

EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Melisa Fahey

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
1/27/2024	Impaired Gas Exchange/Oxygenation	S/NS	NA	NA
1/31/24	Risk for adult falls	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	S	S	S	N/A	S	S							
a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting)			S	S	S	S	S	N/A	S	S							
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			S	S	S	S	S	N/A	S	S							
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			S	S	S	S	N/A	N/A	S	S							
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			S	S	S	S	N/A	N/A	S	S							
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	S	S	S	N/A	N/A	S	S							
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			S	S	S	S	S	N/A	S	S							
g. Assess developmental stages of assigned patients. (Interpreting)			S	S	S	N/A	S	N/A	S	S							
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		S	S	S	S	S	N/A	S	S							
Indicate your clinical site as well as your patient's age and primary medical diagnosis in this box weekly.	Meditech, FSBS, IV Pump Sessions		61, 4N, GI Bleed	74, R, Mobility	74, 3t, Skin Integrity	IC/DH	ECSC	Sim#1, Sam Smith 55	Midterm	86, R, Mobility/Team Leader (2nd Experience)							
Instructors Initials	NS	NS	NS	RH	KA	DW	DW	NS	NS	MD							

Comments:

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 1(a-h) – You did a nice job this week correlating your patient care to the physiological processes your patient was experiencing. You discussed her long-standing history of diabetes and how it related to her chronic wounds and end-stage renal disease. You also discussed her current GI bleed and correlated her symptoms of dark emesis and black stools to her admitting diagnosis. You discussed her CBC levels, specifically her Hgb that continued to drop indicating the need for a blood transfusion. You were able to correlate her chronic kidney disease and chronic anemia. You observed and learned from the dialysis nurse regarding hemodialysis and the care required. Overall nice job discussing your patient and connecting the pieces to enhance your clinical judgment. NS

Week 4 (1 c, d, e)- This week you did a great job discussing your patient's pathophysiology of their illness as well as having a great discussion of their medications and why they were relevant to their care. RH.

Week 5 – 1a, b, c, e– You did a nice job discussing pn clinical your patient's disease process and what nursing was going to help the patient you cared for with necrosis of her great toe. You were able to discuss symptoms we were monitoring and managing in your patient as well as pertinent labs for your patient diagnosis. You were able to discuss the different patients on your team and prioritize the patients according to their diagnosis and assessment. You utilized your knowledge and change in patient status to reprioritize the patients as the day went on. KA

Week 5 – 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). You were able to discuss the medications of all the patients on your team and was able to work with your team member to determine appropriateness of medication administration. KA

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

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	N/A	N/A	S	S							
a. Perform inspection, palpation, percussion, and auscultation in the physical assessment of assigned patient. (Noticing)			S	S	S	N/A	N/A	N/A	S	S							
b. Conduct a fall assessment and implement appropriate precautions. (Noticing)			S	S	S	N/A	N/A	N/A	S	S							
c. Conduct a skin assessment and implement appropriate precautions and care. (Noticing)			S	S	S	N/A	N/A	N/A	S	S							
d. Communicate physical assessment. (Responding)			S	S	S	N/A	N/A	N/A	S	S							
e. Analyze appropriate assessment skills for the patient's disease process. (Interpreting)			S	S	S	S	S	N/A	S	S							
f. Demonstrate skill in accessing electronic information and documenting patient care. (Responding)	S		S	S	S	N/A	N/A	N/A	S	S							
	NS	NS	NS	RH	KA	DW	DW	NS	NS	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 2(a,c,e) – Nice job with your assessments this week, noting numerous deviations from normal. You recognized her limb restriction related to her AV fistula for dialysis and provided communication in the room to alert other healthcare providers. You noticed the use of supplemental oxygen via nasal cannula, shallow breathing, diminished lung sounds, weak pulses, 1+ pitting edema in the left ankle, numbness and tingling to bilateral upper and lower extremities, muscle spasms, lower extremity amputation with the use of a prosthesis, irregular bowel pattern with dark stools, oliguria, and the presence of thrill and bruit to the left AV fistula. You also noticed an abnormal heart sound (s3) on day one, and noticed that it had improved after her dialysis treatment. Due to her risk for skin breakdown, you conducted a focused skin assessment and noticed a healing ulcer on her buttocks and responded appropriately by repositioning and applying a protective dressing. You noticed the need to change the dressing around her peritoneal dialysis site and implemented care appropriately to reduce the risk of infection. You used your patient's clinical presentation and admitting diagnosis to perform focused assessments relevant to the situation. Nice job! NS

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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. RH

Week 5 – 2a, d – You did a nice job thoroughly assessing your patient and notifying your nurse of any pertinent information. You were also able to work with your team to keep up on the assessment changes occurring with all patients on the team. KA

Week 5 – 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 used the EMR to research all the patients on your team and to check your classmates charting for accuracy. KA

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

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

Comments:

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 3 3(a,b) – This week you gained experience performing wound care to two separate wound sites. You used appropriate standard precautions in changing the dressings to reduce to risk of contamination. You demonstrated these skills safely and accurately, following physician orders. Additional new skills were performed, such as obtaining a FSBS and performing a saline flush. You demonstrated competence and accuracy in these skills, great job! NS

