EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Seannita "Essence" Byrd

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)
3/12/2024	1 hour	Missed lab	3/18/2024 1H

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
1/25/2024	Ineffective Cerebral Tissue Perfusion	Satisfactory/MD	NA	NA
2/15/2024	Impaired physical 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: a. Analyze the involved patho-physiology of the patient's disease process. (Interpreting)			S	N/A	S	S	N/A	N/A	S	S	S	S					
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			S	N/A	S	S	N/A	N/A	S	S	S	S					
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			S	N/A	S	S	N/A	N/A	S	S	S	S					
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			S	N/A	S	S	N/A	N/A	S	S	S	S					
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	N/A	S	S	N/A	N/A	S	S	S	S					
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			S	N/A	S	S	N/A	N/A	S	S	S	S					
g. Assess developmental stages of assigned patients. (Interpreting)			S	N/A	S	S	N/A	N/A	S	S	S	S					
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		S	S	S	S	S	N/A	S	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		Rehab 5T, 94, CVA	IC, ECSC	3T,34,Renal Failure	Rehab, Team Leader, 73, Right Total Hip Revision	Digestive Health	Simulation	NA	4N,83, Fall with laceration of right knee	3T, 77, Headache, Weakness for 4-5 days, and UTI	Rehab 5T, Hypotension, ischemic colitis, DVT					
Instructors Initials	KA	KA	MD	DW	HS	RH	DW	KA	KA	NS	KA						

Comments:

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

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

Week 3 Rehab Clinical Objective 1 B-E-This week you were able to identify symptoms, medical treatments, pharmacotherapy, and diagnostic tests that were a part of the patient's stay on the Rehab unit. You did a great job in correlating all of these with the patient's diagnosis. Great job! MD

Week 5 (1a-e)- Great job this week interpreting your patient's symptoms and diagnostics with the disease process. You also did a nice job associating the role that the medications played in your patient treatment plan. HS

Week 6 (1 c, d, e)- This week you did a great job discussing your patient's pathophysiology of their illness as well as had a great discussion of their medications and why they were relevant to their care. You also assisted your peers with their correlation of pharmacotherapy to diagnosis and treatment while acting as team leader. RH.

Week 9 1(a-h) – Essence, you did a nice job this week with patient care and discussing the alterations occurring with his physical and mental health. You identified his symptoms of knee pain, impaired mobility, and skin integrity issues as being related to his fall with injury at home. You correlated his increased anxiety as being related to his significant health problems and stressors related to his medical needs. You also noticed his decreased hgb levels and correlated this to his decreased energy level and impaired oxygenation. You discussed this as being related to the blood lost during his traumatic fall. You correlated his need for a blood transfusion as being related to his low hgb levels and inability to recover due to his underlying chronic kidney disease. Good job discussing the JP drain that was in place, highlighting the importance of maintaining bulb suction appropriately. You correlated each of his prescribed medications to his disease processes and demonstrated understanding of each medication through research prior to administration. NS

Week 10 – 1a, b, c, e– You did a nice job discussing on clinical your patient's disease process related to the patient's headache and UTI 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 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 10 – 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

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

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies: a. Perform inspection, palpation, percussion, and auscultation in the physical assessment of assigned patient. (Noticing)			S	N/A	S	S	N/A	N/A	S	S	S	S					
b. Conduct a fall assessment and implement appropriate precautions. (Noticing)			S	N/A	S	S	N/A	N/A	S	S	S	S					
c. Conduct a skin assessment and implement appropriate precautions and care. (Noticing)			S	N/A	S	S	N/A	N/A	S	S	S	S					
d. Communicate physical assessment. (Responding)			S	N/A	S	S	N/A	N/A	S	S	S	S					
e. Analyze appropriate assessment skills for the patient's disease process. (Interpreting)			S	N/A	S	S	N/A	N/A	S	S	S	S					
f. Demonstrate skill in accessing electronic information and documenting patient care. (Responding)	S		S	S	S	S	N/A	N/A	S	S	S	S					
	KA	**KA**	**MD**	**DW**	**HS**	**RH**	**DW**	**KA**	**KA**	**NS**	**KA**						

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

Week 5 (2a,c,d,e)-Great job with your assessment, a thorough skin assessment was imperative due to the fact that your patient was bedbound and had an increased risk of developing pressure injuries. Great communication with your team leader and the primary nurse this week. HS

Week 6 (2 a-f)- This week you did a good job of performing your head to toe when time was available to you due to the therapy scheduling. You worked around therapy schedules to get your head to toe as well as your reassessment done. You also were able to document and find other assessment pieces in the electronic health record. You also checked documentation and assisted your peers in correcting their charting while acting as team leader. RH

