

EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student:

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
1/25/2024	Impaired Physical Mobility	Satisfactory/MD	NA	NA
2/1/2024	Dysfunctional Gastrointestinal Motility	S/NS	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	N/A	S	N/A	N/A	S	S	S	S					
a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting)			S	S	N/A	S	N/A	N/A	S	S	S	S					
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			S	S	N/A	S	N/A	N/A	S	S	S	S					
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			S	S	N/A	S	N/A	N/A	S	S	S	S					
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			S	S	N/A	S	N/A	N/A	S	S	S	S					
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	S	N/A	S	N/A	N/A	S	S	S	S					
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			S	S	N/A	S	N/A	N/A	S	S	S	S					
g. Assess developmental stages of assigned patients. (Interpreting)			S	S	N/A	S	N/A	N/A	S	S	S	S					
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		S	S	N/A	S	N/A	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		5T Age: 90 Hip fracture	4N Age: 82 Colitis/Syncope	ECSC	3T Age: 77 Fall/Rhabdomyolysis	Digestive Health and Infection Control	Sim Lab	NA	3T Age: 92 Fever/pneumonia/UTI	5T Age: 62 Stroke/ UTI	3T Age: 57 Acute kidney failure/					
Instructors Initials	KA	KA	MD	NS	DW	KA	DW	KA	KA	HS	RH						

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

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 4 1(a-h) – Nice job this week discussing the pathophysiology involved with your patients alterations related to colitis and impaired gastrointestinal motility. You identified his syncopal episode as being related to decreased fluid volume from frequent loose stools as a result of the diagnosed colitis. You correlated his altered bowel movements and abdominal symptoms with his priority problem. Medical treatments were discussed such as IV fluids to maintain fluid balance. You correlated his prescribed pharmacotherapy with his admitting diagnosis and past medical history. You demonstrated preparedness for clinical by answering questions and demonstrating a desire to learn. NS

Week 6 – 1a, b, c, e– You did a nice job discussing on clinical your patient's disease process related to her rhabdomyolysis and what nursing was doing to help the patient. You were also able to discuss the patient's disease process on day 2 who was diagnosed with new onset CHF. You were able to discuss symptoms we were monitoring and managing in your patient as well as pertinent labs for your patient diagnosis. You also set a goal for your patient and were able to discuss your patient's work towards meeting that goal. KA

Week 6 – 1d – You did a nice job reviewing all your medications before you administered them to the patient. You were able to discuss the reason why the patient was taking the medication as well as what we were monitoring the patient for. You also were able to discuss what information was needed to determine if the medication should be administered (i.e. blood pressure, pulse). KA

Week 7 (1h)- Abigail, please keep in mind that Infection Control, Digestive Health, and the Erie County Senior Center, while not your typical inpatient clinical, are still clinical experiences. In the future, be sure to review each competency and evaluate as appropriate. For example, competency 1h asks you to evaluate whether or not you demonstrated evidence in being prepared for clinical. Did you prepare for the Infection Control experience by reviewing the isolation precautions quick reference guide and bring your clinical paperwork that was mentioned in the syllabus? If yes, the evaluation could have been an S. If not, it would have been an NI or U. DW

Week 9 (1a-e)-Great job this week! You were able to identify the pathophysiology for your patient this week utilizing her history and the symptoms she was currently experiencing. You were also able to review the diagnostics that the patient had and discuss how they correlated with the patients diagnosis. HS

Week 10 (1 c, d, e)- This week you did a great job discussing your patient's pathophysiology of their illness as well as had a great discussion of their medications and why they were relevant to their care. RH.

Objective

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

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

Comments:

I put an N/I because I am going to have to get use to the new Meditech app before I can have skill of documenting I can improve this by working with this app in a clinical setting. It will take time and practice to master this skill, however you actively participated in lab and practiced during the designated lab making you satisfactory for this week. KA

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- I put N/I because I am not sure how to do percussions on my patient and I have never done them before put I am going to look up some video of how to do it for next time. I can also assist you with this! Let me know if you would like me to help you! Overall, you did perform a great head to toe assessment! You were able to document it in the medical record and communicate your findings to me! MD

Week 4 2(a,e) – Nice work with your assessments this week. Your appropriately prioritized your assessments related to his nutritional status and altered GI system. You noticed numerous deviations from normal that were accurately communicated in the EHR. NS

