

EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Stevi Ward

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)
2/15/2024	7 hours	Missed Clinical	TBD
2/28/2024	0.5 hour	Incomplete Simulation #1 Pre-brief	3/5/2024

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
1/24/24	Impaired Gas Exchange	S/KA	NA	NA
2/21/24	Impaired mobility	S/RH	NA	NA

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

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies:			S	S	NA	S	S	NA	S	NA	S						
a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting)			S	S	NA	S	S	NA	S	NA	S						
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			S	S	NA	S	S	NA	S	NA	S						
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			S	S	NA	S	S	NA	S	NA	S						
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			S	S	NA	S	S	NA	S	NA	S						
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	S	NA	S	S	NA	S	NA	S						
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			S	S	NA	S	S	NA	S	NA	S						
g. Assess developmental stages of assigned patients. (Interpreting)			S	S	NA	S	S	NA	S	NA	S						
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		S	S	NA	S	S	NA	S	S	S						
Indicate your clinical site as well as your patient's age and primary medical diagnosis in this box weekly.	Meditech, FSBS, IV Pump Sessions		3T, 74 yrs., COPD exacerbation	4N, 70yrs., COPD, GI bleed	Infection Control	Team Leader, 4N	Rehab, 68yrs, right CVA	NA	Midterm	ECSC	Digestive Health, 4N, 81yrs, hyperglycemia						
Instructors Initials	NS	NS	KA	NS	DW	NS	RH	NS	NS	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. NS

Week 3 – 1a , b, c, e– You did a nice job caring for your patient with exacerbation of asthma and COPD. 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 sometimes did not focus on all the pertinent side effects when going through initial review with me. 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 were not clearly able to identify on day one all information that was needed to determine if the medication should be administered (i.e. blood pressure, pulse), however on day 2 you were easily able to identify all information with any prompting. Wonderful job! KA

Week 4 1(a-h) – You were able to discuss your patient’s alterations this week related to COPD and GI bleed. You identified numerous signs and symptoms related to each disease process and discussed the pathophysiology involved. You correlated her medications to her current disease process and discussed nursing implications for each. You review the diagnostic testing performed and correlated her continuously low hgb levels to the prescribed treatment of blood transfusions. You also discussed the findings of the EGD related to esophagitis and hiatal hernia. Good job discussing your patient and beginning to put the pieces together to enhance your clinical judgment. NS

Week 5 (1h)- Stevi, please keep in mind that Infection Control, Digestive Health, and the Erie County Senior Center, while not your typical inpatient clinical, are still clinical experiences. In the future, be sure to review each competency and evaluate as appropriate. For example, competency 1h asks you to evaluate whether or not you demonstrated evidence in being prepared for clinical. Did you prepare for the IC experience by reviewing the isolation precaution quick reference guide and bring your clinical paperwork that was mentioned in the syllabus? If yes, the evaluation could have been an S. If not, it would have been an NI or U. DW

Week 6 1(a-h) – As team leader, you analyzed the four assigned patient’s disease processes and pathophysiology involved to appropriately prioritize your day and the care required. You discussed the assessment findings with your peers to correlate their signs and symptoms identified related to a TIA, mediastinal mass, gastroparesis, and cellulitis. You reviewed diagnostic tests performed on each patient and discussed the findings. You reviewed the medications prescribed with each student, including the implications, side effects, and nursing assessments that needed to be performed in order to safely administer the medications. Overall you gained experience in developing an understanding of numerous disease processes related to your team leading experience. NS

Week 7: (1 c, d, e)- This week you did a great job discussing your patient’s pathophysiology of their illness as well as had a great discussion of their medications and why they were relevant to their care. RH.

