EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Katelyn Morgan

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
2/10/24	Risk for adult falls	S/RH	NA	NA
2/16/24	Ineffective Breathing Pattern	S/KA	NA	NA

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

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies: a. Analyze the involved patho-physiology of the patient's disease process. (Interpreting)			n/a	S	S	S	S	NA	S	S	S	S	S				
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			n/a	S	S	S	S	NA	S	S	S	S	S				
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			n/a	S	S	S	S	NA	S	S	S	S	S				
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			n/a	S	S	S	S	NA	S	S	S	S	S				
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			n/a	S	S	S	S	NA	S	S	S	S	S				
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			n/a	S	S	S	S	NA	S	S	S	S	S				
g. Assess developmental stages of assigned patients. (Interpreting)			n/a	S	S	S	S	NA	S	S	S	S	S				
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		n/a	S	S	S	S	NA	S	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		No clinical	rehab	Rehab: 73 yr old F; RT hip revision and femoral shaft fracture	3T: 77 yr old male-respiratory failure	3T: 62 yr old male. Antibiotic resistant UTI	Sim lab	MIDTERM	DH and ECSC	68 year old Male-Cervical/Thoracic Myelopathy	92 year old male influenza B	Infection control				
Instructors Initials	MD	MD	DW	MD	RH	KA	HS	MD	MD	DW	RH	NS					

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. DW/NS/HS

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: (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.

Week 6 – 1a, b, c, e– You did a nice job discussing on clinical your patient's disease process related to his pleural effusion and respiratory failure 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 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). 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

Week 7 (1a-e)-Great job this week! You were able to identify the pathophysiology for your patient this week utilizing his history and the symptoms he was experiencing. You were also able to review the diagnostics that the patient had and discuss how they correlated with the patients history. HS

Week 10: (1 c, d, e)- You did a great job discussing your patient's pathophysiology this week and connecting it with their abnormal labs/diagnostics. You also connected their medications to their disease processes. RH

Week 11 1(a-h) – As team leader this week, you did well discussing prioritization of the patient assignment you were given. You discussed the disease processes occurring with the assigned patient's and used clinical judgment to determine which patient took priority based off various priority setting frameworks. You did well identifying the pathophysiology involved with each disease process and considered potential complications that could arise for each patient. Through report and discussion with your peers, you identified signs and symptoms that each patient was experience to help prioritize your plan of care. You helped to correlate prescribed medications with your classmates related to current and past medical history. Medical treatments were discussed and nursing priorities were identified. NS

Objective

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

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

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

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: (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

Week 6 – 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

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

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 used the EMR to research all the patients on your team and to check your classmates charting for accuracy. KA
Week 7 (2a-f)- You did a nice job with your assessment as well as documenting it within the electronic medical record. You also did a nice job communicating your findings to your team leader and your primary nurse. You were also able to discuss your focused assessment and the reasoning behind your decision of focus. HS

Week 10 (2 a-f)- You did a good job of prioritizing your time to ensure you did a full head to toe assessment on your patient. You performed a detailed head to toe assessment. You were able to correct any documentation that was brought to your attention by your team leader in a professional manner. RH

Week 11 2(c) – Nice work this week prioritizing skin care for your patient on day 2. You noticed that her was bedbound due to his declining mental status and incontinent of urine with a brief in place. You ensured repositioning occurred frequently, including checking and changing the patient if incontinence did occur. You closely assessed his skin when turning and repositioning and noted the use of a mepilex dressing over his coccyx. You discussed the rationale behind the dressing and the importance of maintaining its integrity. NS

Objective

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

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

Comments:

Rehab Clinical Objective 3 G-Your patient this week did not have a catheter. This is an NA. MD – Ill be more careful on filling out "S" next time. KM RH

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

*End-of-Program Student Learning Outcomes

Week 5: (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 6 – 3b – You did a great job caring for your patient and helping him manage his anxiety and stress related to his upcoming thoracentesis. You also did a terrific job managing your team and assisting them with patient care as the need arose. KA

Week 7 (3 a-e, i, j)- 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 you needed assistance and asked for help. You had thoughtful discussions with your team leader as well as the primary nurse. HS