Week 3 3(c,d,e) – Overall you did well managing your time, implementing your nursing care, and ensuring all assessments were performed prior to your patient leaving for dialysis. One thing I encourage you to work on is ensuring you prioritize your time to review medications as soon as possible. Although your patient was going to dialysis and not receiving morning medications, it's still important to ensure we are ready to administer them in a timely manner. Otherwise, you did well to ensure your patient's needs were met, understood when to ask for assistance, and performed strong nursing care. NS

Week 4 h. Patient did not have Ted Hose and due to being after surgery and concern with DVT (1 week after surgery), those were implemented, and I continued that care
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

Week 5 – 3b – You did a great job helping managing your patient's patient along with providing a focused assessment of the skin and circulation and assisting with her ambulation to the commode. KA

Week 5 – 3g – The patient you cared for this week did not have a Foley and ambulated to the bedside commode. KA

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

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	N/A	N/A	N/A	S	S							
a. Administer PO, SQ, IM, or ID medications observing the rights of medication administration. (Responding)			S	S	S	N/A	N/A	N/A	S	S							
b. Ensure patient safety through proper use of EHR, IV flow sheet, and BMV. (Responding)			S	S	S	N/A	N/A	N/A	S	S							
c. Calculate medication doses accurately. (Responding)			S	N/A S	S	N/A	N/A	N/A	S	S							
d. Administer IV therapy, piggybacks, IV push, and/or adding solution to a continuous infusion line. (Responding)			S	N/A	S	N/A	N/A	N/A	S	N/A							
e. Regulate IV flow rate. (Responding)	S		N/A	N/A	S	N/A	N/A	N/A	S	N/A							
f. Flush saline lock. (Responding)			S	N/A	S	N/A	N/A	N/A	S	N/A							
g. D/C an IV. (Responding)			S	N/A	S NA	N/A	N/A	N/A	NA	N/A							
h. Monitor an IV. (Noticing)	S		S	N/A	S	N/A	N/A	N/A	S	N/A							
i. Perform FSBS with appropriate interventions. (Responding)	S		S	S	S	N/A	N/A	N/A	S	N/A							
	NS	NS	NS	RH	KA	DW	DW	NS	NS	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

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

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 3 3(k-s) – Good job this week administering medications following the 6 rights and performing your three safety checks. You collaborated with the assigned RN to determine which medications to hold for dialysis and prior to her EGD. You safely administered a PO beta blocker using the BMV scanner for patient safety. You discussed the implications and nursing considerations for each medication administered. You gained experience with reconstituting a medication to perform an IVP. The medication was administered at the prescribed rate, using aseptic technique, and performed a saline flush prior to administration to confirm patency. Great job being cognizant of the need to Curosa® caps when the saline lock was not in use. Great job with your IM injection, selecting the appropriate needle size and demonstrating correct technique in administering the flu shot. All dosage calculations were performed accurately. You monitored the IV site for complications, and gained experience performing a FSBS accurately. NS

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 had so many medications and you did great going through them with me. You also advocated for your patient for pain medications as well as additional stool softeners. RH

Week 5 – 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, SQ, and IV medications this week. You performed the medication administration process with beginning dexterity. You also worked with your classmates on your team to determine appropriateness of medication administration for their patients and assist them with following the rights of the medication administration process. KA

Week 5 – 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 administer slow IV push to your patient. You did a nice job priming your piggy back and connecting your patient to the medication. You performed all IV skills with beginning dexterity. You documented all medication administration and line care appropriately in the EMR. Nice job! KA

Week 5 – 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 5 – 3r – You did a nice job monitoring your patient's IV site this week and documenting your assessment in the EMR. KA

Week 5 – 3q – You did not have the opportunity to DC an IV this week on your patient, however you did get to have many other IV experiences. KA

Week 5 – 3s – You did a great job performing the FSBS skill on your patient and reviewing the MAR to determine the need for insulin related to the results. KA

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

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

Comments:

Week 3 4(a,b) – You performed as an accountable and professional member of the health care team. You were active on the unit with your patient and helped others as well. Your communication with the patient's, family members, peers, and health care team were strong. You were able to collaborate and learn from the dialysis nurse in a professional manner. Nice job! NS

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 3 4(e) – Very nice work with your CDG this week. You selected an article that was pertinent to your patient’s situation and summarized the study well. You elaborated on each section of the article and provided your fellow students with the opportunity to learn from your identified article. Good discussion on how the article related to your patient care this week. Your response post to Josh was well-thought out and provided additional insight to the conversation. I appreciate that you went back and continued the conversation with Savannah on your initial post to enhance the conversation and provide the opportunity for you and your classmates to learn. Your APA formatting looked spot on, great job! All criteria were met for a satisfactory evaluation. NS

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 5 – 4b, g – You did a nice job keeping your nurse up-to-date on all pertinent information throughout the day. You completed the SBAR worksheet and provided your RN and Team Leader with handoff communication related to your patient utilizing the SBAR you developed. You did a nice job working with your team members to stay up-to-date with their patients and to ensure the nurse is notified as needed. KA

Week 5 – 4e – Melisa, your answers to the CDG questions about your team leading experience were thorough and well written. You were thoughtful with your response to your classmate and helped add to the discussion. You included both an in-text citation and a reference in both of your CDG post. Remember when in-text citing a direct quotation remember to include the page number or the paragraph number if there are no page numbers in your in-text citation. You did a great job as a team leader this week. Keep up the nice work as you continue on in the semester! KA

