

EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student:

Molly Plas

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
1-26-24	Impaired Physical Mobility	S/ KA	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:			S	S	S	N/A	S	N/A	S	S							
a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting)			S	S	S	N/A	S	N/A	S	S	N/A						
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			S	S	S	N/A	S	N/A	S	S	N/A						
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			N/A S	S	S	N/A	S	N/A	S	S	S						
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			S	S	S	N/A	S	N/A	S	S	N/A						
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	S	S	N/A	S	N/A	S	S	N/A						
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			S	S	S	N/A	S	N/A	S	S	N/A						
g. Assess developmental stages of assigned patients. (Interpreting)			S	S	S	N/A	S	N/A	S	S	N/A						
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		S	S	S	N/A	S	N/A	S	S	N/A						
Indicate your clinical site as well as your patient's age and primary medical diagnosis in this box weekly.	Meditech, FSBS, IV Pump Sessions		3T, Age- 54, N/V, Possible Upper GI bleed	Rehab (5), Age- 69, Stoke	Rehab (5), Age- 83, Fall, UTI, Acute Kidney	N/A	4N, Age- 89, Abdominal pain, HTN	N / A	NA	5T, Age-74, Elective right hip arthroplasty	Infection control and Digestive Health						
Instructors Initials	KA		KA	RH	MD	DW	NS	KA	KA	MD							

Comments:

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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

Week 3 – 1a, b, c, e– You did a nice job caring for your patient with nausea, vomiting, and stomach pain. 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. RH.

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

Week 7 1(a-h) – Molly, nice job this week discussing the alterations and pathophysiology involved with both of your patients this week. On day 1, you cared for a patient s/p knee replacement surgery. You discussed the importance of maintaining mobility, assessing circulation, managing pain, and maintaining skin integrity. You discussed the rationale behind the wound vac that was in place to promote incisional healing, the importance of early ambulation to prevent complications, and the medications prescribed to promote bone health. On day two, you discussed the pathophysiology involved with shingles leading to increased pain and the medical treatment required. Your patient was experiencing significant hypertension in which you discussed the prescribed medications and how they worked within the body to reduce excess fluid. Medical treatments were discussed, including nursing priorities to monitor/manage. Great job in our discussions and with patient care! NS

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

Comments:

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

Week 3 – 2a, d – You did a nice job thoroughly assessing you 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 did a great job communicating with the patient even though there were some barriers to communication due to his disease process. RH

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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

Week 7 2(a,e) – Great work with your assessments this week, noticing numerous deviations from normal. You discussed nursing priorities and focused assessments to be performed based on your patient's disease processes. On day one, you identified the appropriate priority assessments related to pain, mobility, and circulation post-operatively. You identified the importance of promoting mobility and implementing interventions to prevent post-op complications. On day two, you closely monitored your patient's pain and hypertension. You also monitored her for potential reaction to medications administered the previous shift. Good job focusing and prioritizing your assessments this week. NS

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

Comments:

Week 3 – 3b – You did a nice job managing your patient's symptoms on day 1 when he was very acute so his overall condition improved by day 2. Terrific job! KA

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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, 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
I changed (3h) to “S” due to you administering enoxaparin to your patient for DVT prophylaxis. RH

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

Week 7 3(b,c,d) – You did a great job this week with time management and organization. You were prompt with your assessments, ensuring information was communicated accurately in the EHR. This allowed you to review your medications closely and provide education. You demonstrated nursing measures with confidence and competence. You gained experience with reconstituting medications to be administered via IVP, which you performed accurately utilizing aseptic technique at the appropriate rate. You also administered a subcutaneous injection with appropriate technique while maintaining the comfort of your patient. Overall you were strong in performing nursing interventions and gained valuable experience in numerous areas. NS

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

Comments:

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

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

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 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 – 3n – You did a nice job monitoring the patient's primary IV fluids and monitoring for continued patency of the IV line. You had the opportunity to practice drawing up medication from a vial and administering slow IV push to your patient. You performed all IV skills with beginning dexterity. You documented all medication administration and line care appropriately in the EMR. Nice job! KA