Objective

2. Perform physical assessments as a method for determining deviations from normal. (3,4,5)*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies:			S	S	NA	NA	S	NA	S	NA	S						
a. Perform inspection, palpation, percussion, and auscultation in the physical assessment of assigned patient. (Noticing)			S	S	NA	NA	S	NA	S	NA	S						
b. Conduct a fall assessment and implement appropriate precautions. (Noticing)			S	S	NA	NA	S	NA	S	NA	S						
c. Conduct a skin assessment and implement appropriate precautions and care. (Noticing)			S	S	NA	NA	S	NA	S	NA	S						
d. Communicate physical assessment. (Responding)			S	S	NA	S	S	NA	S	NA	S						
e. Analyze appropriate assessment skills for the patient's disease process. (Interpreting)			S	S	NA	S	S	NA	S	NA	S						
f. Demonstrate skill in accessing electronic information and documenting patient care. (Responding)	S		S	S	NA	S	S	NA	S	NA	S						
	NS	NS	KA	NS	DW	NS	RH	NS	NS	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 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,e) – Good work with your assessments this week, noticing numerous deviations from normal. You were able to correlate many of your assessment findings to her current disease process and past medical history. You made note of the sores in her mouth being caused by thrush and correlated this to her avoiding rinsing following inhalation of corticosteroids. You appropriately performed focused assessments based on her priority problems and continuously evaluated her progress. NS

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 5 (2f)- Again, please be sure to review all competencies each week to reflect on whether or not you completed it during the experience. Typically, students are required to look at patient documentation and determine if the nurses are documenting the correct isolation precautions. If you did this, you could have evaluated yourself as S for 2f. DW

Week 6 2(e) – As team leader, you were asked questions related to priority assessment needs for each patient you were assigned to oversee. You did a good job of identifying the focused assessments to be performed for each. For the patient with a TIA, you discussed the importance of monitoring neurological status to identify potential changes. For the patient with the mediastinal mass, you discussed the importance of closely monitoring the chest tubes and respiratory status. For the patient s/p surgery for cellulitis, you discussed the importance of monitoring the wound vac and dressing site while also assessing for complications of circulation. For the patient with gastroparesis, you discussed monitoring blood sugar levels, pain, and nutritional status. NS

Week 7: (2 a-f)- This week you did a good job of performing your head to toe when time was available to you due to the therapy scheduling. You worked around therapy schedules to get your head to toe as well as your reassessment done. You also were able to document and find other assessment pieces in the electronic health record. RH

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

Comments:

Week 4 3(b,c,d,e) – You did well this week performing new skills and prioritizing your time appropriately. You gained experience with preparing intravenous infusions using aseptic technique. You also safely performed a saline flush, identifying infiltration of an IV site, and demonstrated competence in D/Cing the IV while promoting

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

safety. You prioritized your assessments well and communicated your findings with the assigned RN for follow up. You recognized the need for assistance during your time caring for the patient and used good communication to relay your findings. NS

Week 6 3(c,d) – Nice job using clinical judgment in discussing your priorities for the day as team leader. You were asked questions related to the top priority patient and how you would manage your day. You appropriately identified the patient with a mediastinal mass with two chest tubes placed for drainage as your top priority patient to assess first. You identified the importance of monitoring the chest tubes closely due to the leak in chest tube number two and his respiratory status. You then prioritized the patient admitted with cellulitis and necrotizing fasciitis that underwent surgery the day before. You noted her altered mental status and safety risks associated with the wound vac being in place. You then focused your care on the patient admitted with a TIA with a cervical halo device in place, noting the importance of assessing for neurological changes and risk for injury. Lastly, you prioritized the patient admitted with abdominal pain diagnosed with gastroparesis with stable vital signs. You did well to discuss your prioritization through out the day when caring for multiple patients. NS

Week 7: (3 c, d, e) This week you demonstrated good organization and time management when it was time for medication administration. This was difficult due to the varying therapy schedules we had to work around. You did a good job looking up your medications, administering medications, completing your head to toe, and charting your findings while also participating in therapy with your patient throughout both days. You were not afraid to ask for assistance when needed. You were able to recognize your patient's blood pressure was very elevated and rechecked the blood pressure with a manual cuff and administered his daily antihypertensive medications. You then went in and rechecked his blood pressure about 45 minutes later to ensure his blood pressure was returning to normal, great job. RH