Week 6 (4e)- According to the CDG Grading Rubric, you have earned an S for your participation in the Infection Control discussion this week. Your discussion was thoughtful and supported by evidence. I appreciate that you cited information related to both the GI assessment and education about the microorganism. Your citations were formatted according to APA standards. As for the reference, there are a couple improvements to be made for the future. A textbook reference typically does not include the chapter, page numbers. Your course syllabus provides an accurate reference for the Lewis book. Please use this in the future. If you are using the ebook version, the reference would include the authors, year of publication, title of the book, publisher and URL. The Purdue Owl website provides a great resource for APA formatting. I use it regularly and you might find it helpful- https://owl.purdue.edu/owl/research_and_citation/apa_style/apa_formatting_and_style_guide/general_format.html. Otherwise, keep up the great work! DW

Week 7 (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 portion of your reference that should be italicized is the journal name and volume number, not the title. 2. When you use an EBP article for a reference, it should also include a volume and issue number, as well as the page numbers of the article. The correct reference would be- Buchman, A. S., Wilson, R. S., Yu, L., James, B. D., Boyle, P. A., & Bennett, D. A. (2014). Total daily activity declines more rapidly with increasing age in older adults. *Archives of gerontology and geriatrics*, 58(1), 74-79. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3889486/>. 3. Lastly, when you utilize other resources to support your discussion, make sure the material is up-to-date; in most cases, within 5 years or less. DW

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 had a reference in your CDG, however, you did not have an in-text citation. This is required for a satisfactory rating for all CDG postings. Please be sure to include this in future CDGs. I think you did wonderful with this Team Leader 2 implicit bias survey. I think you learned a lot from this experience. MD

Objective

5. Implement patient education based on teaching needs of patients and/or significant others. (1,6)*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies:			S	S	S	S	S	N/A	S	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	S	S	S	N/A	S	S							
	NS	NS	NS	RH	KA	DW	DW	NS	NS	MD							

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

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

Comments:

Week 3 5a. The teaching need that I provided for my patient was educating her on the importance of mobility and moving the extremities to prevent DVT's as well as skin break down since my patient had a minor skin breakdown from home.

5b. I looked up on Skyscape information on skin breakdown and then relayed it to my patient. **Good! This is an important teaching need as she had multiple healing pressure ulcers. Re-enforcing the education will help to prevent future complications. NS**

Wk 4 5a. The teaching need my patient required was during PT. My patient was doing her exercise lying flat and performing abduction and adduction of lower extremities. My patient did not lift her legs at all, so her heels were rubbing the sheet and table and my patient has DM. On a normal patient this would be bad because of friction burns, but due to her being diabetic it is worse because of possible heel ulcers forming and skin breakdown beginning. I tried to kindly explain this to my patient and she kind of got upset with me and said, "I have bigger things to worry about than skin breakdown, I need to be able to move my knee." I understood that she was not ready to hear my teaching and let it go for the moment. **RH**

Wk 4 5b. I looked up my patient's medication on Skyscape to educate her properly on importance of drinking orange juice or taking vitamin C with her vitamin D for proper absorption. My patient stated that she had not been drinking orange juice during her hospital visit and no one had informed her on the importance of this for absorption. **RH**

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 4 Location of Emergency equipment: I thought I saw before clinical we had to know where the crash cart, Fire pull, and fire extinguisher were located. I now don't see it anywhere, but I do not want to get marked off for it. On 5T/Rehab there were two Crash Carts that I remember seeing on 5T and one of them was located outside across the hall from room 5012. There was also a Fire Extinguisher in a wall case across from the same room (5012). The Fire Pull for the alarm I saw was located outside the OT Kitchen door in the hallway. **Good observations! This is not a requirement for the tool but it is included in an extra activity we have if students have downtime while on the clinical floor. RH**

Week5 5a. The teaching need I felt my patient needed this week was to understand the importance of wearing the yellow socks due to being a fall risk. My patient kept removing them because she said they were moving, so I got smaller socks for her.

Week5 5b. I used Skyscape to recognize the disease process my patient was going through with her diabetes and the necrotic Right Big Toe. **Fall risk is associated with conditions like your patient's foot wound, however I was not able to understand how looking up the disease process associated with the education you provided to your patient able wearing her yellow socks. Try to make 5a and 5b related to each other in the future. KA**

Week 6 5a. A teaching need for patient's in general would be the importance of washing hands, when it is absolutely necessary, and foaming/hand sanitizing walking into a hospital room and out of a hospital room, and the importance of wearing PPE when necessary. **DW**

Week 6 5b. We used appropriate terminology when discussing different disease processes with the other nurses and the physician when we would see a polyp or a discoloration in the tissue of the esophagus or the digestive tract. **DW**

Week7 5a. A teaching need for the clients at the ECSC explaining to one of the clients that she couldn't take multiple items that we had provided for the Center until the end of our time there so that we had enough for everyone. I understand this is more of a teaching need in life than a Nursing teaching need, but there wasn't much need for Nursing/medical needs on this visit. The director was getting very frustrated with one of the ladies at the Center because she always takes more things than she should not thinking of others. **DW**

Week 7 5b. We used proper and appropriate terminology when discussing the aging process of the clients with each other, understanding that some elderly people have a lot more difficult time than others as they age. This week there was only three individuals walking with walker rollator surprisingly, but there were definitely some clients that were clearly older but definitely not dealing with the osteoporosis/degenerating factors that others were. I feel like a couple of them had the rollator more for storage than the need as well. **DW**