Week 3 – 3p – You did a nice job flushing your patient's IV this week and ensuring patency of the IV line. You were able to document this appropriately in the EMR. KA

Week 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 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 did great going through them with me. RH

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

Week 7 3(k-s) – Good work with medication administration this week, demonstrating competence and confidence in administering medications independently. You discussed the implications, side effects, and nursing considerations for each medication administered. You identified the 6 rights, performed the three safety checks, and utilized the BMV scanner for patient safety. Education was provided to your patients for each medication to be administered. Experience was gained with several PO medications. You considered safety interventions required to prevent negative outcomes. On day one you monitored the IV site closely for a continuous infusion. A saline flush was performed on day 2 to confirm patency using aseptic technique. Experience was gained with reconstituting medications to be administered via IVP at the prescribed rate. A subQ injection was administered accurately. All dosage calculations were performed accurately. You also gained experience in discontinuing an IV safely for discharge. NS

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

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

Week 3 – 4e – Molly, you did an excellent job discussing your EBP article on Tia-Chi in Stroke patients during your CDG this week. The article was very interesting and related well to your patient this week. You responded thoughtfully to your peer and supported the conversation started by their EBP article summary. In the future,

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

remember that only the first letter of the first word of the title is capitalized in your reference. Also remember you still need to include an in-text citation and not just a reference to receive a satisfactory. Your purpose is a good section to include your in-text citation, but any area appropriate is fine. KA

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

Week 4: I wanted to let you know the family of your patient contacted a faculty member and said that you were great with your patient this week. They said they appreciated your patience and willingness to assist him with his new tablet for communication. They wanted us to pass along their gratitude. Great job this week! RH

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 a reference and in-text citation for your peer response. Please be sure that you have an in-text citation with the author's last name. For example: (Gurarie, n.d.). You are receiving an NI due to not having an in-text citation for your initial post. You need to have both a reference and in-text citation for a satisfactory rating. Please remember this for next week's CDG. Let me know if you have questions. MD

Week 7 4(a) – Your patient stopped me before leaving for the day to comment on the excellent care that you provided. With her being a retired nurse, she knows what it takes to make someone feel safe and comfortable in your care. She raved about your bedside manner and said you have a bright future ahead of you. Nice job! NS

Week 7 4(e) – Great work with your CDG this week! You described important knowledge deficit and educational needs that your patient required. She was very in tune to her health and medications she was taking. She was hesitant to take newly prescribed medications due to lack of familiarity and numerous medication allergies. As you noted, the importance of sitting down and providing details regarding new medications is essential for patients to feel safe. Her risks for complications were increasing due to her HTN and her reluctance to take newly prescribed medications to help address the problem became a concern. You did well to describe the situation and how the issue was resolved. Your response post to Stevi provided additional insight to the conversation and was supported with a reputable resource. All criteria were met for a satisfactory evaluation. NS

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:			S	S	S	N/A	S	N/A	S	S	N/A						
a. Describe a teaching need of your patient.** (Reflecting)																	
b. Utilize appropriate terminology and resources (Lexicomp, UpToDate, Dynamic Health, Skyscape) when providing patient education. (Responding)			S NI	S	S	N/A	S	N/A	S	S	N/A						
	KA		KA	RH	MD	DW	NS	KA	KA	M D							

****5a & b- You must address this competency in the comments below for all clinicals on 3T, 4N, or Rehab- describe the patient education you provided; be specific- include the topic, method of delivery, reason for teaching need, materials to support learning through above resources (if applicable), and method used to validate learning.**

Example: Education related to orthostatic hypotension (changing positions slowly by sitting at the side of the bed or chair for a few minutes before moving to another position, utilizing the walker when ambulating) was provided to my patient through discussion and demonstration. This was necessary to maintain patient safety as he/she was experiencing a drop-in blood pressure and dizziness when getting out of bed. A patient education sheet was printed from Lexicomp and given to the patient. The teach back method was used to validate learning.