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 6 – 2a, d – You did a nice job thoroughly assessing your patient and notifying your nurse of any pertinent information. You were able to identify the focused assessment needing to be completed for your patient related to their diagnosis and monitored abnormal assessment findings. KA

Week 6 – 2f – You utilized the EMR to research your patient and determine what care needed to be provided to your patient throughout the day. You also utilized the EMR to research your patient’s health history and information related to the patient’s current hospital visit. KA

Week 7 (2f)- Again, please be sure to take the time to review each competency and evaluate yourself for any skills you completed. For example, during the Infection Control clinical, you were required to review patient charts for diagnoses associated with isolation precautions, as well as reviewing documentation for accuracy in communicating isolation precautions utilized. DW

Week 9 (2a-f)- You did a nice job with your assessment as well as documenting it within the electronic medical record. You did a nice job communicating with your team members this week as well as making sure that the primary nurse was aware of anything pertinent. You were also able to discuss your focused assessment on your patient and the reasoning behind your decision of focus. HS

Week 10 (2 a-f)- This week you did a good job of performing your head to toe when time was available to you due to the therapy scheduling. You worked around therapy schedules to get your head to toe as well as your reassessment done. You also were able to document and find other assessment pieces in the electronic health record. RH

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

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 4 3(c,d) – Overall you did well this week as team leader. You were assigned three patients to oversee the care being provided by your peers. You appropriately identified the patient admitted with stroke like symptoms the night before to perform a focused neurological assessment. You then prioritized the patient admitted two days post-op following a bowel section surgery, focusing on risk of infection and pain control. Lastly, you prioritized the patient admitted with constipation two days prior. You used good clinical judgment in discussing your priorities for the day and ensuring care needs were met at an appropriate time. Furthermore, you did a great job using clinical judgment to prioritize medication administration with each patient. You were tasked with making nursing judgment decisions regarding insulin administration with alterations in nutrition status. Overall great work as team leader in organizing your care and prioritizing appropriately. NS

Week 6 – 3b – You did a great job assisting another nurse complete the task of removing the nits off a patient with body lice. This was a new task for you and you made sure to provide this patient with both kind and compassionate care. You should be proud of the care you provided to him and your other patients! KA

Week 9 (3 c, d)- Nice job this week as team leader! You were able to prioritize the plan for the day and adjust when necessary based on changes that occurred during the day. You were able to identify when your team members needed assistance and jumped in to help out. HS

Week 9 (3g)- I changed this competency to a satisfactory because your patient did have a urostomy that was connected to a Foley bag and you maintained the care for that. You assisted in changing the bag and keeping the bag with the urine off the floor and maintained it. HS

Week 10 (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

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies:																	
k. Administer PO, SQ, IM, or ID medications observing the rights of medication administration. (Responding)			S	S	N/A	S	N/A	N/A	S	S	S						
l. Ensure patient safety through proper use of EHR, IV flow sheet, and BMV. (Responding)			N/A S	S	N/A	N/A	N/A	N/A	S	N/A	S	S					
m. Calculate medication doses accurately. (Responding)			S	S	N/A	S	N/A	N/A	S	S	S						
n. Administer IV therapy, piggybacks, IV push, and/or adding solution to a continuous infusion line. (Responding)			N/A	S	N/A	N/A	N/A	N/A	S	N/A	N/A	S					
o. Regulate IV flow rate. (Responding)	N/I S		N/A	S	N/A	N/A	N/A	N/A	S	N/A	N/A	S					
p. Flush saline lock. (Responding)			N/A	N/A	N/A	N/A	N/A	N/A	NA	N/A	N/A	S					
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	S	N/A	N/A S	N/A	N/A	S	N/A	N/A	S					
s. Perform FSBS with appropriate interventions. (Responding)	S		N/A	S	N/A	N/A	N/A	N/A	S	S	N/A	N/A					
	KA	KA	MD	NS	DW	KA	DW	KA	KA	HS	RH						

Comments:

Week 1- I put N/I for regulating IV flow rate because I don't have that skill down but with more practice I will be able to be confident in my skill. You actively participated in the lab and practiced this skill making you satisfactory for the week. This skill will take time and practice to master. KA

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- I did not get to do anything with IV because my patient did not need one. I gave you a satisfactory for this competency because you utilized the BMV for medication administration! MD

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 4- I did not get to flush any IVs because my patient had a continuous IV.