Wk 9 5a. A teaching need for the patient I believe the patient needs is to make sure he continues to take his Eliquis or some version of an anti-coag from his physician and to be an advocate for himself with his physician. This is so important for him to understand because of the CVA he had and no one caught causing more issues. **Great education points! MD**

Wk 9 5b. I had never dealt with a patient that has had a CVA in the past with all my healthcare experience. I had to look up on Skyscape and explained in a way that the patient could understand and age appropriate regarding the importance of trying to keep his gait straight. The patient had a tendency to lean to the right sitting at the side of the bed, getting reading to stand to his walker, and even sitting in his wheelchair to eat and watch TV. I belief he tended to lean that way due to the fact that his right side was his weaker side because of his stroke. The patient didn't realize he kept leaning that way and would try to correct it to prevent possible other health issues associated with uneven gait. **Wonderful! 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	S	N/A	N/A	N/A	N/A	S	N/A							
b. Identify factors associated with Social Determinants of Health (SDOH) &/or cultural elements that have the potential to influence patient care.** (Noticing, Interpreting, Responding, Reflecting)			S	S	S	S	S	S	S	S							
	NS	NS	NS	RH	KA	DW	DW	NS	NS	MD							

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

See Care Map Grading Rubrics below

Comments:

Week 3 6b: My patient and I discussed possible ways for her to get on Medicaid due to the fact that she couldn't afford her medication. My patient also informed me that she had not been taking her anti-depressants properly due to lack of money. I explained the importance, especially with her meds, of taking the Abilify and Effexor as prescribed due to it causing psychological issues because of the nature of her medications. **Good discussion! A lot of time patients are deemed "non-compliant" when in reality, they can't afford or obtain prescriptions due to lack of financial resources. This was a good identification by you during your patient care to help address potential SDOH with your patient. NS**

Week 3 6(a) – Satisfactory care map submission. See grading rubric attached below. NS

Wk 4 6b. My patient and I were discussing her childhood and living in Mississippi in the 1940's. She explained to me how they had to move to Los Angeles. I recognized that she was talking about racism without saying it, so I asked if she meant because of the racism. My patient stated, "Oh yes!" We then went on to chat about how difficult it has been for her culture in the US while she was growing up in the 1940's and 1950's. **Does this racism continue to impact her now in the 2020s? I can only imagine how that would impact her growing up! RH**

Week 4 (6a) satisfactory care map submission. See grading rubric attached below. RH

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Wk 5 6b. My patient was dependent on her family (husband, son, daughter) to get around and have things done for her and she expressed the sadness she felt dealing with this. **Having a good support system is a positive SDOH however depression can have a negative affect on a patient's ability to manage their overall health. KA**

Wk6 6b. One of the patient's (33 yo, female) in DH had a history of HPV and was having a colonoscopy due to a history of viral genome integration which was removed surgically not long before this C-scope (we saw the incision on camera). Not knowing the patient's history, for some could lead to judgement of their personal decisions, but the truth was that it was disclosed that this patient had a history of being used for human-trafficking. So this was a great example of never ever judging a situation because you just do not know what a person has been through until you know. **I agree with your reflection. How does this relate to a specific social determinant of health? DW**

Wk 7 6b. I felt like a big social determinant that existed in this environment was the lady that tried to take more items than the others. You could tell by her clothing and listening to her talk that she had less means for buying items than others. I felt like maybe that was why she would take more "freebies" because maybe she was concerned that she wouldn't be able to buy more tissues or food prizes we had when she would need them. There were some of the clients that would discuss the fact that they would go on vacations/cruises and this lady would get quiet, almost introverted because she didn't have anything to add to those conversations when normally she was very outgoing and talkative about all other subjects. **Great observation here, Melisa. DW**

Wk 8 6b. Not sure if we had to do this for this week, but there were definite social determinants with the Sim patient, Sam Smith. Sam was a transgender female transforming from a male. We were sensitive to the fact that Sam wanted to be called she/her. We were careful to be sure we were respectful of her care and determining the best care for her with everything she had going on. Sam seemed to feel comfortable with all of us. **While this was not required, I appreciate the reflection on social diversity! NS**

Wk 9 6b. The SDOH that my patient might have would be due to his age that has the potential to influence patient care. It was very clear that my patient was used to being independent before his CVA, but had falls age related because he didn't slow down. He needs to know his limits to a point. Some people might treat him different and with frustration if they did not understand his disease process. **This is a good point! MD**

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	S	S	S							
b. Reflect on an area for improvement and set a goal to meet this need.** (Reflecting)	S		S	S	S	S	S	S	S	S							
c. Demonstrate evidence of growth, initiative, and self-confidence. (Responding)	S		S	S	S	S	S	S	S	S							
d. Follow the standards outlined in the FRMCSN Student Code of Conduct Policy. (Responding)	S		S	S	S	S	S	S	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	S	S	S							
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (Responding)	S		S	S	S U	S	S	S	S	S							
g. Demonstrate the ability to give and receive constructive feedback. (Responding)	S		S	S	S	S	S	S	S	S							
h. Actively engage in self-reflection. (Reflecting)	S		S	S	S	S	S	S	S	S							
	NS	NS	NS	RH	KA	DW	DW	NS	NS	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: An area of strength I feel I had was actively participating with a student I didn't know during my skills lab working on the manikin to perform NG Tube insertion, Foley insertion, med pass, wet/dry wound care, head to toe assessment, Vitals, and addressing each others concerns and strengths. It was really nice working with Kaitlin. **That's awesome to hear! Transitioning to a new course and working with peers**

you may not have worked with in the previous semester can be hard. However, forming relationships with your peers will help as you progress throughout the program, providing mutual support and encouragement along the way. It seemed like you both worked well together! NS