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

Week 9 2(c,e) – A thorough skin assessment was performed, noticing numerous bruises to all extremities as a result of him being on coumadin at home and subsequent fall leading to bleeding risks. You gained experience with assessing a significant wound, performing a dressing change, removing a JP drain, and documenting wound care in the EHR. You collaborated with the wound care nurse to identify important wound healing findings. 27 staples were identified, noting a well-approximated incision with moderate amounts of drainage. You were able to use aseptic technique to clean the wound, applied nitro paste to the peri wound as prescribed, and dressed the wound with xeroform, ABDs, and kerlix. You were clean in your approach to prevent risk of contamination and helped to promote healing of the wound bed. Great job! NS

Week 10 – 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 10 – 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

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

Objective

3. Execute safety precautions in the implementation of quality, patient-centered care and evidence-based nursing interventions. (2,3,4,5,8)*

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

Comments:

Week 3- 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

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 3- Rehab Clinical Objective 3 E-You were able to identify when you needed assistance by the nurse with the diminished pedal pulses! Way to critically think and take action! MD
Week 5 (3g)- Great job with the Foley insertion, your patient was very nervous during the procedure and you were able to stay calm and continue with the procedure despite her yelling at times. HS

Week 6 (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 9 3(b,c,d) – You have shown great improvements in your time management and organization from NF up to this point of the MSN semester. I was impressed with your ability to perform your assessments, provide hygiene care, and research your medications in a timely manner this week. You were prompt in entering the room, gathered essential data, promoted independence in morning care, and were ready to administer medications when your team leader was ready. You performed numerous nursing skills this week with proficiency and gained confidence in your ability to perform extensive wound care for a severe laceration. You also did well to manage the JP drain and successfully removed the drain on day 2 without complications to the patient. Nice job! NS

Week 9 3(g) – This week you cared for a patient with a urostomy as a result of his past medical history of prostate cancer and subsequent radiation damage. You closely monitored the ostomy site and noted the urine output and characteristics in the drainage bag. NS

Week 10 – 3b – You did a great job providing holistic care for your patient and supporting and educating her as new orders were received. You were thoughtful with your communication and were empathetic as she expressed concern about having brain fogginess. KA
Week 10 – 3g – You did a nice job monitoring your patient's chronic Foley and providing peri care throughout your shift. You documented the Foley in the EMR appropriately in your assessment. KA

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

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

Comments:

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

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

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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

Week 5 (3k)- You did a nice job with the medication pass this week, it was a little challenging due to the fact that she was able to take some of the medication orally and others needed to go through the PEG tube. HS

Week 6 (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

Week 9 3(k-s) – Great job with medication administration this week. You appropriately prioritized your care to ensure medications were research in a timely manner. You identified the six rights and performed the three safety checks prior to administration. You discussed the classifications, indications, side effects, and nursing implications for each. You provided medication education to both the patient and his wife prior to administration to ensure accurate understanding. Several PO medications were administered safely. You also gained experience with applying a topical medication to the peri-wound as prescribed. A saline flush was performed using aseptic technique to confirm patency prior to blood administration. You closely monitored the IV site during the infusion to identify potential complications and observed as the nurse initiated the flow rate. All dosage calculations were performed accurately. NS

Week 10 – 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 utilized your clinical judgment to determine we should hold your patient's blood pressure medications due to her heart rate being < 60 bpm. You had the opportunity to pass PO, IM, and IV medications this week. You had the opportunity to practice drawing up medication from a vile and administering it intramuscularly. 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 10 – 3n & o – 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 10 – 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 10 – 3r – You did a nice job monitoring your patient's IV site this week and documenting your assessment in the EMR. KA

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

Objective

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

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

Comments:

Week 3- 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! Awesome job with your reference and in-text citation as well! MD

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

Week 4 (4a,b)- How was your communication with the clientele at the ECSC clinical, as well as other healthcare team members in the IC clinical? These competencies could have been evaluated this week, so please be sure to consider each competency in this tool closely from week to week. DW
Week 4 (4e)- According to the CDG Grading Rubric, you have earned an S for your participation in the Erie County Senior Center and Infection Control discussions this week. Your discussion was thoughtful and supported by evidence. Nice job with APA formatting. Keep up the good work! DW

Week 5 (4a,b,c)- You were able to communicate effectively with the patient, her dad and the other members of the healthcare team.
Week 5 (4e)- Nice job with your CDG for this week! You selected a good article and did a nice job describing how the article you selected pertained to your patient. Nice job with your APA formatting! HS