Comments:

Week 3 5(a & b)- Education related to High-Risk Fall (educating on wearing yellow socks when ambulating, wearing a yellow wrist band, and assist x2 to prevent falls) was provided to my patient through discussion and demonstration. This was necessary to maintain patient safety as he had right sided paralysis and was able to get out of bed by himself. I made sure to use the teach back method to validate learning and that he understood why he was placed on High Fall risk precautions. **This was great education for your patient and helped him stay safe and decrease his risk for falls. Remember 5b relates to identifying your resources. Where did you get your information (i.e. skyscape, Lexicomp, etc.). KA**

Week 4 (a & b)- Education related to Early ambulation (educating on the importance of getting up every hour and ambulating with walker or cane) was provided to my patient through discussion and demonstration. This was necessary to maintain patient safety as he had a stroke and could easily develop skin breakdown if he did not ambulate every hour. I made sure he understood by verbally saying “yes” or “no” because he could not talk. I got this information from skyscape under “impaired walking” I was able to demonstrate how to use the walker and cane properly and frequent ambulation. **Great education choice for your patient and while also using his assistive devices to help prevent falls. RH**

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 5 (a & b)- Education related to nutrition (educating on the importance of drinking protein drinks when unable to eat food to prevent lack of nutrition) was provided to my patient through discussion and demonstration. This was necessary to maintain strength and to prevent lack of nutrition. If she did not drink the protein drinks, she could get weak, sick, and lose a lot of weight. I made sure by teaching my patient the importance of eating and her being able to repeat what I said using the teach-back method. I got this information from skyscape under “impaired nutrition” I was able to explain the importance of eating and consuming the nutrition her body needs to function. **Great job! MD**

Week 7 (a&b)- Education related to the medications that were newly prescribed to her (educating on the importance of taking the medications and how they can help her) was provided to my patient through discussion and demonstration. This was necessary to decrease my patients high blood pressure and prevent any further complications. If she did not take the medication, it could have caused kidney damage or stroke. I made sure by teaching my patient the importance of taking the blood pressure medication and her being able to repeat what I said by using the teach back method. I got the medication information from skyscape under the medication name “spironolactone” and from Nick the instructor. We were able to explain the importance of taking the medication to prevent further complications. **Very good! See my comments related to the CDG competency this week in regards to patient education. I noticed on a different occasion that you were educating and encouraging your patient on day 1 in the use of the incentive spirometry post-operatively. Great job prioritizing patient education this week! NS**

Week 9 (a&b)- Education related to using a incentive spirometer (educating on the importance of using the incentive spirometer 10 times every hour to help expand the lungs, loosen mucus from your lungs, and improve lung ventilation) was provided to my patient through discussion and demonstration. This was necessary to decrease the risk of developing pneumonia because she was post-op and not getting out of bed for a day or two. I made sure by teaching my patient my patient the importance of using the incentive spirometer and how to use it and her being able to use it effectively without my help. I got this information from the Cleveland clinic website. I was able to look up information about the incentive spirometer that I might have forgot to add in the education to help strengthen the lungs to prevent further complications. **This is awesome education for your patient! MD**

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

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

Comments:

Week 3 (b): Some SDOH that my patient had was inadequate transportation, no job, Meals on Wheels, and drug abuse. This could be why my patient at such a young age is dealing with the complications that he came in the hospital for including CVA. I agree. You patient has several SDOH factors that prevent him from being able to fully manage his health including chronic health conditions of CVA and DM. KA

Week 3 – 6a – You satisfactorily completed your care map on your patient this week. Please see comments on the rubric at the end of the tool for details. KA

Week 4 (b): Some SDOH that my patient had was that impacted his health and well-being were access to food, safe housing, and transportation. With my patient having a stroke his daily physical activity has decreased significantly, and not being able to talk can affect his well-being. Not be able to do what he used to be able to do could have led to his depression. Great observations RH

Week 5 (b): Some SDOH factors that impacted her health and well-being were access to food and physical activity opportunities. My patient was having a really hard time eating food, and because of that she was her physical activity decreased. Not being able to eat and do normal daily activities of living because of her chronic illness made her feel depressed and defeated. Great SDOH! MD