7b: I would say a big weakness I had that would be of great concern in the clinical setting was that when I was going to do an injection in skills lab, I set everything up perfectly except while I was waiting for an instructor I took the protective needle cover off and placed the safety guard on the needle which is supposed to occur after I administer the injection. This could be a big problem in a clinical environment. I will have to practice at least twice a week before my next clinical at home going over and over this procedure so as not to make this mistake during clinical. Nice job reflecting on your first week of the semester! If this occurs in the clinical setting, all you would need to do is obtain a new needle. While cost effectiveness could be discussed, the safety feature of the needle would prevent any harm to the patient, which is our number one priority. Good thoughts! NS

Wk 3 7a. An area of strength I was very excited to do was the two dressing changes I performed for my patient so that she also got her medicated creams on her wounds. There was a Left Thumb wound that I removed the Band-Aids, cleaned the wound using correct disinfectant technique. I also cleaned the PD cath my patient had on her abdomen that was put in during surgery a week prior. You did a great job of maintaining asepsis and safely performing the dressing changes to promote healing! Job well done. NS

Wk 3 7b. The area of weakness I had this week was taking too much time to perform my head-to-toe assessment on my patient since it had been since November that I had done it in a clinical setting. The way I will prevent this from happening again is making sure that I practice in the weeks leading up to having a clinical after a pause. I will take a picture of the BP, temperature monitor so I can remember the equipment and have a smoother transition. It really set me back the first day, but I had it down by the second day. Good reflection and plan for improvement! NS

Wk 4 7a. An area of strength I feel I demonstrated this week was acknowledging that the patient was diabetic and I asked her if she ever does FSBS on herself at home. My patient stated that every morning she does a FSBS at home to make sure she is okay. When I did the FSBS, my patient asked me if we would be giving her insulin because it was so high (FSBS 237). I explained to the patient that she receives her Trulicity on that day (Wednesday) and that may be why she is high. She stated that was probably accurate. My patient received her Trulicity after I left because the nurse was waiting on the Pharmacy to send down the medication. This was a great thing to notice on your patient this week and point out to the nursing staff! RH

Wk 4 7b. An area of weakness I felt I had this week was making sure I got my documentation in with a timely manner with going to PT and OT with the patient. Thursday, I ended up documenting a couple hours after I performed my assessments. I'm so glad I thought to write down the times on my note pad that I put the VS on. That helped, but it is so bad to document in an untimely fashion! I will in the future make it a daily obligation to document within a fifteen minute time frame from when I performed the assessment/med pass/etc to document in the EMR to ensure the Nurse and all other staff that may need updated information on my patient are able to get it. In addition, I will notify my instructor/nurse for my patient if something has come up to not allow me to perform this action. This is challenging on the rehab floor due to the constant interruptions of the various specialties that are interacting. It does get easier on other floors. RH

Wk 5 7a. An area of strength I felt I had gotten to have was with my patient's medication administration and IV administration. This was very important to her for several reasons: IV antibiotics and fluids for pre-surgery hydration and to keep her diabetes under control. You did a nice job both managing medication administration on your patient and managing the process as a team leader. KA

Wk 5 7b. An area of weakness that I had was being Team Leader and getting to one of our patient's because we were so busy with a couple of the other patient's due to med passing (lots of meds) and in general just dealing with their diseases/behaviors. In the future I will have to make this my priority through studying up on the difficulties a nurse has with prioritizing patients the week before I am Team Leader again. Prioritization and delegation are both nursing tasks you will learn more about in management and are nursing duties that you will strengthen with practice and time. KA

Week 5 – 7f – Your clinical tool was submitted after Saturday at 2200. Please make sure to submit your tool before the due date and time in the future to prevent receiving a U again in the competency. Please remember to write a comment on how you will prevent getting a U in the competency in the future. KA

Wk5 7f comment response. I actually will prevent myself from getting a U in the competency in the future because as soon as I saw your email and realized I had forgotten to submit my Eval Tool I placed a reminder in my phone to go off weekly on Friday afternoon and Saturday morning to prevent this from ever happening again! I'm sorry for disappointing everyone with this! MF Melisa, you are not a disappointment. Everyone makes mistakes. This was just an opportunity to learn for future growth. Your making a change and adding an alarm/phone reminder, which is very responsible of you. Keep up the good work. DW

Wk 6 7a. Reflecting on an area of strength that I felt I exhibited was stepping in while in DH in between patients assisting in cleaning things up without being asked, just recognizing the need was there. I also did this at the end of a procedure for a patient, I recognized that the patient was waking up from their anesthesia from the procedure and the nurses were struggling to get a bigger patient back into a position of comfort, so I jumped in and offered help and they (the nurses) were so appreciative of the offer. I love this about you; your willingness to jump in and take advantage of all learning experiences, and never being to removed or disinterested to help others. DW