Week 6 (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 4(a,b) – You did well this week in providing therapeutic communication to your patient as he was experience an anxiety attack after his breathing treatment was administered. You used a calming approach to help with his nerves and used distraction techniques through communication to help him feel at ease after administering his PRN medication. Your patient appreciated the level of care provided demonstrated by the compliments he provided to you before you left. Awesome job making a therapeutic connection with him. You also gained experience in interprofessional communication by collaborating with the patient advocate and advocating for your patient's desire to speak with a Chaplin during his visit. You respected his religious preferences and prioritized his psychosocial health in this interaction. Great job! NS

Week 9 4(e) – Good job with your CDG assignment related to SDOH. All criteria were met for a satisfactory evaluation. See my comments on your initial post for further details. NS

Week 10 – 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 10 – 4e – Essence, you did a wonderful job reflecting on your implicit bias activity results and your thoughts on potential bias of light skin versus dark skin. You thoughtfully responded to all the CDG questions and included an in-text citation and a reference. Keep up the great work! KA

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

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies: **a. Describe a teaching need of your patient.**** (Reflecting)			S	N/A	S	S	N/A	N/A	S	S	S	S					
b. Utilize appropriate terminology and resources (Lexicomp, UpToDate, Dynamic Health, Skyscape) when providing patient education. (Responding)			S	N/A	S	S	S	N/A	S	S	S	S					
	KA	**KA**	**MD**	**DW**	**HS**	**RH**	**DW**	**KA**	**KA**	**NS**	**KA**						

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

Comments:

Week 3 a & b: I provided education for my patient on the medications that I would be giving her while I was there with her. I told her the name of the medication, what it was for, and any side effects that she would need to recognize and notify us of. This teaching was needed so that she was aware of the exact medication she was receiving, what the expected action for the medication was, what actions could happen that are unintended so that the patient would know how to identify these side effects and an extra way to promote patient safety. I used Skyscape to find the information that needed to be provided to my patient prior to giving her the medication. I used patients' verification to validate learning. Awesome job! Skyscape is a wonderful resource! MD

Week 4 a & b: This week I had no need to educate patients or significant others. My clinical experiences we not directly working with patients. I did ECSC and IC this week. DW

Week 5 a & b: I provided education to my patient this week on the importance of completely taking all her medications so that they may perform their effects correctly. I used Skyscape to be able to give her more information on what they medications intended action was and then informed her why it is do important for her health that she take her medications as directed. Great job educating her and making sure she took all of the medications that were ordered. HS

Week 6 a & b: I provided education for my patient on how taking her pain medication prior to going to physical therapy could help with the discomfort that she may feel during physical therapy as well as relieving the pain that she was feeling at the time of my assessment. I explained to her that by the time she was in physical therapy and had really begun to get into the activities they medications onset time would have been reached and used Skyscape to look up the medication onset of action. This is great education and probably helped the patient do more in physical therapy rather than having pain the whole time. RH

Week 7 a & b: I had Digestive health this week, so I did not have direct patient care interaction, so I did not do any patient education this week. However, I did use skyscape this week to look up the anesthesia medicine that the patients were given prior to their procedures to know the possible side effects that the patients could experience after receiving the propofol. DW

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

Week 9 a & b: I provided education to my patient on the reason that he was not able to drink any water while he was ordered to be NPO while determining whether he would be needing additional surgery. He was confused and very annoyed at the fact that he was unable to drink water or eat. I explained to him that it is just a precaution so that if he were to need additional surgery the risk of aspiration while he is under anesthesia is lessened.
This week I used Lexicomp to print off information on respite care for his wife so that she could read about it and communicate with his doctor in that was something they decided to do in order to help to relieve some of her stress as well. Very good! It can be frustrating for patient's when they are NPO, especially if nobody has explained to them why this order is in place. In this care, it was a precautionary measure. Providing education helps them to understand the rationale and keeps them informed in their plan of care. Nice job with education this week! NS

Week 10 a & b: this week I educated my patient on the fact that her having a UTI could have been contributing to her feeling kind of foggy and confused and not being able to remember things the best after she had expressed to me that she was feeling worried because she was having trouble remembering things. This week I used skyscape to help provide my patient with the information that she needed to know about her medications, and we used Lexicomp after finding a pill in the patients bed to find out what medication it was. Nice job providing your patient with relevant education to help her understand a symptom that she was having that was concerning to her. Good job! KA

Week 11 a & b: This week the main thing I educated my patient on was her medications that she was taking and the reasons that we would possibly have had to wait longer to get her more medication for her pain. I used skyscape to help get the important information to tell the patient about her medications. I also used Lexicomp to help further educate myself on a condition that I had not previously learned about.