Week 4 3(k-s) – Great job with medication administration this week as team leader. You discussed the 6 rights of medication administration, performed the three safety checks, and utilized the BMV scanner for patient safety. You gained experience in assisting with PO medications and subcutaneous injections. You discussed and prompted your classmates regarding the use of each medication, side effects to monitor for, and nursing implications for each. Dosages were calculated accurately, particularly related to insulin administration with the use of the prescribed protocols. You provided strong peer support in medication administration and patient education with each experience. You also gained experience in performing a FSBS and monitoring IV sites. Nice work! NS

Week 6- I didn't get to do anything with an IV. My patient had a saline lock that I would assess but nothing administered though it. She had all PO medications. KA

Week 6 – 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 medications this week. You performed the medication administration process with beginning dexterity. KA

Week 6 – 3r – You did a nice job monitoring your patient's IV site this week and documenting your assessment in the EMR. I understand you did not get other IV experience however you did a nice job completing this competency by monitoring the saline locks on both your patient's this week. KA

Week 9 (3k,l,m)- You did a nice job with medication administration this week! You followed the rights of medication administration and completed all checks prior to administering medications. You were able to administer oral and subcutaneous medications this week. Since your patient had an infusaport you were unable to administer any IV medications this week. HS

Week 10 (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. RH

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies:			S	S	S	S	N/A	N/A	S	S	S	S					
a. Integrate professionally appropriate and therapeutic communication skills in interactions with patients, families, and significant others. (Responding)			S	S	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	S	N/A	S	N/A	N/A	S	S	S	S					
c. Report promptly and accurately any change in the status of the patient. (Responding)			S	S	N/A	S	N/A	N/A	S	S	S	S					
d. Maintain confidentiality of patient health and medical information. (Responding)			S	S	N/A	S	N/A	N/A	S	S	S	S					
e. Consistently and appropriately post comments in clinical discussion groups. (Reflecting)			S	S NI	S	S	N/A S	N/A	S	S	S	S					
f. Obtain report, from previous care giver, at the beginning of the clinical day. (Noticing)			S	S	N/A	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	S	N/A	S	N/A	N/A	S	S	S	S					
	KA	KA	MD	NS	DW	KA	DW	KA	KA	HS	RH						

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! Be sure to always include an in-text citation for both initial and reply responses. If this continues you will receive an NI or potentially a U for missing in-text citations. If you have questions please let me know! MD

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 4 4(b)- You were able to utilize effective communication as team leader when interacting with your peers and the patients that were assigned. You ensured your classmates stayed on track, assisted with medications, and communicated priorities. NS

Week 4 4(e) – You did a nice job with your CDG response this week related to your team leader experience. You discussed your prioritization well and painted a clear picture of your day to help your fellow classmates learn from the experience. Your response post to Ava prompted further questions and enhanced the discussion. This competency was changed to “NI” due to the initial post and response post to a peer lacking an in-text citation. According to the CDG grading rubric, all posts should include BOTH and in-text citation and reference. For in-text citations, you want to include the author(s) last name(s) or authoring organization followed by the publishing year. To incorporate in in-text citation, you will either quote or paraphrase information from a selected source then insert the in-text citation following the statement. This shows the use of reputable sources and provides credit to the author of the information. Be sure to include an in-text citation with all future posts to be satisfactory moving forward. Let me know if you have any questions on in-text citations. NS

Week 5 (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, one suggestion for future improvement with APA formatting. When you use a direct quote, the citation should include the author(s) last name, the year of publication and the page or paragraph number. This would be an example of an APA formatted citation- (Venes, 2021, para 4). Keep up the good work! DW

Week 6 – 4b – You completed the SBAR worksheet and provided your RN with handoff communication related to your patient utilizing the SBAR you developed. You made sure all pertinent information and changes in patient status were communicated to your nurse during hand-off report. KA

Week 6 – 4e – Abby, you did a great job telling the medication story of your patient from the first day in your CDG this week. You were thorough and thoughtful with your description of the patient and her medications. You made a well written response to a classmate and made sure to include a reference and in-text citation in both responses. Remember when using a direct quotation include the page number or the paragraph number if there are no page numbers in your in-text citation. Keep up the terrific work! KA