Week 10: (3c, d, e, g)- you did great this week with your time management and organization skills. You were able to work with different departments to ensure all your tasks were done without interfering with their schedules. You also stepped up and offered to perform foley care on a patient that was not yours, great job using an ACE attitude and going above and beyond to help on the floor. 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)			n/a	S	S	S	S	NA	**S**	NA	S	S	NA				
l. Ensure patient safety through proper use of EHR, IV flow sheet, and BMV. (Responding)			n/a	S	S	S	S	NA	**S**	NA	~~NA~~ S	S	S				
m. Calculate medication doses accurately. (Responding)			n/a	S	S	NA	S	NA	**S**	NA	S	S	NA				
n. Administer IV therapy, piggybacks, IV push, and/or adding solution to a continuous infusion line. (Responding)			n/a	n/a	N/A	S	S	NA	**S**	NA	NA	S	NA				
o. Regulate IV flow rate. (Responding)	S		n/a	n/a	N/A	S	S	NA	**S**	NA	NA	S	NA				
p. Flush saline lock. (Responding)			n/a	n/a	N/A	S	S	NA	**S**	NA	NA	S	NA				
q. D/C an IV. (Responding)			n/a	n/a	N/A	NA	NA	NA	**NA**	NA	NA	S	NA				
r. Monitor an IV. (Noticing)	S		n/a	n/a	S	S	S	NA	**S**	NA	NA	S	NA				
s. Perform FSBS with appropriate interventions. (Responding)	S		n/a	n/a	N/A	S	NA	NA	**S**	NA	NA	NA	NA				
	MD	**MD**	**DW**	**MD**	**RH**	**KA**	**HS**	**MD**	**MD**	**DW**	**RH**	**NS**					

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

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

*End-of-Program Student Learning Outcomes

Week 5: (3 k, l, m)- You were well prepared for medication administration this week and you performed all checks well! You used the EMAR to look up medications that were due then used skyscape to further investigate each medication. You answered all my questions well and your medication pass went smoothly! You had so many medications and you did great going through them with me. You also assessed your patient's IV site this week. RH

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, SQ, and IV medications this week. You performed the medication administration process with beginning dexterity. You also worked with your classmates on your team to determine appropriateness of medication administration for their patients and assist them with following the rights of the medication administration process. KA
Week 6 – 3n –You had the opportunity to practice drawing up medication from a vile and administering slow IV push to your patient. You did a nice job priming your tubing and connecting your patient to the medication for the first time. You performed all IV skills with beginning dexterity. You documented all medication administration and line care appropriately in the EMR. Nice job! KA
Week 6 – 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 6 – 3r – You did a nice job monitoring your patient's IV site this week and documenting your assessment in the EMR. KA
Week 6 – 3s – You did a great job performing the FSBS skill on your patient and reviewing the MAR to determine the need for insulin related to the results. KA

Week 7 (3k,l,m, n)- You did a nice job with medication administration this week! You followed the rights of medication administration and completed all checks prior to administering. You were able to discuss the indications for the medications as well as side effects and the nursing implications for each medication. You did a great job priming and connecting your IV piggyback medication. HS

Week 10 (3 k, l, m) You did a great job with medication administration this week. You were able to discuss all medications prior to administration and you used the BMV system to ensure all checks were done. I changed 3l to "S" because you did use the BMV system to promote safety by performing your checks and use the EHR to lookup orders/medications for your patient. 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: a. Integrate professionally appropriate and therapeutic communication skills in interactions with patients, families, and significant others. (Responding)			n/a	S	S	S	S	NA	**S**	S	S	S	S				
b. Communicate professionally and collaboratively with members of the healthcare team using hand-off communication techniques. (SBAR) (Responding)			n/a	S	S	S	S	NA	**S**	S	S	S	S				
c. Report promptly and accurately any change in the status of the patient. (Responding)			n/a	S	S	S	S	NA	**S**	S	S	S	S				
d. Maintain confidentiality of patient health and medical information. (Responding)			n/a	S	S	S	S	NA	**S**	S	S	S	S				
e. Consistently and appropriately post comments in clinical discussion groups. (Reflecting)			n/a	S	S	S	S	NA	**S**	S	S	S	S				
f. Obtain report, from previous care giver, at the beginning of the clinical day. (Noticing)			n/a	S	S	S	S	NA	**S**	S	S	S	S				
g. Provide a clear, organized hand-off report to your patient's next provider of care. (Responding)			n/a	S	S	S	S	NA	**S**	S	S	S	S				
	MD	**MD**	**DW**	**MD**	**RH**	**KA**	**HS**	**MD**	**MD**	**DW**	**RH**	**NS**					

Comments:

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! Remember-when you are using Skyscape as a resource you are citing the authors of the source you are using not Skyscape. Let me know if you need assistance with this. MD

Week 5: (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

*End-of-Program Student Learning Outcomes

Week 6 – 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 6 – 4e – Katelyn, you did a great job responding to all the CDG questions on your team leading experience this week. You were thorough and thoughtful with your responses. You did include in-text citations and references with your posts but they were not complete. Make sure they look like this (author, year, page #). You only need to include the page number if you are using a direct quotation. If you do not have page numbers you can use the paragraph number. Also place you references at the bottom of your post and include the in-text citations in the body of the post. If you have any questions please let me know. You did a nice job overall! KA

Week 7 (4a, b, c, d)- You did a nice job communicating with your patient, team leader and primary nurse this week. You identified and notified the appropriate individuals when necessary. HS
Week 7 (4e)-You had a great CDG this week! You were able to turn in your CDG on time, have the adequate word count for both posts, and you were able to provide to the conversation with the information you gave! You also had a reference and an in-text citation for both your initial post and peer response. Nice job! HS