Objective

6. Implement patient-centered plans of care utilizing the nursing process, clinical judgment, and consideration for cultural, ethnic, and social diversity. (2,3,4,5)*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
a. Develop and implement a priority care map utilizing the nursing process and clinical judgment. (Noticing, Interpreting, Responding, Reflecting)			S	N/A	N/A	S	N/A	N/A	S	N/A	N/A	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	N/A	S	S	S	S					
	KA	KA	MD	DW	HS	RH	DW	KA	KA	NS	KA						

****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 b: Something that influenced my patient's patient care was the fact that she lives alone. The care being given to her is helping her to transition back into her home life when she is discharged. A lot of the care given was just doing little things to help her if she needed it or standing by for her overall safety. This is a great SDOH! This really can affect her overall health and wellness at home! MD

Week 4 b: A social determinant of health that I noticed was transportation. When we were completing our ECSC experience I noticed that a few of the seniors had to take public transportation home from the center. If patients don't have transportation, it greatly influences their ability to get care when needed or make it to appointments. If they cannot get to where they would need to be to receive care they are less likely to actively try to get care. Great observation and reflection here! DW

Week 5 b: The social determinant of health that I noticed for my patient this week that I feel had a large effect on whether she was seeking or continuing her care was transportation. The patient and her father expressed that they used transportation services to get her to and from her appointments. This can influence her care because there could be times that she may miss her pick up or they could not have the money to pay for the transportation one of the weeks that she needs to go so it could be a large factor in missing appointments or just not seeking care when care is needed. That is a great example! Especially since she stated she has appointments at OSU for her transplant. HS

Week 5 b: The social determinant of health that I noticed this week was my patients support system. Her family is very involved in her care. I think that this will influence her care in a very positive way because her family motivates her to work hard and encourages her to make progress and knowing that she has support does great with mental health. Being in the hospital can be very lonely for patients that are admitted. That is amazing! Great observations. RH

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 7 b: One social determinant of health I noticed this week was mental health. One of the patients had a lot of mental health issues. There was a patient that was on several different psych meds, and it seemed to have delayed the onset of the propofol. I think this has an effect on the care of the patient because her taking these medications with other medications can cause interactions that affect either the psych meds themselves or the other medications being taken with them causing them to not perform the expected action how they are supposed to or to have severe adverse reactions. Great reflection on SDOH this week. DW

Week 9 b: One social determinant of health that I saw this week was mental health. My patient had extreme anxiety. He was shaking badly, experiencing pain and discomfort due to not being able to drink water following a treatment. This resulted in him panicking because he assumed not being able to drink water like he usually does following the treatment was the cause of his symptoms. This affects his health because following that panic attack that he experienced that one time the rest of the time I was there caring for him he refused that treatment in fear that he would experience the same discomforting symptoms. This is not good because refusing the treatment that was being giving to help improve his health is not going to have the positive affect that he would have health-wise if he were to be taking his treatments as ordered. Excellent reflection! His mental health and increased anxiety certainly played a major role in his care the first day. As you noticed, with good communication and distraction techniques, his anxiety subsided significantly. As nurses we play an important role in managing both physical and mental health during our care. Good thoughts! NS

Week 10 b: The social determinant of health that I saw in my patient this week was mental health. She began to feel anxious about the fact that she was having trouble remembering things and because she wanted to go home to be with her dog so that it would not be alone. Most of the time I was caring for her she was expressing that she hoped that she would get to leave soon so that she could get home to her dog and that she could not let her dog stay home alone for too much longer. I think this affects her health because I think that she was having separation anxiety from being away from her dog for a long period of time and I think that it could possibly deter her from making some decisions that could possibly have more benefits for her health. We were talking about how they were trying to see if she would want to go up to rehab or just go home with home health. Although going to rehab would have greatly benefited her, she was on the fence because at the end of the day all she could thing about is getting home to her dog. Such great thoughts! I agree with your thought process. I wonder if she did not have a dog if she would have chosen inpatient rehab versus home health. KA

Week 11 b: A social determinant of health that I noticed for my patient this week was her family support. She talked about how her nephew helps her a lot with things at home that she cannot do on her own. I think this is something that has a positive affect on her health because she has someone that she knows will always be there when she needs help.