Rehab Clinical Objective 6A-This week you did not turn in a care map. MD

Week 7 (b): Some SDOH factors that impacted my patient's health was living at home alone and her husband that passed away. This could easily put her life at risk because she is 89 and taking care of a house by herself. When she had fallen and had to scoot herself to the landline phone could have easily made her fracture a lot worse. With someone being there with her, she could have family help her out around the house and be there in case of an emergency. Her husband passing away could have led to her

chronic depression. Good reflection on how SDOH could potentially impact your patient's health outcomes. If someone is unable to be present with her to provide health support upon discharge, can you think of additional alternatives that might be available to her? Such as life alert or a similar concept. That had to be very scary for her to be in that situation. Social support at home in her rehab process will be important. Good thoughts. NS

Week 9 (b): Some SDOH factors that impacted my patient's health was her chronic depression and her inability to drive. These both could affect her life negatively. My patient could put her safety at risk for having depression. Depression is a very serious condition; it is very easy to get lost in who you are and why you are living. My patient took Zoloft to help with her depression, she stated that "it helps a lot." Another SDOH factor is my patient's inability to drive. This could lead to her not getting her medications and getting to appointments on time, this could put her health at risk. **These are very serious SDOH problems. Great job identifying them! MD**

Week 10 (b): A SDOH factor that impacted one of my patients was daily drinking. This could affect your liver, metabolism, gut, and heart health.

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	N/A	S	N/A	S	S							
b. Reflect on an area for improvement and set a goal to meet this need. ** (Reflecting)	S		S	S NI	S	N/A	S	N/A	S	S							
c. Demonstrate evidence of growth, initiative, and self-confidence. (Responding)	S		S	S	S	N/A	S	N/A	S	S							
d. Follow the standards outlined in the FRMCSN Student Code of Conduct Policy. (Responding)	S		S	S	S	N/A	S	N/A	S	S							
e. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions. (Responding)	S		S	S	S	N/A	S	N/A	S	S							
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (Responding)	S		S	S	S	N/A	S	N/A	S	S							
g. Demonstrate the ability to give and receive constructive feedback. (Responding)	S		S	S	S	N/A	S	N/A	S	S							
h. Actively engage in self-reflection. (Reflecting)	S		S	S	S	N/A	S	N/A	S	S							
	KA		KA	RH	MD	DW	NS	KA	KA	M D							

****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: One of my strengths that I am confident in is spiking and priming IV tubing. I will continue to master this skill by going over the checklist on how to master it and ask my instructor if I ever need any help. **Nice job! KA**

7b: I have trouble remembering the difference between the three IV equations. I will review and study the equations 30 min. a day before the quiz on Tuesday, to be able to come up for the correct answer. I will meet up with my friend that is also in nursing school to help me study and prepare by the quiz. **These are all great things to do to help with your dosage calculation problems. You can also write the equations at the top of your paper at the beginning of the quiz before you start answer questions so they are there when you need to reference them. KA**

Week 3- 7a: One of my strengths that I am confident in is giving PO medications and looking medications up on skyscape. I will continue to master this skill by reviewing the 6 rights of meds and ask my instructor if I need help. **You did a great job with your medication and managing the new skills IV medication push. KA**

7b: A weakness is that I still feel scared/nervous to give meds through IV. I will become more confident by giving meds through an IV more. And I will continue to review how to give IV medications on ATI and my notes from class. **For your first time administering IV push medications you did very well. I watched you significantly improve from day 1 to day 2. It can be intimidating for the first time especially when you have 3 push medications to administer at 1 time. You handled it very well. I agree your confidence and proficiency will grow over time with practice. Keep up the good work! You got this! KA**

Week 4- 7a: One of my strengths that I am confident in is completing a head-to-toe assessment. I will continue to master this skill by doing it every clinical and looking over the check off list to make sure I do not miss anything. **RH**

7b: A weakness that I have is communicating with a patient who cannot talk. I will become better at communicating by talking to more patients that do not have the ability to talk over time. Since it was my first time I had to get used to asking “yes” or “no” questions. From the first day I had him to the second day, I felt like I could understand what he wanted better on the second day. **What else could you do to improve rather than waiting for another patient with a communication barrier? Remember you need a goal with a timeframe and how many times you will practice. I highlighted this prompt in green above. RH**