Week 7 (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. Also, your APA was formatted correctly. I just have a couple thoughts. 1. I’m not sure where you got the McComas author or the 2020 publication date, but when I went to the article, I found different information. The correct citation would be- (Brodine & Kellogg, 2011, para 11). The correct reference would be- Brodine, J., & Kellogg, A. (2011, December 15). *Clostridium difficile infection: What nurses need to know*. Johns Hopkins Nursing Magazine. <https://magazine.nursing.jhu.edu/2011/12/clostridium-difficile-infection-what-nurses-need-to-know/>. 2. Scholarly writing utilizes paraphrasing of information whenever possible, as opposed to directly quoting. Please try to incorporate more paraphrasing with your citations in future writing. 3. 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. Overall, nice job! DW

Week 9 (4a, b, c, d)- You did a nice job communicating with your patient, team leader and primary nurse. You identified and notified the appropriate individuals when necessary. You did a nice job communicating with your team members as well and identifying any key information that need to be passed along when you acted as the team leader. HS

Week 9 (4e)- Nice job on your CDG response this week! You completed the test and answered the questions. You meet the required word minimum and provided a thorough response for each question. You did include a reference at the end of the post, however I did not see where you used that information in relation to an in-text citation. HS

Week 10 (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

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

****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:

5T week 3- I want to educate my patient on how not to overwork herself or push herself. I know she wants to get out of there, but she is in rehab for impaired mobility because she has fallen more than once in the last six months leading to a hip fracture and surgery. She keeps pushing herself to be so independent and I have noticed that she is getting tired or exhausted while doing it instead of taking it slow. I am going to talk about it while she does independent care and see to get exhausted. I used skyscape on weakness and had her tell me when she is getting exhausted to stop and give herself a minute or have me help with the task. **Great job! MD**

4N Week 4- I educated him on why he was on a clear liquid diet. He had colitis and explained that his colon is experiencing inflammation so with the clear liquid diet it helps things go down without irritation. I told him the heavier foods and rougher food will irritate the colon making it harder to digest. He wasn't understanding why his diet has changed and was mad that why he needed the education. I used skyscape to learn more on colitis to understand his treatment more. After the education he was more at ease with his diet and that's how I know my teaching worked. **Very good, Abbi! It can be hard for patient's to understand why their diet is limited at the hospital. Keeping the patient informed of his plan of care and providing an explanation goes a long way in helping them understand and work towards positive outcomes. Good use of resources to help enhance your knowledge and support your education! NS**

Week 6- I educated her on her pain and swelling. Her pain was described as a burning pain so I looked up arthritis and patients can feel a burning pain especially with injury to certain areas. She didn't understand why it was a burning sensation instead of an aching. I knew she understood when she was asking questions and was making a conversation out of the teaching. I used both Lexicomp and skyscape to come to this conclusion. **This was great education to provide. Did you provide her education on fall prevention and overall home safety that we discussed since this was a big concern with her living at home alone and without someone checking on her regularly? KA**

Week 9- Some teaching I had to educate my patient is that even though she doesn't feel short of breath and has difficulty breathing when her SpO2 when below 92% she needs to wear her 2L of oxygen provided to her. I knew she understood because when her SpO2 was 88% she followed my direction by wearing the nasal cannula. I used a mix of both skyscape and Lexicomp when caring for my patient. **Keeping her oxygen on to keep her pulse oximeter up was important information however, did you also utilize any other resources to attempt to raise her pulse ox, or did you find any other information when looking in skyscape. Such as information on coughing and deep breathing and elevating the head of the bed for her? HS**

Week 10- Some teaching I provided for my patient was the importance of the Eliquis he was taking. I emphasized the importance of taking it as it is prescribed because it will help his health tremendously with his A-fib and it will help future complications with his health by taking it regularly. It can prevent blood clots stroke and help him stay out of the hospital. I used skyscape to understand what Eliquis was used for and how it help my patient specifically. **This is a great education topic because it is believed your patient stopped taking this medication at home prior to their stroke. RH**

Week 11- Some teaching I did with my patient is on one of her medications. The medication was Lactulose, she thought was just a laxative, so she has been refusing it because she makes a mess when taking it. I had to educate her that the reason for her taking it is because her ammonia levels were over double the average level and it will help her get her levels down. After I educated her, she realized how important it was to take and took it for me. I used skyscape to understand the medication and tie it into my patient's health.