Wk 6 7b. An area of weakness I felt I exhibited was not wanting to get people in trouble on units when needing to write down unit and room numbers when walking the floors for Infection Control. Even though we did not write down names, when narrowing it down to the unit and room number during a specific time of day, it pretty much narrows it down to a small handful of hospital workers because we also had to state if it was an RN, PCT, Doctor, RT, PT, OT, ST, or Housekeeping. It made me feel bad, but I had to think the importance of keeping the patient's and even myself and co-workers safe. With that in mind I will continuously remind myself every day the importance of if there was an immune-deficient patient that could catch whatever someone is carrying into their room. Auditing isolation precaution and hand hygiene use is a normal part of healthcare. It's not done to penalize an employee specifically, but instead to 1. Ensure safety as you mentioned, 2. Protect patients and other healthcare workers, 3. Identify opportunities for improvement, and 4. Validate that appropriate procedures are being utilized by employees. Sometimes this means identifying someone that is not following appropriate procedures or even identifying barriers to effective use of procedures. If you witnessed any of these, use it as an opportunity to ensure you are doing the right thing in the future with your clinical practice. DW

Wk 7 7a. The area of strength I felt I exhibited was interacting with the clients and being able to discuss day to day life, laughing, joking, and interacting making them feel important because they are. We have so much we can learn from older people because they have lived life, no matter who or what they've seen, and are able to share things for other generations to understand what is ahead for us. **I couldn't agree more. Well done! DW**

Wk 7 7b. An area of improvement I felt I could make is doing more for surrounding communities and maybe volunteering to help people. Jane Ann mentioned that they are in need of volunteers to help with several things around the center, decorating, delivering meals, helping with the activities/or even planning an activity on a free day for the center. I have always been so busy in my life and looked forward to my days off to relax, not realizing how much places need people to volunteer their time so not just one person is doing so much. **Great reflection, but what is your goal, how often will you do something and when will you do it by? Please make sure all future comments for 7b include this information to avoid a U. It's important to include this information because its not enough to just identify an opportunity for improvement. You must also take action to see improvement, not just hope it will happen in the future. Lucky for you, you often volunteer to assist with community service through the school. DW**

Wk 8 7a. I feel an area of strength that I had with the Sim patient was being able to go in and focus on the situation the patient had going on and putting off my head to toe assessment until I could do all I could do for that issue. **Great! NS**

Wk 8 7b. A place that I feel I could use improvement on was my anxiety level in a stressful emergency. I felt that I was so nervous that I mentally made mistakes, verbally made mistakes, and forgot everything I was supposed to do in those situations because of my fear of making a mistake. What I will do to remedy this in the future is throw myself into these stressful situations no matter how afraid I am and also just daily go over my notes to continually be learning my material so that it is in my mind so well, I won't be nervous if I know absolutely what I am supposed to do in those situations. **Part of why we do simulation scenarios is to give you the opportunity to learn to work through anxiety in a stressful situation. As we discussed in debriefing, this is a learning opportunity to help students grow. You provided excellent reflection in simulation debriefing and identified numerous areas of strength, as well as areas to improve upon. Remember, you are learning. Nursing is all about gaining experience, reflecting on the situation, and growing. You are doing a great job! NS**

Midterm Comment – Melisa, great job throughout the first half of the medical-surgical nursing semester. I appreciate your ability to self-reflect and set goals for yourself. 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 IV therapy/DC'ing an IV. Also, be sure to let faculty know about your limited experiences with caring for a patient with a foley catheter so that they can seek out opportunities for you. 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. You are doing a lot of great things. Remember to reflect on your performances, but don't be too critical of yourself. You are here to learn and grow, and you are doing a great job! Continue to work hard as we enter the second half of the semester, you got this! NS

Wk 9 7a. The area of strength that I felt proud of myself for this week was understanding that the patient had pain 8/10 and instead of continuing his assessment even though I was on a time frame I did my best to get the patient some relief of this pain. He wasn't due for his acetaminophen that he had on file because he had it just a couple hours before. I ended up being able to give him a lidocaine patch on the back of his neck and upper shoulder. His pain didn't relieve completely, but it did relieve to 5/10. **You were an awesome advocate for your patient! MD**

Wk 9 7b. An area of weakness I feel I need to work on is being afraid and maybe not knowing the different wound products a patient is using. I am not confident in changing bandages on wounds yet because I haven't had anything significant. This week's wound was very minor, but the first real wound I really had to change the bandage on. I will in the future practice the cleaning and changing of a wound at home with the supplies I have or pretend with something similar weekly at home before clinical to maybe give me some confidence to myself. I will also volunteer to change a bandage of teammates patient's if the opportunity is ever there and they don't want to. **This does get easier with time! Keep practicing! MD**

Student Name: Melisa Fahey				Course Objective: 6a			
Date or Clinical Week: 1/27/2024							
Criteria		3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)	3	A thorough list of 20 abnormal assessment findings were listed. Great job of collecting objective and subjective data on your patient during your care. You provided specific details related to your assessments and accurately portrayed the clinical presentation of your patient. A list of 11 abnormal diagnostics were identified and listed. Consider including her CXR results (showed pulmonary congestion) and the venous blood gas results (pH-7.38, Co2-47.7, HCO3-28.7, O2-51). Otherwise, you included all pertinent abnormal labs/diagnostics to paint a clear picture of your patient’s situation. You were very thorough in identifying your risk factors based on past medical history, social history, and current medical problems. Very thorough and well done.
	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	An excellent list of 16 potential nursing priorities were identified. Based on your assessment findings, diagnostics, and risk factors, you appropriately identified oxygenation/impaired gas exchange as your top priority problem. Although your patient was admitted with a GI bleed, you correctly identified her respiratory symptoms and cardiovascular symptoms as the top priority due to her shallow breathing and need for 4L O2 nasal cannula among other findings. Based on the identified priority problem, most relevant assessment findings were highlighted appropriately. Consider highlighting her BUN/Creat levels, as this shows poor kidney function, leading to excess fluid, which in turn can impact her oxygen status. Also consider highlighting
	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	