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

****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:

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 1- An area I feel that I showed strength with this week was being able to effectively do IV and Insulin math to make sure that I was able to administer the correct dose. Great job! KA
An area I feel that I showed weakness this week was being able to do the manual drip rate. It took me a few times before I actually got the right drip rate and will work on opening techniques to help me ensure that I have the correct drip rate such as opening the clamp more first so that it is dripping fast then slowing it down to the correct amount of drips per minute. Great idea. This is a skill that takes practice. Remember to give make your goal measurable. In the future state how you will practice these techniques (i.e. during the scheduled open lab, or on clinical when setting up a primary line, etc.). KA
Week 1 – 7f – Tool was submitted after Saturday at 2200. If there is ever an issue that may cause your tool to be submitted late please contact faculty ASAP to make them aware of this in case there are things that can be done to assist you. Please make sure to write a statement on how you will prevent receiving a U in the future in this competency. KA
Week 1 Instructor reply statement: I will prevent receiving a U in the future with this competency by getting my clinical tool done and submitted before Saturday at 2200 in the future. I will also make sure to let my instructors know if there is ever any reason that I would need to submit my tool late. MD

Week 3 a: This week I think that I did well with communication with my patient and the healthcare team. I am usually really withdrawn and don't really try to talk aside from what I know that I must communicate with the patient or healthcare team about but today I came out of my shell and was able to have conversations that I feel help make the experience better and make the patient feel that I cared more about her and her life. You did AMAZING! I am so proud of you! You were able to communicate with your team and talk with the nurse about your concerns with the patient's pedal pulse! Keep up the great work! MD
Week 3 b: This week I think I showed weakness because I noticed that my patient's respiratory rate was high during my initial assessment when we got to clinical Wednesday morning but instead of rechecking my patients respiratory rate I decided to just keep it. I felt like it wasn't right, but I was lazy and did not recheck it because I was rushing myself to get the head-to-toe assessment done before my patient had her first therapy session. In the future I will make sure to recheck things when they do not seem right instead of leaving them as they were when I initially checked. That was bad nursing judgment on my part. This is a learning experience. It is ok to slow down some and obtain the information needed to make decisions. Remember-we are here for you when you need us! How do you plan on working on this before your next clinical to improve? Be sure to include this information in your assessment of areas to improve. MD
Week 3- Rehab Clinical Ojective 7 H-You are receiving an unsatisfactory for this competency due to it not being filled in at the time of submission. Please be sure to write how you will prevent this from occurring in the future. MD
Week 3 Instructor reply statement: I understand that I have received an unsatisfactory for this competency due to leaving the box blank at the time of submission, going forward I will make sure to triple check my clinical tool to make sure that all of the boxes are filled in properly. DW

Week 4 a: I think is showed strength this week in asking questions about things that I was not necessarily sure about. I have noticed that if it is not something that I feel is urgent and I do not really understand it I usually put off asking the questions I have and in situations where I would be caring for a patient, I know that would not be a good thing to do nursing judgment-wise. I am very proud that I was able to make sure that I asked all the questions that I had so that I was not unsure of anything and if I was it was clarified as soon as I had the question. So glad to hear this…you should be proud of yourself! It can be intimidating asking questions of licensed healthcare professionals. In todays day and age, most healthcare professionals would rather students ask the questions instead of blindly attempting to work through something. It's in asking these questions that you learn who you can rely on as a resource when you need it. Keep up the good work! DW
Week 4 b: An area where I feel I showed weakness this week was not taking more initiative when we were at the senior center. I would take the initiative to ask the workers if they wanted help with anything but if they would tell me no I would just go back to whatever else I was doing beforehand so I feel like I could have done a lot more when it comes to helping the workers with certain things while we were there. Good reflection here. Whenever unsure of what to do, a good train of thought would be to consider the patients or clientele first. What can you do to help the patients? Maybe its just starting a conversation with one of them that looks lonely. DW

Week 5 a: An area that I feel that I did well in this week was getting my patient to take all of her meds. We were told that she wasn't the most compliant when it comes to her care and taking her medication, mostly because she takes them slow and usually just forgets about them. I was able to get her to finish taking her oral meds while I was in the room all at once instead of taking them slowly and individually throughout an hour or however long it usually was taking her to take them. I was really proud of this. Great job on educating, and staying with her to make sure she did take all of the medications. HS
Week 5 b: An area that I believe I showed weakness this week was letting my anxiety get the best of me during my care. Being anxious slowed me down a lot this week. I hesitated during my foley insertion because my patient screamed, and I almost pulled it back out because my anxiety got really bad thinking that I was causing her more pain than I was helping. I will do better with this going forward by making sure that I go into things like this with a positive attitude about my ability and knowing that in

the end my care is helping their recovery overall even if they may be in pain for a short period of time while initiating the intervention. Anxiety is normal, especially when you are performing skills for the first time outside of the skills lab. You will continue to gain confidence and decrease your anxiety with the more experiences that you have in the clinical setting. HS