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	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 U	S	N/A	S	S	S	S					
	KA	KA	MD	NS	DW	KA	DW	KA	KA	HS	RH						

****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- I did not see or hear from any of her family for support. When discharged she wants to go back to her apartment which she lives alone. It seems like there is not a very dependable support system going for her. **This is very concerning because she is going to need the support when she returns home. MD**

Week 4- He is in the hospital almost weekly so I'm guessing he does not have the ability to take on self-care for himself and no support system that helps him with his health. **Social and community context play an important role in maintaining health and promoting positive outcomes. Many patients face challenges beyond their control. A lack of support system can negatively impact health as patients don't have anyone to provide support or encourage accountability with their health. NS**

Week 5- The seniors are confined in there house with little access to friends and family due to not driving so they provide busses to make sure they can get out and get interactions at this center with hot meals. **Great observation! I appreciate that you included the resolution to the SDOH identified. DW**

Week 6-My patient is **Unfortunately this statement was left unfinished making this competency unsatisfactory. I know we discussed several SDOH concerns with this patient while you were on clinical including her living alone and lack of support system. Please make sure to make a statement on how you will prevent receiving a U in this competency in the future. KA**

I will prevent it by finishing the statement before submitting.

Week 7- The staff and patients don't always follow the isolation precautions and do hygiene before and after every patient. This can cause many things to be spread through out the hospital and get patients who are trying to health worse. **Agreed! With that said, how does this relate to SDOH? To ensure that you fully understand SDOH, please review the CMS- Social Determinants of Health document found in the Clinical Resources on Edvance360. If you have any questions, I will be happy to help. DW**

Week 9- I think for my patient for this week would be the stress of being in the hospital with her illness had a big impact with her age. She is an older patient that has a lot medically going on with her so that stress can be hard for her as she gets older to handle. It is probably harder for her to sleep at night and with the illness she probably isn't following her routine she has been doing for years. **It sounds like you are concerned about her mental health overall. Since she is hospitalized the concern of the added stress to her and a potential for a lack of sleep and the change in her routine could ultimately impact her mental health. HS**
 6a- I did not see a care map so I changed this to a NA. HS

Week 10- I think for my patient this week it is the lack of education and finical issues that impact the non-compliance with his Eliquis. I feel as if my patient does not understand how bad the consequences can be of not taking this medicine so additional education is needed. **That is a good point. We are not sure why he stopped taking it so it could be from lack of education or lack of funds to pay for the medication. RH**

Week 11- I think for my patient it is the lack of education on how her continuous alcohol abuse is going to keep making her worse and in more pain. I feel as if my patient doesn't understand she is going to keep getting worse rather than she is already sick so there's no point in stopping. I also think a support system can tie in because yes, she has family and a husband, but I don't think they are driving her to become sober they are just there to help her feel better.

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	U	S	N/A	S	S	S						
b. Reflect on an area for improvement and set a goal to meet this need.** (Reflecting)	S		S	S	S	U	S	N/A	S	S-NI	S	S					
c. Demonstrate evidence of growth, initiative, and self-confidence. (Responding)	S		S	S	S	U	S	N/A	S	S	S						
d. Follow the standards outlined in the FRMCSN Student Code of Conduct Policy. (Responding)	S		S	S	S	U	S	N/A	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	U	S	N/A	S	S	S						

f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (Responding)	S	U	S	S	S	U	S	N/A	S	S	S				
g. Demonstrate the ability to give and receive constructive feedback. (Responding)	S		S	S	N/A	U	S	N/A	S	S	S				
h. Actively engage in self-reflection. (Reflecting)	S		S	S	S	U	S	N/A	S	S	S				
	KA	KA	MD	NS	DW	KA	DW	KA	KA	HS	RH				

****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- A. My strength this week has been being able to demonstrate the head-to-toe assessment skill very well and learning the concept of how to do fingerstick. **Terrific job! KA**
 B. My weakness this week is being able to read the IV bags and based on the MAR and IV bag figuring out the right data I need to do the dosage calculation for it. I am going to improve that by working on practice questions until I feel confident with doing it. **Great job recognizing this as an area for improvement and asking for additional practice problems. You can also attend the open lab coming up. KA**