Week 5:

7a: One of my strengths that I am confident in is putting on Ted Hose. I will continue to master this skill by repetition, the more I put them on the better I will get at it. If I ever need any help, I can ask my instructor or a nurse to help. **This is a tough task but I am so happy you are confident in this! MD**

7b: A weakness that I have is not getting my hands on skills that I have not done on a patient. For example, my patient had to get covid tested and the nurse asked if I wanted to swab the patient and I said no its okay. When I should have done the swab even though I’ve never done one, it would have been good experience. I will become more confident in doing tasks I haven’t done yet. I will get better at this by the next time I am at clinical I will try to gain confidence by doing tasks outside of my comfort zone when I get the opportunity. I will review how to covid swab on ATI or any nursing YouTube videos to prepare me for the next time a nurse asks me to do the task. **This is a great goal! It is ok to be hesitant for new skills but also important to learn from other people. MD**

Week 7:

7a: One of my strengths that I am confident is passing oral medications by myself. I will continue to master this skill by repetition and reviewing the 6 rights of medication. If I ever need help, I will ask my instructor if I have any questions prior to giving the patient the medication. **You did a great job! You demonstrated knowledge of the medications to be administered, discussed the 6 rights and 3 safety checks, and exuded confidence in your abilities. You deserved the opportunity to administer the medications independently with me being close by to answer any questions. Good strength to note! NS**

7b: A weakness that I have is saying the medication names and after looking up the medication on skyscape, I tend to forget and must look at my paper what they medications are again. Instead of just remembering the medication I am giving when I look up the med name. When Nick was explaining the medications to my patient, I should have explained some of the medications, but I did not feel confident because I was not that familiar with the medications. I will become more confident in doing this task over time and getting familiar with the medications and try to understand how the medications work in the body. I will get better at this the next time I am at clinical by really focusing on how the medications affect and help the body not just knowing the therapeutic name or effect. I will review medication names on YouTube using simple nursing, ATI, and skyscape to prepare myself for the next time I pass medications. **Trust me, this takes a long time to gain confidence and knowledge in understanding medications that are prescribed. There are thousands of medications out there that you will come across. It takes time and experience with medications to feel comfortable. However, having the insight to know your limitations and the work ethic to look them up so that you can administer them safely is important. I appreciated your reflection response and think you have a great plan in place for the future! Keep up the hard work. NS**

Midterm – Molly, you did a nice job during the first half of the semester. Your midterm clinical grade is satisfactory. You have had the opportunity to care for a variety of patients and work on the majority of your clinical competencies. Please let the faculty you are working with during the second half of the semester know that you have not had the opportunity to work with a patient with a Foley so they can help you seek out this opportunity to work on this competency. You have satisfactorily completed one of your required care maps for the semester before midterm. Please do not forget to complete a second care map before the end of the semester to meet the requirement of 2 satisfactory care maps for the course. Continue the hard work into the second semester and finish strong. KA

Week 9:

(7a)- One of my strengths that I am confident in is recognizing the signs and symptoms of a possible DVT. My patient had a significant amount of swelling in the right lower extremity on the second day that I saw her. She was not wearing any SCDs or TEDS, so I made sure to notify the nurse and then the Dr. ordered an ultrasound to be safe. I will continue to master this skill by reviewing DVT in my lecture power points. If I ever question is something is not right, I will grab the nurse or my instructor if I have any questions. **You did awesome with this recognition! You should be very proud of yourself for being a patient advocate and talking with the nurse about this issue! MD**

7b)- A weakness that I have is Encouraging coughing and deep breathing. I normally just encourage using an incentive spirometer, but I need to start encouraging my patients to cough and deep breath. I will become more confident in this by remembering the importance of coughing and deep breathing and next clinical really educating my patient on this subject. I will review YouTube videos (simple nursing), ATI, and

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

skyscape to prepare myself for the next time I have clinical. Great goal! MD

Week 10:

(7a): A strength I had this week was identifying the proper charting for the type of isolation /precautions the patients were in. I will continue to master this skill by repetition and taking time to look over my charting. If I have a question, I will ask my instructor or nurse.