Objective																	
3. Execute safety precautions in the implementation of quality, patient-centered care and evidence-based nursing interventions. (2,3,4,5,8)*																	
Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies:																	
k. Administer PO, SQ, IM, or ID medications observing the rights of medication administration. (Responding)			S	S	NA	S	S	NA	S	NA	S						
l. Ensure patient safety through proper use of EHR, IV flow sheet, and BMV. (Responding)			S	S	NA	S	S	NA	S	NA	S						
m. Calculate medication doses accurately. (Responding)			S	S	NA	S	S	NA	S	NA	S						
n. Administer IV therapy, piggybacks, IV push, and/or adding solution to a continuous infusion line. (Responding)			S	S	NA	S	NA	NA	S	NA	NA						
o. Regulate IV flow rate. (Responding)	S		NA	S	NA	S	NA	NA	S	NA	NA						
p. Flush saline lock. (Responding)			S	S	NA	S	NA	NA	S	NA	NA						
q. D/C an IV. (Responding)			NA	S	NA	NA	NA	NA	S	NA	NA						
r. Monitor an IV. (Noticing)	S		S	S	NA	S	S	NA	S	NA	S						
s. Perform FSBS with appropriate interventions. (Responding)	S		NA	NA	NA	NA	NA	NA	NA	NA	S						
	NS	NS	KA	NS	DW	NS	RH	NS	NS	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

Week 1 - (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

Week 3 – 3b – You provided your patient with holistic care and went above and beyond to make her feel well cared for. Excellent job! KA

*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 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 4 3(k-s) – You did well this week with medication administration. You discussed the 6 rights, practice the 3 safety checks, performed accurate dosage calculation, and safely administered medications to your patient using the BMV scanner. You gained experience with administering PRN medications, ensuring the appropriate time frame and discussing nursing implications for the PRN anti-anxiety medication. You adequately prepared intravenous tubing for intermittent anti-viral medications and programmed the pump accurately. You also gained experience with changing infusion bags utilizing pre-existing tubing using aseptic technique. While performing a saline flush to confirm patency, you noticed a non-functioning, infiltrated IV site and showed competence in removing the IV safely and documenting your care accurately. Great job! NS

Week 6 3(k-s) – As team leader you assisted your peers with medication administration, ensuring safety measures were in place, and discussing important considerations for each medication. You assisted with numerous PO medications, subQ injection, preparing IV fluids, flushing IV sites to confirm patency, and programming the IV pump accurately. You discussed appropriate dosage calculations, identified the six patient rights, and performed the three safety checks. NS

Week 7: (3 k, l, m)- You were well prepared for medication administration this week and you performed all checks well! You used the EMAR to look up medications that were due then used Skyscape to further investigate each medication. You answered all my questions well and your medication pass went smoothly! You had so many medications and you did great going through them with me. RH

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies:			S	S	NA	S	S	NA	S	NA	S						
a. Integrate professionally appropriate and therapeutic communication skills in interactions with patients, families, and significant others. (Responding)			S	S	NA	S	S	NA	S	NA	S						
b. Communicate professionally and collaboratively with members of the healthcare team using hand-off communication techniques. (SBAR) (Responding)			S	S	NA	S	S	NA	S	NA	S						
c. Report promptly and accurately any change in the status of the patient. (Responding)			S	S	NA	S	S	NA	S	NS	S						
d. Maintain confidentiality of patient health and medical information. (Responding)			S	S	NA	S	S	NA	S	NA	S						
e. Consistently and appropriately post comments in clinical discussion groups. (Reflecting)			S	S	S	S	S	NA	S	S	S						
f. Obtain report, from previous care giver, at the beginning of the clinical day. (Noticing)			S	S	NA	S	S	NA	S	NA	S						
g. Provide a clear, organized hand-off report to your patient's next provider of care. (Responding)			S	S	NA	NA	S	NA	S	NA	S						
	NS	NS	KA	NS	DW	NS	RH	NS	NS	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 – Stevi, you did a nice job discussing your EBP article on COPD management in your CDG this week. Your response to your peer was well thought out and considerate. Remember to include all information in your in-text citation. A proper in-text citation for a paraphrase looks like this (author, year) and for a direct quotation (author, year, page #). Keep up the good work! KA

Week 4 4(a) – You cared for a patient with high anxiety regarding her health status as well as family members who were very concerned with her prognosis. You handled the situation well using therapeutic communication to help ease their concerns. This was a challenging experience as she had numerous family members visiting, asking a lot of questions, and sharing concerns regarding her care. This was a good learning experience in regards to using good communication with all involved. NS