Week 6 a: I think that my strength this week was my communication with my classmates. I was team leader and I think I did very well with communicating things they needed to do, checking to see if they needed help with anything and communicating areas that they needed to edit in their charting. You did awesome at chart checks and communicating professionally with the rest of the team informing them of corrections that needed to be updated. RH
Week 6 b: I think my weakness this week was getting myself up to get ready and make it to clinical on time. I think I take a little bit of advantage of the fact that I live so close so I lay around longer than I should before getting up and then I end up trying to rush to make it to clinical on time. I will improve this in the future by going to bed earlier the night before clinical and making sure that I set more than one alarm so that I actually get up instead of just turning the alarm off and laying back down. Good idea! RH

Week 7 a: I think my strength this week was being attentive and enthusiastic when it came to my learning during clinical. We haven't gotten to the skill of placing IVs yet but even the patients were getting their IVs placed I made sure I was able to see how it was done so that I can try to have at least an image of how it is done for when we get to it later in our schooling. Being an active participant in your learning goes a long way in terms of build knowledge, skill and experience. Keep up the great work! DW
Week 7 b: I think my weakness this week was not asking more questions about things that I was curious about during this clinical experience. I felt I should have because we don't really learn anything without asking questions. I will improve on this by making a list of things that I am curious about and asking questions to my instructors or the nurses and doctors that I am interacting with during my clinical experience. Good idea! DW

Midterm – Essence, you did a great job during the first half of the semester. Your midterm clinical grade is satisfactory. You have had the opportunity to care for a variety of patients and work on a majority of your clinical competencies. Please let the faculty you are working with during the second half of the semester know that you have not any experience working with IV's during the first half of the semester so they can help you seek out opportunities to gain experience with these skills. The majority of patients on the medical floors have at least a saline lock IV that you could flush and monitor so you should be able to accomplish this before the end of the semester. Also, try to seek out clinical experiences with a patient who has FSBS ordered so you can practice this skill on a patient. You have also satisfactorily completed both of your required care maps for the semester before midterm. Terrific job! Continue the hard work into the second semester and finish strong. KA

Week 9 a: I think my strength this week was taking initiative. I feel that I got to see a lot more than I probably would have this week because I took the initiative of asking to do more instead of waiting around to see if the opportunity would be offered to me. Great strength to note! You were actively involved with your patient and on the unit. I thought you had great opportunities to learn by observing your nurse with the blood transfusions process. You also performed wound care on your patient and assisted with one of your peers. Overall a good week of learning to be proud of! NS

Week 9 b: I think my weakness this week was letting myself get intimidated by the doctor and therefore feeling that I was doing something wrong. I got the opportunity to remove a JP drain this week and the doctor came in and asked who removed it. I told them that I had done it and the look on the doctor's face made me feel like I was not supposed to remove it even though it had been ordered and I was told that it was okay for me to do so. I felt uncomfortable and like I had done something that upset them. I will improve on this in the future by just reminding myself that as long as I was given the okay by the nurse and my instructor and it was checked that it was okay for me to do certain things and it did not harm the patient in any way I should not let anyone else make me feel that I wasn't supposed to do something. It is okay to take the opportunity to learn new things and I shouldn't let anyone else convince me otherwise. Good reflection! I think the Dr.'s face was more of a surprise it was removed because he was uncertain if it should have been. Through collaboration with the orthopedic surgeon and plastic surgeon it was determined this was the best course of action. However, this situation certainly could cause you to feel uncomfortable. You received an order to remove and were closely monitored by myself and the bedside RN. NS

Week 10 a: I think my strength this week was my prioritization while being the team leader. I feel that I did a good job mapping out which patients were the priority and needed to be checked on first as well as prioritizing based on order times for our med passes. You did a terrific job managing your team and helping ensure everyone had everything they needed. You were well organized and kept up with everything as we received new orders and information. KA

Week 10 b: I feel that my weakness this week was time management. I feel that it took me longer than I would have liked to look up meds this week. I will improve this in the future by having more of a plan and using my prioritization to help me know what meds to look up first and when to start looking them up based on the time that they are due. Great idea of ways to manage your time better in the future. KA

Week 11 a: I think my strength this week was prioritizing my care and managing my time effectively. I struggled with my time management last week and I think that I really improved my time management skills this week.