(7b): A weakness that I have is identifying which type of precaution a patient is in by their illness. I will become more confident by reviewing and studying the different types of precautions and looking over PowerPoints over the different types of precautions. I will use ATI to prepare myself for the next time I have clinical.

Student Name: Molly Plas				Course Objective:			
Date or Clinical Week: 1-26-24 Week 3							
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	Molly you did a nice job listing pertinent assessment findings, lab/diagnostic findings, and risk factors. You would want to include the SDOH factors you listed for 6b in your risk factors section (i.e. lack of transportation, unemployed, and hx of drug abuse) since they all are risk factors to managing his health as you pointed out. KA
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)	3	
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	You did a nice job identifying your nursing priorities and selecting the priority that was your focus. You did a great job identifying 3 complications and the s&s nurses should assess for with each. You did a nice job highlighting pertinent information in the noticing section. You would want to include abd pain, n/v, right sided weakness, right hand contracture, right sided numbness and tingling, and smoker when highlighting since they all relate to his impaired physical mobility. KA
	5. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	2	
	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	Molly, you did a nice job choosing interventions that related to your nursing priority and making them individualized and realistic and including rationale for each. Make sure all interventions have frequencies, only 3 of your interventions did. When listing interventions make sure to prioritize them with assessments coming first followed by other interventions and education is last. I think your wording using evaluate is confusing because evaluations come last with education however you your case it sounds like you are using the word evaluate synonymous with assess (i.e. Evaluate for pain – Assess for pain). Be mindful of this wording in the future to prevent points from being taken off. Make sure when
	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	1	
	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	

							individualizing your interventions to include the dosage of the medication, the route, and the frequency for each. Make sure to include interventions about general ambulation such as ambulating with walker and 2 person assist and not just to chair. KA
Reflecting	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	2	You did a nice job evaluating your care mape and reassessing your patient. Remember to include all highlighted areas in your assessment and lab/diagnostic section. You did not reevaluate your patient's gate and revaluated things such as diet, FSBS, and patient's ability to turn which you did not have highlighted in the noticing section. You would have also wanted to reassess the other areas I suggested highlighting above in your assessment section. KA
	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.							Total Points: 38/42
Faculty/Teaching Assistant Comments: You satisfactorily completed your care map. Please see comments above on areas to improve in the future when creating your next care map. Nice job! KA							Faculty/Teaching Assistant Initials: KA

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		
Ref	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:	Complete			Not complete		
	- Continue plan of care - Modify plan of care - Terminate plan of care						
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: Molly Plas								
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 or 1/11/24	Date: 1/10 or 1/11/24	Date: 1/12/24	Date: 1/17/24	Date: 1/18/24	Date: 3/11/24
	Evaluation:	S	S	S	S	S	S	S
Faculty/Teaching Assistant Initials	KA	KA	KA	KA	KA	MD	MD	MD
Remediation: Date/Evaluation/Initials	NA	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. KA

Week 2

(Trach Care & Suctioning) - During this lab, you satisfactorily demonstrated competence with tracheostomy care and tracheostomy suctioning. 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

Mandatory Lab 3/11/2024-You are satisfactory for the mandatory lab you attended by demonstrating proficient skills in wound care and the IV pump. Great job! MD

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

<u>Simulation Evaluation</u> Performance Codes: S: Satisfactory U: Unsatisfactory	Student Name: Molly Plas							
	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	MD	NS	KA				
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 KA

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Nadia Drivas (A), Molly Plas (M)