Week 2 – 7f – Wrong clinical tool submitted. The clinical tool without the previous week's faculty comments was submitted by the due date and time. Abigail quickly corrected it and submitted the correct tool. However, the correct tool was submitted past the due date and time therefore you are receiving an unsatisfactory for this week. Please remember to write a comment on how you will prevent this from occurring in the future. **KA**

I will correct it by checking it before submitting it and after submitting it I will check it's the correct document. **Do not remove faculty ratings after you have addressed the unsatisfactory rating. This will show improvement in the course. MD**

Week 3- My strength was being able to get her full assessment and vitals done before OT came and got her and getting her medication to her at a reasonable time. My time management was very good this week. **Amazing! Great job! MD**

My weakness was being able to find the data I needed in her chart, and I will work ongoing through and working through the new Meditech till I am able to get a good understanding of it. **This is a great goal! Definitely a learning curve for all of us! MD**

Week 4- My strength this week was being able to connect his diagnosis with the medicine given to him specific for his illness. I was able to explain the medicine strictly based for my patient. **Very good! You are improving your clinical judgment and ability to connect the pieces between treatments and disease processes. It seems like you were able to provide strong education this week to help keep your patient informed. Nice job! NS**

My weakness this week was delivering meds at the time they were supposed to be given due to the assessment and teaching down when I first went into his room. Next time I am going to keep a n eye on timing a little closer so his meds could be delivered on usual timing. **You will continue to improve upon time management with each experience. Hopefully your team leader experience helped create awareness to the importance of time management and prioritization when caring for multiple patients. You can take this experience and develop a plan to stay on track with medication administration. Keep up the hard work! NS**

Week 5- My strength was to be able to come up with an activity all the seniors could be involved in and be entertained by the game. **Inclusivity is very important. Good choice. DW**

My weakness was being able to relate with them while interacting with them because a lot of stuff I was too young to know. I will improve this by asking them to explain. **That's definitely a start. You can learn a lot from an older generation. DW**

Week 6 – 7a-h – Unfortunately all these competencies were left blank and 7a & 7b did not have comments related to them therefore these competencies were all marked as a U. Please make sure to make a comment on how you will prevent receiving a U in each of these competencies in the future. I would like to note I want to make a comment about 7e. You went above and beyond to help another nurse of a patient that was not yours this week. You showed patience, kindness, and consideration for others. The compassion you showed to the patient as well as the teamwork mentality you showed towards the staff is commendable. You should be proud of yourself and exemplified an ACE attitude this week! **KA**

I will prevent this by making sure everything is done I did finish it but im not sure what happened . When its pulled up in my documents it is finished so I will communicate with the instructor to make sure they got the same thing. **DW**

Week 7- My strength this week was being able to keep an open mind to learning new skills that I thought I would never have interest in through finding my career. I did enjoy learning new things. DW

My weakness this week was with being in unusual floors I'm not use to it made me become shy and not knowing anything about what I am doing made me uncomfortable. Abigail, I appreciate the reflection, but you did not include a goal for improvement. In the future, to avoid a U, please be sure to include what you will do to improve, how often you will do it and when you will do it by. It's important to include this information because it's 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. DW

Midterm – Abigail, you did a nice job during the first half of the semester. Your midterm clinical grade is satisfactory. You have had the opportunity to care for a variety of patients and work on the majority of your clinical competencies. Please let the faculty you are working with during the second half of the semester know that you have not had the opportunity to work with a patient with a Foley so they can help you seek out this opportunity to work on this competency. Also let them know you are seeking out opportunities to flush and IV and DC and IV so they can help you locate opportunities to complete these skills before the end of the semester. You have also satisfactorily completed both of your required care maps for the semester before midterm. Great job! Continue the hard work into the second semester and finish strong. KA

Week 9- My strength this week was going into my patient room and helping her change her urostomy but instead of following the book way I let her walk me through her way and the way that she was comfortable with. I learned that it is easier to go with how the patient do there daily care rather than by the book because they have their own comfortable way of doing things. Yes, it is important to include the patient in their care especially when they have a routine of how they complete a task they have been doing for several years, however it is also important to keep things such as infection control in mind while they are doing it incase they need some education. So yes, you can do it their way as long as it follows closely in line with the book way and does not cause any concerns such as introducing infection or anything similar, and if it would cause concern you would want to step in and educate the patient. HS

