment with new complaints of chest discomfort. Did not explore social diversity with the patient, used proper pronouns in communication. **Recognizing deviations from expected patterns:** Noticed crackles on auscultation. Noticed SOB, chest pain, cough. Noticed tachycardia. Noticed Spo2 86% on RA, noticed hypertension. Eventually noticed redness to right lower extremity. Noticed normal cap refill. Noticed 1+ pitting edema. Noticed warm to touch. Noticed refusal of SCDs. Noticed post-op non-compliance with mobility. **Information seeking:** Sought some information related to pain (rating and symptoms). Sought information related to mobility and non-compliance. Sought information related to patient's allergies prior to medication administration. Did not seek information related to allergies to shellfish/iodine prior to CT scan. Did not ask patient about preferred pronouns related to social diversity. Consider asking patient about preferred injection location. Consider asking patient about knowledge related to complications occurring.
INTERPRETING: (1) * • Prioritizing Data: E A D B • Making Sense of Data: E A D B	**Prioritizing Data:** Prioritized full head to toe assessment rather than focused assessment on patient complaint of pain. Prioritized education on post-op complications (respiratory) during head to toe assessment. Eventually prioritized focused assessment on lower extremities. Focused neurovascular assessment to surgical extremity. Prioritized contacting the provider regarding new assessment findings to the right lower extremity. Be sure to collect all pertinent data prior to communicating with the provider. Medication nurse prioritized pain medications after speaking with the provider. Prioritized focused respiratory assessment with new complaints of chest discomfort. Prioritized vital sign assessment.

	Prioritized oxygen administration. Prioritized enoxaparin administration. **Making sense of data:** Made sense of DVT/PE complications. Eventually recognized DVT/PE. Recognized abnormal lab results/diagnostics (CT and d-dimer). Made sense of post-op complications. Prioritized education on post-op complications and non-compliance risk factors. Prioritized new physician orders appropriately. Made sense of enoxaparin order for DVT/PE. Made sense of dosage calculation to be performed for enoxaparin.
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:** Introduced self and role when entering the room. Roles clearly defined. Remained calm during complications. Communicated findings of diagnostic testing related to DVT/PE with the patient. Some lack of confidence in communicating with the healthcare provider. **Clear communication:** Educated on importance of mobility post-operatively. Educated on adventitious lung sounds possibly being complication post-op. SBAR provided to provider regarding new assessment findings. Be sure to have all information gathered prior to calling. Remember to read orders back to the provider. Contacted provider for new complaints of respiratory distress. Good SBAR report provided. Remember to read orders back to the provider. Educated on enoxaparin injection. **Well-planned intervention/flexibility:** Elevated HOB for respiratory complaints. Focused respiratory assessment performed. Educated on incentive spirometry. Educated on risk for DVT. Update of labs provided to provider. New orders received for enoxaparin. Be sure to re-assess pain level and vital signs after narcotic administration. **Being Skillful:** Accurate dosage calculation performed for enoxaparin. SubQ injection performed with appropriate needle size. Be careful with needle safety. Good technique with subQ injection. Education provided, consider using teach-back method to determine understanding.
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. Actively seeks subjective information about the patient's situation from the patient and family to support planning interventions; occasionally does not pursue important leads. 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. Shows some communication ability (e.g., giving directions); communication with patients, families, and team members is only partly successful. 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