							the S3 heart sound as it pertains to excess fluid volume in the heart, which could impact oxygenation. A thorough list of potential complications were listed based on oxygenation as the priority problem. Mixed within the list are signs and symptoms to monitor for. I had some difficulty understanding which signs and symptoms matched which potential complication. In the future, be sure to list the signs and symptoms of each potential complication as bullet points under the identified complication.
Responding	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	A list of 11 nursing interventions were provided. Consider including assessment related to assessing for blood loss, as this could lead to poor oxygen perfusion and worsening oxygenation status. Consider including additional interventions beyond assessment and medication, such as encouraging the patient to ambulate as tolerated, encouraging the patient to get out of bed and into the chair, administering oxygen via nasal cannula, educating on smoking cessation, consulting with respiratory therapy, etc. Overall nice job. Interventions are appropriately prioritized with assessments taking highest priority. None of the interventions included a frequency such as Q4H, Q2H, PRN, Daily, etc. Rationale was provided on most interventions, with some interventions lacking a specific rationale.
	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	0	
	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	2	
Reflecting	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	Nice job re-listing your abnormal assessment findings to identify improvement/decline. Be sure to include your most recent lung sound assessment and the amount of oxygen she was requiring at the time as well. You appropriately determined the need to continue the plan of care based on your most recent assessment. Great job!
	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: Melisa, you did a great job with your first care map of the semester on the priority problem of impaired gas exchange. You were very detailed and demonstrated good clinical judgment in understanding the care required. You received 38/42 points for a satisfactory evaluation. A couple areas of the rubric were missing, such as frequency for the interventions. Be sure to review the comments provided. Otherwise, I think you did a great job with this assignment! You are only required to complete one more care map for the remainder of the semester. Keep up the hard work! NS	Total Points: 38/42 – Satisfactory
	Faculty/Teaching Assistant Initials: NS

Student Name: Melisa Fahey				Course Objective:			
Date or Clinical Week: 1/31/24							
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	The front of your care map is SO GREAT! This shows great effort and thought process of what is going on with your patient!
	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	
	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	2	8. What else can we do for interventions for our patient? PT/OT, use of ambulation aids, use of proper footwear, fall precautions, assess surgical dressing, etc.
	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	1	13. Remember to evaluate all items that are highlighted, even if they stay the same such as weakness, numbness, last BM,

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	gait, labs, etc.
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: This is so detailed! I would highly recommend you making the corrections and using this as an item for your senior portfolio! Great job!							Total Points: 39/42 Satisfactory Faculty/Teaching Assistant Initials: RH

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

Student name: Melisa Fahey								
<u>Skills Lab</u> <u>Competency Evaluation</u>	Lab Skills							
	Week 1	Week 1	Week 1	Week 1	Week 1	Week 2	Week 2	Week 9
	Insulin (2,3,5,7)*	Assessment (2,3,4,5,7)*	IV Math Application (3,7)*	Lab Day (1,2,3,4,5,6,7)*	IV Skills (2,3,5,7)*	Trach (1,2,3,4,5,6,7)*	EBP (3,7)*	Lab Day (1,2,3,4,5,6,7)*
	Date: 1/9/24	Date: 1/9/24	Date: 1/11/24	Date: 1/11/24	Date: 1/12/24	Date: 1/18/24	Date: 1/17/24	Date: 3/12/24
Performance Codes:								
S: Satisfactory								
U:Unsatisfactory								
Evaluation:	S	S	S	S	S	S	S	S
Faculty/Teaching Assistant Initials	NS	NS	NS	NS	NS	NS	NS	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 1/11/24. KA/DW

(Lab Day)- You satisfactorily completed the mandatory lab review of nursing foundational skills. This was achieved through simulating care for a patient in a scenario requiring competency in assessment, communication, medication administration (including PO and IM injection), nasogastric tube insertion and maintenance, patient mobility and hygiene, use of PPE for Contact Isolation, wound care, foley insertion, and development of nursing notes. NS/MD

(IV Skills)- You have satisfactorily completed IV lab including a saline flush, IV push medication administration, priming and hanging a primary and secondary IV solution, adjusting a flow rate to run by gravity, discontinuing IV solution, and monitoring the IV site for infiltration, phlebitis, and signs of complication. NS

Week 2

(Trach Care & Suctioning 1/18/2024) - During this lab, you satisfactorily demonstrated competence with tracheal airway suctioning and tracheostomy care. You provided comforting communication with your patient throughout each procedure. You also confirmed understanding of each procedure with the patient through education. You did well to maintain your sterile field, ensuring the inner cannula was cleaned away from the sterile field, and applying sterile gloves. It was evident that you were cognizant of

the importance of maintaining sterility throughout both procedures. You answered my questions appropriately demonstrating knowledge and competence of each procedure. No prompts were required for either skill. Keep up the hard work! NS
(EBP Lab 1/17/2024)- 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. K