Week 11 b: I think my weakness would be that I sometimes still get a little frazzled and uncomfortable having to wake the patients up if they are sleeping. I can improve on this by reminding myself that although I am waking them up, I am waking them up for a reason that can greatly benefit them overall. They may be annoyed that I woke them up and they may not be. I need to stop being afraid of possibly having grumpy patients.

Student Name: Seannita "Essence" Byrd	Course Objective:
Date or Clinical Week: 1/25/2024	

	Criteria	3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	**(lists at least 7*) *provides explanation if < 7**	**(lists 5-6)**	**(lists 5-7 but no specific patient data included)**	**(lists < 5 or gives no explanation)**	3	All criteria met. MD
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	**(lists at least 3*) *provides explanation if < 3**		**(lists 3 but no specific patient data included)**	**(lists < 3 or gives no explanation)**	3	
	3. Identify all risk factors relevant to the patient.	**(lists at least 5*) *provides explanation if < 5**	**(lists 4)**	**(lists 3)**	**(lists < 3 or gives no explanation)**	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	All criteria met. MD
	5. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	6. Identify all potential complications for the top nursing priority problem.	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**	3	
	7. Identify signs and symptoms to monitor for each complication.	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**	3	
Responding	8. List all nursing interventions relevant to the top nursing priority.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	All criteria met. MD Just a side note-In the administration section you mention wanting to administer Aspirin for inflammation. It can also be used to keep platelets from sticking together which would assist in decreasing the patient's risk of stroke. MD
	9. Interventions are prioritized	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	10. All interventions include a frequency	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	11. All interventions are individualized and realistic	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	12. An appropriate rationale is included for each intervention	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
Refl	13. List all of the highlighted reassessment findings for the top nursing priority.	**>75% complete**	**50-75% complete**	**<50% complete**	**0% complete**	3	All criteria met. MD Consider citing all care maps. This will assist the faculty in understanding where

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	you found your information. MD

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

Student Name: Seannita "Essence" Byrd	Course Objective:
Date or Clinical Week: 2/14-15/2024	

	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	Good compilation of findings listed.
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	**(lists at least 3*) *provides explanation if < 3**		**(lists 3 but no specific patient data included)**	**(lists < 3 or gives no explanation)**	3	
	3. Identify all risk factors relevant to the patient.	**(lists at least 5*) *provides explanation if < 5**	**(lists 4)**	**(lists 3)**	**(lists < 3 or gives no explanation)**	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	4. Thorough list of nursing problems
	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	10. Intervention 13 and 14 have no frequency, but still have greater than 75% so no points deducted.
	9. Interventions are prioritized	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	10. All interventions include a frequency	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	11. All interventions are individualized and realistic	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	12. An appropriate rationale is included for each intervention	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
Refl	13. List all of the highlighted reassessment findings for the top nursing priority.	**>75% complete**	**50-75% complete**	**<50% complete**	**0% complete**	3	

ecting	14. Evaluation includes one of the following statements: • Continue plan of care • Modify plan of care • Terminate plan of care	**Complete**			**Not complete**	3	

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

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

Student name: Seannita Byrd								
Skills Lab Competency Evaluation	**Lab Skills**							
	Week 1	**Week 1**	**Week 1**	**Week 1**	**Week 1**	**Week 2**	**Week 2**	**Week 9**
Performance Codes:	**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)*
S: Satisfactory **U**:Unsatisfactory	**Date:** 1/9/24	**Date:** 1/9/24	**Date:** 1/10 or 1/11/24	**Date:** 1/10 or 1/11/24	**Date:** 1/12/24	**Date:** 1/17 or 1/18/24	**Date:** 1/17 or 1/18/24	**Date:** 3/18/2024
Evaluation:	**S**	**S**	**S**	**S**	**S**	**S**	**S**	**S**
Faculty/Teaching Assistant Initials	KA	KA	KA	KA	KA	KA	KA	KA
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. KA

Week 2
(Trach Care & Suctioning) - During this lab, you satisfactorily demonstrate competence with tracheostomy care and tracheostomy suctioning. Your execution of tracheal suction was very well done! You demonstrated confidence in the skill and sterility was maintained. During tracheal care, you applied your sterile gloves before removing

the inner cannula and old dressing but recognized this on your own and corrected the situation. I would also encourage you to rethink the organization of your supplies on the table to avoid risk of contamination. Throughout both procedures, you utilized great communication and explained each step to the patient. No prompting was required for either skill. Keep up the good work!
DW
(EBP Lab)- You actively participated in the online searching process for evidence-based practice literature, as well as reviewing example articles to determine appropriate selection and information needed when summarizing a research article. KA/LK