Week 4 4(e) – Good work this week with the CDG requirements. You selected a pertinent article based on your patient care experience related to nurses bedside hand-off communication to reduce anxiety and improve the patient experience. This was certainly relevant to your patient situation as they felt communication was lacking. Your response post to Kylee provided additional thought and supporting information from a reputable source. Be sure to utilize a resource such as Purdue OWL for APA formatting. Some tips for future success: for your reference, the author(s) should be listed by last name followed by a comma then initials – Baldwin, K.M., & Spears, M.J. (2019). The title of the article should not be in italics and should be all lower case except for the first word and words following a colon – Improving the patient experience and decreasing patient anxiety with nursing bedside report. The journal itself should be capitalized and typed in italics – *Clinical Nurse Specialist*, 33(2), 82-89, followed by the hyperlink or DOI. The in-text citation should include the “&” symbol between the two authors last names. Be sure to use the feedback provided to improve on the APA formatting. All criteria were met for a satisfactory evaluation. NS

Week 5 (4e)- According to the CDG Grading Rubric, you have earned an S for your participation in the Infection Control discussion this week. Your discussion was thoughtful and supported by evidence. The CDC is an excellent resource on this topic; it is both valid and reliable. I have one suggestion for future improvement with APA formatting. When you use a direct quote, the citation should include the author(s) last name, the year of publication and the page or paragraph number. This would be an example of an APA formatted citation- (Centers for Disease Control and Prevention, 2023, para 2). Keep up the good work! DW

Week 6 4(e) – Nice job with your team leader CDG this week. You discussed your day well, including issues that arose and how you handled the situation. You described your thought process well and answered all question prompts with good detail. A reputable resource was utilized to support the discussion with accurate APA formatting. Unfortunately, this competency was changed to “U” due to lacking a response post to a peer this week. The team leading experience does require a response post to a peer that includes and in-text citation and a reference. I was unable to locate a response post this week. Remember, 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. Be sure to address the “U” when performing your week 7 evaluations. NS

I will get a satisfactory in the future by making sure to respond to my peers by Saturday at 10pm following clinical. RH

Week 7: (4 b, e, f, g) you upheld the professionalism standard while on the floor and interacting with staff and patients. You also did great with your discussion post and reply this week. You gave a good SBAR report prior to leaving for the day. RH

Week 9 (4e)- According to the CDG Grading Rubric, you have earned an S for your participation in the Erie County Senior Center discussion this week. Your discussion was thoughtful and supported by evidence. Also, your APA is very close. I just have a few suggestions: 1. The reference should be formatted according to the title of the webpage, date of publication, authoring organization and url. 2. Additionally, only the first word of the title should be capitalized. The correct reference would be: *Maintaining manual dexterity for seniors*. (2023, September 1). Bethesda Health Group. <https://bethesdahealth.org/blog/2022/07/26/maintaining-manual-dexterity-for-seniors/>. 3. Lastly, scholarly writing utilizes paraphrasing of information whenever possible, as opposed to directly quoting. Please try to incorporate more paraphrasing with your citations in future writing. DW

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	NA	S	S	NA	S	NA	S						
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	S	NA	NA	S	NA	S	NA	NA						
	NS	NS	KA	NS	DW	NS	RH	NS	NS	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 and b. I educated verbally to my patient on the importance of coughing and deep breathing because of not ambulating as much while in the hospital and to help with her COPD exacerbation. This was necessary to promote better airway clearing and to decrease the risk of atelectasis. I used Skyscape to educate myself on this so that I could verbally explain and show the patient. I then had her perform this activity in front of me. Great job! You might want to consider using Lexicomp in the future for this information because a patient handout on this content your patient could take home may have been useful to her. KA

Week 4- 5a and b. A teaching need of my patient was the importance of being mobile while in the hospital. Even though she was weak, she did not want to use anything besides the bedpan which was not helping her maintain her strength. I did not print out anything regarding this information, but I did make sure to educate her verbally when I was in the room and also made sure that the others taking care of her did this as well. Good! This is an important teaching need that requires continuous reminding and motivation. Although she was experiencing a lot medically, her condition will only continue to decline if she does not move and get out of bed periodically. Communication among team members to reinforce the education is essential. Good thoughts. NS