My weakness this week was not being able to answer all the family's questions when they asked me. I struggled with a lot of the questions they asked because a lot of stuff the nurse helped with so I wasn't sure how to respond to it because it wasn't my work. What is your plan or goal moving forward after identifying the area for improvement? HS

Week 10- My strength this week was being able to tie his medications with his history and diagnosis. I really understood how everything correlated together and had more confidence with giving medication with having a lot of knowledge with it. We had a great discussion about this during some downtime this week. Good job! RH

My weakness this week was getting him to warm up and having him talk it seemed as if he didn't want to be bothered and the conversations, I started he ended very Fastly. Moving forward I will try to relate to this patient more and get him to be more comfortable with me by starting more conversations he is interested in. Remember this competency also requires you to make a goal that includes a timeframe and how many times you will practice before next clinical. I highlighted the requirements in green above. RH

Week 11- My strength this week was being a listening ear for my patient and getting her motivated for the day by getting her washed up, makeup on, hair brushed and out of bed her mood changed significantly. I felt like she really started to trust me after that, and it made a connection.

My weakness this week was understanding my patient's way of lifestyle and why she doesn't want to change. My goal is for me to be more open-minded to other people's way of living and maybe understand why they do it. I want to be able to complete this goal within my next clinical. I would like to practice this in my ever day life like when I work so I'm going to practice this in my next two shifts.

Student Name: Abbi Foote				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	Your interventions were not prioritized. The order for interventions should be assessment, encouragement, administration, and then education/assisting the patient. If you have questions on this please let me know! MD
	9. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	0	
	10. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	11. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	12. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
Refl	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	All criteria met. MD

ecting	14. Evaluation includes one of the following statements: - Continue plan of care - Modify plan of care - Terminate plan of care	Complete			Not complete	3	
Total Possible Points= 42 points 42-33 points = Satisfactory 32-21 points = Needs Improvement* < 21 points = Unsatisfactory* *Total points adding up to less than or equal to 32 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines. Faculty/Teaching Assistant Comments:							Total Points: 39/42 MD
							Faculty/Teaching Assistant Initials: MD

Student Name: Abigail Foote				Course Objective: 6a			
Date or Clinical Week: Week 4							
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 15 abnormal assessment findings were listed, including both subjective and objective information. Ten abnormal diagnostics were identified based on information obtained from the chart. Thirteen risk factors were identified based on the patient’s past medical history, age, and social history.
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)	3	
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	2	Five nursing priorities were identified based on the care provided. Consider including pain a nursing priority related to his admitting complaint of back pain and use of transdermal patch for pain management. Also consider his nutritional status as a potential nursing priority related to his prescribed clear liquid diet and history of Crohn’s disease. Potential complications were appropriately identified with specific signs and symptoms to monitor for each. Relevant data from the noticing section were highlighted appropriately to support your priority problem of dysfunctional gastrointestinal motility.
	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	A thorough list of 15 nursing interventions were listed, each prioritized appropriately with assessments taking highest priority. Rationale was included for each identified intervention. None of the listed interventions included a frequency. The stated interventions were realistic to the patient situation and individualized to his needs. Consider including information on incorporating fiber into the diet to increase bulk of the stool.
	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	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	An evaluation of each abnormal assessment finding was provided. Great job! Based on your evaluation of care

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	provided and continued patient needs, you appropriately determined the need to continue the plan of care.
Total Possible Points= 42 points 42-33 points = Satisfactory 32-21 points = Needs Improvement* < 21 points = Unsatisfactory* *Total points adding up to less than or equal to 32 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.							Total Points: 38/42 – Satisfactory
Faculty/Teaching Assistant Comments: Abbi, nice job with your care map submission for your patient's priority problem of dysfunctional gastrointestinal motility! You demonstrated good thoughts in identifying priorities, and supported your decision making with a strong list of assessment findings. You received 38/42 points for a satisfactory evaluation. You have now completed both required satisfactory care map submissions for the semester, job well done completing these early in the semester! Review the comments provided for future success and don't hesitate to reach out with further questions or concerns. NS							Faculty/Teaching Assistant Initials: NS