Lab Day (3/12/2024) – Absent
Made up on 3/18/2024. Practiced NG tube and IV pump skills with proficiency. KA

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

Simulation Evaluation Performance Codes: **S**: Satisfactory **U**: Unsatisfactory	**Student Name:** Seannita Byrd							
	vSim- Vincent Brody (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	**vSim**- Juan Carlos (Pharmacology) (*1, 2, 3, 4, 5, 6)	**vSim**- Marilyn Hughes (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	Simulation #1 (Musculoskeletal & Resp) (*1, 2, 3, 4, 5, 6, 7)	Simulation #2 (GI & Endocrine) (*1, 2, 3, 4, 5, 6, 7)	**vSim**- Stan Checketts (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	**vSim**- Harry Hadley (Pharmacology) (*1, 2, 3, 4, 5, 6)	**vSim**- Yoa Li (Pharmacology) (*1, 2, 3, 4, 5, 6)
	Date: 1/29/24	**Date: 2/12/24**	**Date: 2/26/24**	**Date: 2/28 or 2/29/24**	**Date: 4/10 or 4/11/24**	**Date: 4/15/24**	**Date: 4/25/24**	**Date: 4/29/24**
Evaluation	S	S	S	S				
Faculty/Teaching Assistant Initials	MD	HS	KA	KA				
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA				

* Course Objectives

Comments:

Simulation # 1 – Please review the comments placed on the Simulation scoring sheet below. In addition, review the individual faculty feedback placed within the Simulation # 1 Prebrief and Reflection Journal dropboxes KA

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Byrd (M) McIntyre (A)
GROUP #: 2
SCENARIO: MSN Scenario #1 – Musculoskeletal/Respiratory
OBSERVATION DATE/TIME(S): 2/28/24 0800-1000

CLINICAL JUDGMENT COMPONENTS					OBSERVATION NOTES
NOTICING: (2) *					Notice pt cough and elevates head of bed, begins respiratory assessment
• Focused Observation:	E	A	D	B	Vital signs, notice low SpO2 level and elevated HR
• Recognizing Deviations from Expected Patterns:	E	A	D	B	Pain assessment: swelling/edema, checks pulses
• Information Seeking:	E	A	D	B	Refers to patient in appropriate pronouns
INTERPRETING: (1) *					Focused assessment on respiratory due to noticing cough and shortness of breath
• Prioritizing Data:	E	A	D	B	Focused pain assessment on right lower leg
• Making Sense of Data:	E	A	D	B	Identifies that needs to waste medication with witness
RESPONDING: (2,3,4,5,6) *					Elevate head of bed upon hearing cough
• Calm, Confident Manner:	E	A	D	B	Apply oxygen when SpO2 levels drop
• Clear Communication:	E	A	D	B	Call healthcare provider when SpO2 will not increase with oxygen applied
• Well-Planned Intervention/ Flexibility:	E	A	D	B	SBAR: organized
• Being Skillful:	E	A	D	B	Receive orders from healthcare provider. No readback of orders
					Correct medication math for enoxaparin
					Waste morphine with witness prior to administering. Correct medication math to administer 4 mg per chart
					Medication administration: check name/DOB, check allergies, explain medications to patient, use of correct needle for enoxaparin, do not twist or angle the needle once inserted into skin (ouch!). Correct needle size used for morphine injection. Needle safety engaged after administration.

	Call healthcare provider back to clarify verbal orders (route for enoxaparin) prior to administration Education provided about blood clots: refusal of ambulation, refusal of SCDs, promoting movement, education on medications, how to prevent in the future.
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. All members of group performed medication math for proper morphine administration per the order and concentration provided during simulation. Correct answer was found and discussion had about how decision making was done in simulation and how to prevent errors in future. Review of proper IV pump programing and how to program secondary fluids with smart pump. 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:** 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: Focuses on the most relevant and important data useful for explaining the patient's condition. Even when facing complex, conflicting, or confusing data, is able to (a) note and make sense of patterns in the patient's data, (b) compare these with known patterns (from the nursing knowledge base, research, personal experience, and intuition), and (c) develop plans for interventions that can be justified in terms of their likelihood of success. Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Shows some communication ability (e.g., giving directions); communication with patients, families, and team members is only partly successful; displays caring but not competence. 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:
-

`12/27/2023