A teaching need for the patient that we took care of with gastroparesis this week was that it is very important to drink plenty of fluids to try to keep things moving and prevent dehydration. The patient had not had a bowel movement in almost a week, so she was suffering from abdominal pain. She was not given a handout, but many healthcare workers were educating her on the importance of this. NS

Week 7 5a and b. A teaching need for my patient this week was how to do exercises on his own to recover from his stroke. To provide proper education for these exercises, the occupational therapist demonstrated them and then had him teach them back to her, along with giving him a printed-out packet of directions on how to do them on his own. Did you reinforce this education with him? This competency is about what you educate the patient on, so be sure you are explaining how you are educating the patient. RH

Week 10 5a. A teaching need for my patient on 4 north this week was diabetes management. He was noncompliant with his meds at home and became hyperglycemic which was one of the reasons why he was admitted to the hospital. His nurse and I and many other healthcare workers did our best to educate on the importance of correctly

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

managing his diabetes both at home and in the hospital. Because so many of were educating him, I did not give him a handout, but that is something that I would do in the future.

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	NA	NA	NA	S	NA	S	NA	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	NA	S	NA	S	S	S						
	NS	NS	KA	NS	DW	NS	RH	NS	NS	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. Health Care Access and Quality is a SDOH that my patient struggled with because she did not have a PCP. Because of this, she does not receive checkups to help maintain her COPD and other health problems. She also does not receive proper education and exercises related to her disease. If she had a PCP she would most likely have to make less trips to the hospital and would have someone checking up on her health regularly. **Great information to identify. This does affect how she manages her overall health. While she is in the hospital this is the perfect time to address this topic and help her identify possible PCPs she can utilize. 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- 6b. I think that education is a SDOH that my patient lacked while she was in the hospital. Her and her family seemed to never really know what was going on, which caused them a lot of anxiety. They received verbal education from many different people in the hospital, but another form of education is probably needed to lower the stress of her and her family. **The education portion of SDOH focuses on the patient's level of education received which in turn can impact her understanding of the instructions being provided. Those with lower levels of education will require a more simplistic form of education to promote positive outcomes. As nurses, if we identify a patient that may be at risk, its important that we tailor our education to a level that is best understood. We can also provide resources to help understand the education provided. NS**

Week 5- 6b. I think that education is an appropriate SDOH for this clinical. I don't think that many people realize the true importance of hand hygiene and the appropriate precautions to prevent the spread of infection while in the hospital. I think that if more people took this process seriously the spread of infections would decrease. I think that it is a good thing for all people to get checked off on hand hygiene while employed in the hospital setting. **Stevi, while I agree with your statement, I am not sure that you fully grasp the concept of SDOH. In terms of education as a SDOH, someone that does not speak English or an adult that does not have at least a high school diploma may have issues with health literacy and the lack of education could negatively impact their health. Healthcare professionals typically have at least an associate degree in college or higher, so its not necessarily a literacy issue when someone doesn't perform hand hygiene appropriately. Please take a little time to review the CMS- Social Determinants of Health document that is located in the Clinical Resources on Edvance360 to ensure you better understand this concept for future clinical weeks and tools. I am always available if you have additional questions. DW**

Week 7 6b. My patients SDOH for this week is that he has left sided weakness and has stairs in his house. He had a hard time getting up the stairs in PT and has more stairs in his house. This is a huge safety risk, so I hope that when he gets home he figures out a way to have all of his resources downstairs to ensure safety. **Did he have any family members or friends who were assisting the stairs to be more accessible to him? What resources could we provide him with to allow him to have an easier transition to home? RH**

Week 9 6b. A SDOH for the older adults at the senior center is transportation. Many of them rode the bus to get to and from the ECSC. This could be a problem for them to get to their doctors' appointments or getting to a pharmacy to pick up their medications, which then creates an even bigger problem for their overall health which is scary. **DW**

Week 10 6b. An SDOH for a patient I saw in digestive health is lack of education, because for his EGD he was supposed to be on a low fiber diet for at least a week before his procedure. During his procedure it took the doctor a longer time because he had not followed the correct diet. This is concerning for other things in his lifestyle such as his medications and can be a huge safety risk.