GROUP #: 2

SCENARIO: MSN Scenario #1 – Musculoskeletal/Respiratory

OBSERVATION DATE/TIME(S): 2/28/2024 1000-1200

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	<u>Focused observation:</u> Focused pain assessment when entering the room. Focused vital sign assessment performed. Focused assessment performed on non-surgical extremity due to new complaint of pain. Bilateral extremity assessment performed. Focused respiratory assessment performed due to complaint of chest pain. Did not focus on social diversity, used appropriate pronouns throughout the scenario. <u>Recognizing deviations from expected patterns:</u> Noticed pain to non-surgical extremity. Sought additional information related to pain (numerical rating 6/10), associated symptoms, description of pain. Noticed respiratory distress. Noticed Spo2 85% RA. Noticed adventitious lung sounds (crackles). Noticed tachycardia, hypertension. Noticed cough, chest pain. Noticed redness to the calf and edema. Noticed non-compliance to prevent post-op complications, did not discuss with patient. Noticed abnormal diagnostic results (CT, d-dimer). <u>Information seeking:</u> Sought additional information related to pain (associated symptoms, description, numerical rating). Did not seek information related to post-op non-compliance (mobility, SCDs, medications). Sought information related to allergies prior to medication administration. Consider assessing for allergies to shellfish/iodine prior to CT scan. Consider asking patient about preferred pronouns. Asked about injection location prior to administration. Consider seeking information related to patient's understanding of complications occurring.				
INTERPRETING: (1) * • Prioritizing Data: E A D B • Making Sense of Data: E A D B	<u>Prioritizing data:</u> Prioritized focused assessment on pain when entering the room. Prioritized vital sign assessment when entering the room. Prioritized pain relief with medication administration. Consider prioritizing education related to non-compliance and complications occurring. Prioritized enoxaparin administration after receiving orders.				

	Prioritized notifying the physician of complications occurring. Prioritized notifying physician of diagnostic results. <u>Making sense of data:</u> Made sense of potential DVT due to assessment findings. Made sense of PE manifestations. Recognized abnormal diagnostic findings. Made sense of medication orders for pain relief. Made sense of dosage calculation for enoxaparin order. Made sense of rationale 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	<u>Calm, confident manner:</u> Roles clearly defined between medication nurse and assessment nurse. Approach was calm during emergent situation. Communication with the patient regarding interventions to be performed. Mostly confident demeanor in interactions with health care team members, could be more confident in communicating with the health care provider for SBAR. <u>Clear communication:</u> Good communication among team members with closed-loop communication. Interventions explained to patient throughout the scenario. Appropriate pronouns used in communications. Discussed conflict resolution with off-going shift. Education provided regarding enoxaparin. Communicated plan with the patient regarding CT order. Communicated with provider regarding new findings. SBAR communication provided with good detail. New orders received. Orders read-back to clarify. Communicated lab results and new symptoms of respiratory distress and interventions performed to the provider. New orders received. Clarified order with the provider by reading back orders. Appropriate use of pronouns used throughout the scenario. SBAR communication provided to provider regarding CT scan results. <u>Well-planned intervention/flexibility:</u> Focused assessments performed based on patient complaints. Elevated the HOB due to respiratory complaints. Applied O2 2L via nasal cannula. Re-assessed Spo2 level after oxygen administration. Consider re-assessing pain and vital signs after interventions performed. Consider education on preventing post-op complications (incentive spirometry, SCDs, mobility, etc.). Notified provider about diagnostic results. <u>Being Skillful:</u> Dosage calculation performed accurately for enoxaparin. Good teamwork and collaboration with dosage calculation. Correct injection location identified for subQ injection. Correct needle size obtained. Good technique with injection.

	Consider providing more education to the patient throughout. Thorough focused assessments performed. Orders read back to the provider for confirmation.
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: - Select focused physical assessment priorities based on individual patient needs. (2)* - Implement appropriate nursing interventions based on patient’s assessment. (1,3,6)* - Communicate appropriately with the patient, family, team members, and healthcare providers incorporating elements of clinical judgment and conflict resolution. (4,7)* - Provide patient-centered care with consideration to cultural, ethnic, and social diversity. (2,3,6)* - Provide appropriate patient education based on diagnosis. (5)* * Course Objectives	Lasater Clinical Judgement Rubric Comments: Noticing: Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful information. Recognizes 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: Focuses on the most relevant and important data useful for explaining the patient’s condition. In most situations, interprets the patient’s data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse. Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. 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:

3/21/24

12/27/2023