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

Student name: Abigail Foote								
Skills Lab Competency Evaluation	Lab Skills							
	Week 1	Week 1	Week 1	Week 1	Week 1	Week 2	Week 2	Week 9
	Insulin (2,3,5,7)*	Assessment (2,3,4,5,7)*	IV Math Application (3,7)*	Lab Day (1,2,3,4,5,6,7)*	IV Skills (2,3,5,7)*	Trach (1,2,3,4,5,6,7)*	EBP (3,7)*	Lab Day (1,2,3,4,5,6,7)*
	Date: 1/9/24	Date: 1/9/24	Date: 1/10 or 1/11/24	Date: 1/10 or 1/11/24	Date: 1/12/24	Date: 1/17 or 1/18/24	Date: 1/17 or 1/18/24	Date: 3/11 or 3/12/24
Evaluation:	S	S	S	S	S	S	S	S
Faculty/Teaching Assistant Initials	KA	KA	KA	KA	KA	KA	KA	HS
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA

*Course Objectives

Comments:

Week 1

(Insulin)- You were able to correctly prepare an insulin pen and administer subcutaneous insulin. Insulin requirements were accurately identified and calculated through the corrective scale and carbohydrate coverage orders. MD

(Assessment)- You were able to satisfactorily demonstrate the Basic Head to Toe Assessment during lab. KA/RH

(IV Math)-You satisfactorily participated in the IV Math learning session on 1/9/24 as well as the assigned IV Math practice questions and the IV Math Application lab on 1/10/24. KA/DW

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

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

Week 2

(Trach care and suctioning 1/17/24)- During this lab you satisfactorily demonstrated competence with tracheal airway suctioning and tracheostomy care. Both skills were executed with confidence and sterility was maintained. No prompting was needed and I have not suggestions for improvement; well done. Keep up the great work! DW

Week 9-(NG tube and trach care)- You satisfactorily completed the lab day skills review on 3/11/2024. You practiced both NG tube insertion and trach care in order to gain confidence in these skills. HS

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: Abigail Foote							
	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	KA	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): Foote (M) Houghtlen (A)

GROUP #: 1

SCENARIO: MSN Scenario #1 – Musculoskeletal/Respiratory

OBSERVATION DATE/TIME(S): 2/28/24 0800-1000

CLINICAL JUDGMENT COMPONENTS	<u>OBSERVATION NOTES</u>
NOTICING: (2) * • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B	Gather name/DOB to verify patient Assess all vitals: identifies abnormal BP and HR Full pain assessment. Asks about 5 “P”s (missing pallor) Reassess vital signs after pain medication administration Reassess pain after medication administration; only asks rating Does not check color/remove sock until on phone with healthcare provider Notices blue color of foot
INTERPRETING: (1) * • Prioritizing Data: E A D B • Making Sense of Data: E A D B	Prioritize pain assessment over head to toe Pain assessment: sensation, pulses, numerical rating, numbness/tingling, movement Call healthcare provider after reassess vitals and pain reassessment Does not check color/remove sock until on phone with healthcare provider
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	Ask questions/correct nurse about proper pronouns Attempt to gain clarification about report but nurse shrugs off questions, maintains professionalism Removes ice and pillow Administer morphine IM: states administering 2mL (4 mg) but administers 10mL (20 mg). verify name/DOB prior to administering, uses scanner for BMV. Use of proper needle size. Utilize needle safety. This initially puts the group at “B” however we discussed this situation in debriefing. During debriefing medication math was discussed and the medication dose was corrected. The student states

	she believed the syringe was only filled with 1 mL so that medication math was correct, however, the syringe was filled with 5 mL and this was explained and discussed in debriefing. SBAR: need more with “background” information. Does not correct use of improper pronouns. Promptness when hanging IV fluids. Flush IV prior to starting fluids, does all checks with BMV Hang antibiotic lower than IV fluids. Back flow into antibiotic bag. Corrected after hung, good job! Report to OR: organized Update partner on updated surgery
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: - Select focused physical assessment priorities based on individual patient needs. (2)* - Implement appropriate nursing interventions based on patient’s	Lasater Clinical Judgement Rubric Comments: Noticing: Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful information. Recognizes subtle patterns and deviations from expected patterns in data and uses these to guide the assessment. Makes limited efforts to seek additional information from the patient and family; often seems not to know what information to seek and/or pursues unrelated information. Interpreting: Makes an effort to prioritize data and focus on the most important, but also attends to less relevant or useful data. In most situations, interprets the patient’s data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse. Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Interventions are tailored for the individual patient; monitors patient progress

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	closely and is able to adjust treatment as indicated by patient response. Is hesitant or ineffective in using 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.
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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