Objective

7. Illustrate professional conduct including self-examination, responsibility for learning, and goal setting. (7)*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
a. Reflect on an area of strength. ** (Reflecting)	S		S	S	S	S	S	NA	S	S							
b. Reflect on an area for improvement and set a goal to meet this need. ** (Reflecting)	S		S	S	S	S	S	NA	S	S							
c. Demonstrate evidence of growth, initiative, and self-confidence. (Responding)	S		S	S	S	S	S	NA	S	S							
d. Follow the standards outlined in the FRMCSN Student Code of Conduct Policy. (Responding)	S		S	S	S	S	S	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	S	NA	S	S							
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (Responding)	S		S	S	S	S	S	NA	S	S							
g. Demonstrate the ability to give and receive constructive feedback. (Responding)	S		S	S	S	S	S	NA	S	S							
h. Actively engage in self-reflection. (Reflecting)	S		S	S	S	S	S	NA	S	S							
	NS	NS	KA	NS	DW	NS	RH	NS	NS	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. An area of strength that I had this week was becoming confident in IV math. NS

7b. An area of improvement for this week is to become more confident in using an IV pump and priming an IV line. A goal for this is to set a pump and prime a line independently. The open lab scheduled for 1/16/24 is a good opportunity to gain more comfort in working with the IV pumps. The more experience you gain, the more confident you will become. Great job this week! NS

Week 3- 7a. An area of strength that I had this week was confidence in my charting. You did a great job documenting information on your patient in the EMR and navigating the new Meditech system. KA

7b. An area of improvement for this week is to remember to save the Mar after I give all of my meds. I will take extra caution the next time I pass my meds and make sure to take my time. I will work on this next week in clinical. Yes this is definitely an import step to not forget. Getting yourself in a routine during medication pass can also help remind you and not forget. KA

Week 4- 7a. An area of strength that I had this week in clinical was correctly pushing IV medications. You did a great job with new skills being implemented in the clinical setting. While this information is learned in lab during the first week, it can be overwhelming the first time implementing what was learned on a patient for the first time. I thought you showed confidence in your abilities and demonstrated knowledge of the procedures. Good work! NS

7b. An area of improvement for this week is remembering to complete all of my IV assessments. To do better at this I will double check that all of my nursing interventions are checked off during my next clinical experience. Creating a checklist of interventions to perform early in your nursing career can help you stay on track. Remember, we provide the intervention list for documentation as a guide for students to ensure all assessments are being performed. Consider utilizing this document as your plan for your goal next week for improvement. Keep up the hard work! NS

Week 5- 7a. An area of strength for this week is that during my infection control clinical I kept a good eye out for people correctly and incorrectly demonstrating the appropriate precautions and hand hygiene. Excellent! How did this benefit you for your own future practice? DW

7b. An area of improvement for this week is making hand hygiene a habit every time I go into and out of a room instead of having to think about it every time I enter and exit a room. My goal for meeting this is do proper hand hygiene when I enter and exit a room with hopes of it becoming a habit one day. This is so very important, so great idea! When do you want to accomplish this goal by? Please be sure to include this with all future goals. To avoid a U, thorough reflection includes creating a goal that includes what you will do, how often you will do it and when you will do it by. See highlighted directions above. DW

Week 6 7a. An area of strength while being the team leader this week is that I learned how to prioritize the care of more than one patient. This will help me when I am nurse because I will have better time management. NS

7b. An area of improvement for this week is to have more patience when having more than one patient. When you have multiple patients, you usually cannot get everything done on time and that is something that I need to realize. I would like to improve on this by the next time that I am team leader by just doing one thing at a time. NS

Week 6 7(f) – This competency was changed to a “U” related to responsibility/professionalism due to oversleeping and missing your clinical experience. While mistakes do happen, its important that we learn from the experience and develop a plan to attempt to prevent this from occurring again. Be sure to provide a statement to address the “U” and describe what you will do to help ensure this does not occur again so you do not go over on missed clinical time. Somethings I do to help prevent oversleeping is set numerous alarms because I tend to hit “snooze” many times. Let me know if you have any questions! NS

To get a satisfactory on this competency in the future I will be sure to set multiple alarms to make sure that I am on time and professional. RH

Week 7 7a. A strength that I had for this week is doing good with my med pass and being confident while looking them up. RH