Mandatory Lab 3/12/2024-You are satisfactory with this lab. You were able to show accuracy and proficiency in NG tube insertion and IV skills. 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: Melisa Fahey							
	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: 2/29/24	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	KA	NS	NS				
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA				

* Course Objectives

Comments:

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): Melisa Fahey (A) and Hannah Castro (M)

GROUP #: 2

SCENARIO: MSN Scenario #1 – Musculoskeletal/Respiratory

OBSERVATION DATE/TIME(S): 2/29/2024 1230-1430

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 assessment on pain (partial). Focused musculoskeletal assessment on right lower extremity. Did not focus on vital signs until prompted by the physician. Focused respiratory assessment related to new patient findings. Used appropriate pronouns but did not address preferred pronouns with the patient. <u>Recognizing deviations from expected patterns:</u> Noticed non-compliance with coumadin at home and risk for clots. Noticed redness to the right extremity. Noticed chest pain. Noticed abnormal lung sounds. Did not obtain vital signs to recognize deviations initially. Obtained after being prompted by the provider. After obtaining vital signs, noticed hypoxia, tachycardia, hypertension. Noticed shortness of breath. Noticed cough. <u>Information seeking:</u> Confirmed name and DOB when entering the room. Verified allergies. Sought information related to estrogen therapy. Sought information related to coumadin at home. Sought additional information related to pain (numerical scale, aggravating factors). Sought additional information related to cough. Assessed allergies prior to medication administration. Sought information related to non-compliance with coumadin. Consider asking about allergies to shellfish or iodine prior to CT scan. Consider asking about preferred pronouns. Consider asking about injection location preference.				
INTERPRETING: (1) * - Prioritizing Data: E A D B - Making Sense of Data: E A D B	<u>Prioritizing data:</u> Prioritized pain assessment. Prioritized focused assessment on right extremity. Focused respiratory assessment performed related to new complaints. Prioritized pain relief with medication administration. Prioritized education on non-compliance. Prioritized contacting the provider for new findings. Prioritized enoxaparin administration when order was received. Prioritized contacting provider with diagnostic results. <u>Making sense of data:</u> Made sense of potential PE due to new symptoms. Did not make sense of DVT initially. Made sense of dosage calculation for IM morphine.				

	Did not make sense of dosage calculation for enoxaparin. Remediated following the scenario. Made sense of abnormal diagnostics (CT). Did not make sense of pain medication orders (PO vs. IM). Administered both medications. Would it be safe to give two narcotics? Think about side effects and impact on vital signs.			
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. Roles not clearly defined in speaking with the provider. Both nurses were providing information while on the phone. Lack of confidence in communicating with the health care provider. Seemed to shut down with overwhelming amount of information. Good communication with the patient. Kept informed of changes throughout. <u>Clear communication:</u> Explained interventions and findings with the patient throughout. Used appropriate pronouns in communication. Minimal SBAR information provided in communication with the provider. Be sure to provide full SBAR related to background, situation, and interventions performed. Have this prepared prior to calling the provider. Updated on assessment findings. Be sure to write down and read orders back to the provider for confirmation. Asked provider to repeat orders. Educated patient on enoxaparin order from the provider. <u>Well-planned intervention/flexibility:</u> Focused assessments performed based on patient symptoms. Reassessed vitals after intervention. Elevated extremity due to new findings. Education provided on medication compliance (coumadin). Elevated HOB for chest tightness. Contacted provider with update on diagnostic results. Re-assessment of respiratory complaints after intervention. Applied 2L via nasal cannula for low Spo2. <u>Being skillful:</u> Witnessed waste of excess narcotic dose. Good teamwork. Accurate dosage calc for the morphine. Difficulty with dosage calculation related to enoxaparin. Remediated after the scenario. Good technique with injections. Consider appropriateness of administering two narcotic medications simultaneously. Did not read back orders to the provider. Appropriate use of BMV scanner with medications.			
REFLECTING: (7) * • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Scenario discussed in regards to complications that occurred and interventions performed. Focused discussion on prioritizing focused assessment vs. full head to toe assessment based on situation. SBAR communication highlighted and discussed held on gathering all pertinent data,			

	providing full background and situation to the provider, and reading back orders. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.
SUMMARY COMMENTS: * = Course Objectives Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric. E= Exemplary A= Accomplished D= Developing B= Beginning Scenario Objectives: 1. Select focused physical assessment priorities based on individual patient needs. (2)* 2. Implement appropriate nursing interventions based on patient’s assessment. (1,3,6)* 3. Communicate appropriately with the patient, family, team members, and healthcare providers incorporating elements of clinical judgment and conflict resolution. (4,7)* 4. Provide patient-centered care with consideration to cultural, ethnic, and social diversity. (2,3,6)* 5. Provide appropriate patient education based on diagnosis. (5)* * Course Objectives	Lasater Clinical Judgement Rubric Comments: Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. 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. Responding: reassures patients and families in routine and relatively simple situations, but becomes stressed and disorganized at times. Shows some communication ability (e.g., giving directions); communication with patients, families, and team members is only partly successful; displays caring. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. Is hesitant or ineffective in using some nursing skills. Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.

EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

I was given the opportunity to review my final clinical ratings in each course competency. I was given the opportunity to ask questions about my clinical performance. I have the following comments to make about my clinical performance/final clinical evaluation:

Student eSignature and Date:

12/27/2023