Week 7 7b. An area for improvement this week is making sure to review my patients’ allergies before I do my med pass. I will improve on this for my next clinical. I will do this by triple checking myself to make sure I have done all the necessary things for I pass my meds. RH

Midterm Comment – Stevi, great job throughout the first half of the medical-surgical nursing semester. It appears that you have had the opportunity to perform numerous skills, enhance your clinical judgement, provide patient care, and reflect on your experiences. You are satisfactory in all competencies at this point of the semester, awesome work! Continue to seek out opportunities for the competencies presented in objective 3 related to medication administration, specifically performing a FSBS. Be sure to let faculty know about your limited experience with caring for a patient with a foley catheter and performing a FSBS so they can seek out learning opportunities for you during clinical. The more experience you can get the better! You have satisfactorily completed both required care maps for the semester, a demonstration of your good prioritization and time management. Continue to work hard as we enter the second half of the semester, you are doing a great job! NS

Week 9 7a. A strength for this week was good communication skills with the members of the Senior Center. Great! What about your communication in particular? DW

Week 9 7b. An area of improvement for this week is remembering that older people have trouble remembering things when doing simple tasks. I will improve on this for next week by having more patience in everything I do. DW

Week 10 7a. An area of strength for this week was handling my patient being inappropriate in a calm way.

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 10 7b. An area for improvement for this week is when I am giving insulin, I need to make sure to hold the needle against the skin for at least 5 seconds after injecting.

Student Name: Stevi Ward				Course Objective:			
Date or Clinical Week: 1-24-24							
Criteria		3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)	3	You did a nice job identifying all pertinent assessment findings, lab/diagnostic findings, and risk factors for your patient. Next time when identifying your patient's oxygen level state "SpO2 100% on 2L per NC". Great job! 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	Stevi, you did a great job identifying your patient's nursing priorities and highlighting the most important one. You identified pertinent complications and 3 signs and symptoms to look for with each complication. You also highlighted all related data in the noticing section. KA
	5. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	6. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	3	
	7. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	3	
Responding	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	Stevi, you did a nice job writing nursing interventions that focused on your nursing priority. Your interventions were prioritized, had frequencies, were realistic for your patient, and included rationale. You may want to consider elaborating a little more on your rationale in the future. KA
	9. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	10. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	11. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	12. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
Refl	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	You did a nice job completing your evaluation section. You reevaluated all highlighted information and identified

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	your would continue your plan of care. Great job! KA
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: 42/42
Faculty/Teaching Assistant Comments: Wonderful job satisfactorily completing your care map on your patient this week with COPD. You did a nice job writing a well thought out care map for your patient. Keep up the excellent work! KA							Faculty/Teaching Assistant Initials: KA

Student Name: Stevi Ward				Course Objective:			
Date or Clinical Week: 2/21/24							
Criteria		3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)	3	
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)	3	
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	2	4. are there any more problems you can think of? What about problems related to mental health? Problems related to unstable blood pressure? Problems related to sensation in flaccid limbs?
	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	
	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	
Ref	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	2	13. not all highlighted items were reassessed

ecting	14. Evaluation includes one of the following statements: - Continue plan of care - Modify plan of care - Terminate plan of care	Complete			Not complete	3	
Total Possible Points= 42 points 42-33 points = Satisfactory 32-21 points = Needs Improvement* < 21 points = Unsatisfactory* *Total points adding up to less than or equal to 32 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines. Faculty/Teaching Assistant Comments:							Total Points: 40/42 Satisfactory
							Faculty/Teaching Assistant Initials: RH

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

Student name: Stevi Ward								
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	S
Faculty/Teaching Assistant Initials	NS	NS	NS	NS	NS	NS	KA	DW
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. NS

(Trach Care & Suctioning 1/17/2024) - During this lab, you satisfactorily demonstrated competence with tracheal airway suctioning and tracheostomy care. You did a nice job of explaining the procedure to your patient and promoting comfort throughout the procedure. Great job maintaining your sterile field and applying sterile gloves. You

answered my questions appropriately demonstrating knowledge and competence of each procedure. No prompts were required for either skill. You were thorough in your approach and clearly well prepared. Keep up the hard work! NS

(EBP Lab 1/18/2024)- 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

Week 9

(Lab Day- Skills Review)- You satisfactorily participated in lab on 3/11/2024 by practicing Foley and IV skills. DW

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: Stevi Ward							
	vSim- Vincent Brody (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	vSim- Juan Carlos (Pharmacology) (*1, 2, 3, 4, 5, 6)	vSim- Marilyn Hughes (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	Simulation #1 (Musculoskeletal & Resp) (*1, 2, 3, 4, 5, 6, 7)	Simulation #2 (GI & Endocrine) (*1, 2, 3, 4, 5, 6, 7)	vSim- Stan Checketts (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	vSim- Harry Hadley (Pharmacology) (*1, 2, 3, 4, 5, 6)	vSim- Yoa Li (Pharmacology) (*1, 2, 3, 4, 5, 6)
	Date: 1/29/24	Date: 2/12/24	Date: 2/26/24	Date: 2/28/24	Date: 4/10 or 4/11/24	Date: 4/15/24	Date: 4/25/24	Date: 4/29/24
Evaluation	S	S	S	S				
Faculty/Teaching Assistant Initials	NS	NS	RH	RH				
Remediation: Date/Evaluation/Initials	NA	NA	N/A	NA				

* Course Objectives

Comments:

Vincent Brody vSim assignment – all requirements were met for a satisfactory evaluation. NS

Juan Carlos vSim assignment – all requirements were met for a satisfactory evaluation. NS

Simulation # 1 – Satisfactory in completing the pre-brief, scenario, and reflection journal. See attached scoring sheet below. NS

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Cheek (A) Ward (M)

GROUP #: 2

SCENARIO: MSN Scenario #1 – Musculoskeletal/Respiratory

OBSERVATION DATE/TIME(S): 2/28/24 1000-1200

CLINICAL JUDGMENT COMPONENTS	<u>OBSERVATION NOTES</u>
NOTICING: (2) * • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B	Notice pain in right lower leg is not surgical leg, notices skin color changes and pain Notices elevated heart rate and does manual recheck to verify pulse is accurate. Notices low oxygenation and applies nasal cannula
INTERPRETING: (1) * • Prioritizing Data: E A D B • Making Sense of Data: E A D B	Prioritize skin assessment on right lower leg then moves to respiratory assessment Continues with head to toe assessment without checking vitals Prioritize calling healthcare provider after vitals assessed and oxygenation status not changing Connects the diagnosis of DVT and PE and explains to patient
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	Apply nasal canula due to low pulse oximetry Call healthcare provider: SBAR organized Gets orders from provider, writes them all down but does not read back orders for verification Educate patient on new plan of care. also begins to educate patient on how DVT formed due to lack of movement and staying in bed. Medication administration: checks allergies, name/DOB, uses BMV, has witness waste of medication prior to administration. Proper IM injection technique, utilized needle safety. Assess surgical site and assess pain related to that area Call healthcare provider with results and receive new order for enoxaparin. Write down order and verify math with provider while on phone. Does not read back orders Call back healthcare provider to verify route for enoxaparin (subcutaneous) Enoxaparin injection: use of proper needle size. Proper technique used for subcutaneous injection. Needle safety engaged correctly.

	Prompted to educate patient. Educational topics include how being immobile can cause blood clots and how blood clots can move to lungs. Encouraging use of SCDs and to do physical therapy exercises. Encourage patient to get up to use restroom rather than use urinal. Stress importance of ambulation post operatively.
REFLECTING: (7) * - Evaluation/Self-Analysis: E A D B - Commitment to Improvement: E A D B	Good group discussion regarding a refresher of all 6 “P”s as well as discussion of proper SBAR. Discussion of how to improve SBAR and how to organize all important data. Brought up importance of reading back orders from healthcare providers when receiving verbal orders. Discussion of importance of focused assessments rather than head to toe. Included reasonings as to why which assessment was chosen vs a different body system. Minimal prompting needed throughout discussion. All members listed a goal/improvement for next simulation.
SUMMARY COMMENTS: * = Course Objectives Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric. E= Exemplary A= Accomplished D= Developing B= Beginning Scenario Objectives: - 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: 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: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. In most situations, interprets the patient’s data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse. Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. 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:

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12/27/2023