Week 9 (4e)- According to the CDG Grading Rubric, you have earned an S for your participation in the Erie County Senior Center discussion this week. Your discussion was thoughtful and supported by evidence. Also, your APA is very close. I just have a few suggestions: 1. If the author has a hyphenated last name, both should be included in the citation. 2. The citation for a direct quote should also include the page or paragraph number that the quote can be found. The correct APA citation would be: (Sawyer-Sommers, 2023, para 2). 3. Scholarly writing utilizes paraphrasing of information whenever possible, as opposed to directly quoting. Please try to incorporate more paraphrasing with your citations in future writing. DW

Week 10 (4 b, e, f g) You upheld the professionalism standard while on the floor this week. You were very helpful to your peers as well as to the staff on the floor. You did great with your discussion post and reply this week. You gave a detailed SBAR prior to leaving for the week on the floor. 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: **a. Describe a teaching need of your patient.**** (Reflecting)			n/a	S	S	S	S	NA	S	S	S	S	NA				
b. Utilize appropriate termino-logy and resources (Lexicomp, UpToDate, Dynamic Health, Skyscape) when providing patient education. (Responding)			n/a	S	~~S~~ U	S	S	NA	S	S	S	S	NA				
	MD	**MD**	**DW**	**MD**	**RH**	**KA**	**HS**	**MD**	**MD**	**DW**	**RH**	**NS**					

****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:
4A&B: Education related to using the call light for assistive transfers to my patient through verbal communication. This was necessary as my patient had fallen on the prior floor, she had been on in the hospital and fractured her right femur. My patient did not utilize the call light and attempted to self-transfer. That lead to my patient needing another surgery and being transferred to rehab for therapy to help gain strength, mobility, and independence. This teaching was necessary for safety due to her prior fall. My patient also takes a narcotic PRN for pain. Side effects r/t my patient's narcotic is, orthostatic hypotension, sedation, dizziness, and experiencing a "floating feeling.' Those side effects are alarming for safety considerations, and to prevent falls. Redirection was provided to my patient. Resource used: Skyscape for medication side effects.
Excellent! MD

5A&B: I provided verbal education on medications, fall precautions, Ted hose, and utilizing assistive devices for mobility/ambulating. My patient was/is a high fall risk patient with a score of 13. She was deemed a high falls risk due to being on rehab floor, NWB, Limited ROM in RLE, generalized weakness, and she is RX'd narcotics. Narcotics automatically place a patient on fall precautions due to the sedation side effect that a patient may experience. I utilized teach back method. My patient sees therapy to help her gain her strength, mobility, and independence so she is able to return home. What resource(s) did you use to provide this education? 5b requires you to use a type of resource so this was changed to a "U" Please address this "U" and what you will do to prevent getting another one in the future. If the "U" is not addressed, you will continue to get a "U" until it is addressed. RH
5B: My patient had physiological factors (sky scape) such as Chronic musculoskeletal pain, decreased lower extremity strength; impaired physical mobility. Psychoneurological factors include- anxiety, fear of falling. Associated symptoms such as anemia, major injury, assistive devices for walking.
"Use of certain medications

Resource: Doenges, M. E., Moorhouse, M. F., & Murr, A. C. (2022). *Nurses' pocket guide: Diagnoses, prioritized interventions, and rationales* (16th ed). F. A. Davis Company: Skyscape

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

Medpresso, Inc.

Skyscape medication – Adv/side effects for oxycodone include "orthostatic hypotension, blurred vision, diplopia, miosis, constipation, confusion, sedation, dizziness, floating feeling.
Skyscape medication – adv/side effects for tramadol include "visual disturbances, constipation, nausea, abd pain, seizures, dizziness, headache, somnolence, anxiety, confusion, coordination disturbance, weakness
Skyscape medication- adv/side effects for Celexa include "confusion, drowsiness, tremor, weakness, anxiety, dizziness, fatigue, impaired concentration
Vallerand, A. H., Sanoski, C. A., & Deglin, J. H. (2022). *Davis's drug guide for nurses* (18th ed). F. A. Davis Company: Skyscape Medpresso, Inc.
When I was with my nurse from last clinical experience- she mentioned that when a patient is on rehab they are automatically placed on fall precautions due to coming out of surgery, needing help with ambulation, strength, being placed on IVs, wound vacs.
Ted hose "anti embolism stockings" help to prevent blood clots by helping to control swelling to promote circulation. My patient was postop from a vision, so she had ted hose to promote good circulation because she had edema in her RLE. Being in a hospital, a patient can have dependent edema from not being as active as if they were at home.
In the future to prevent another "U" I will ensure to add a resource to my answers.

6A: A teaching need for my patient was on medications. He told me he didn't take some of the medications that were RX'd in the hospital at home. I educated him on the medications and why they were prescribed for him in the hospital. One of the medications that he was taking in the hospital was the IVPB magnesium. His magnesium level was low. He was ordered to have a thoracentesis later that afternoon. I educated him on the need for magnesium in relation to fluid balance and its important for the body to maintain electrolytes during the procedure so his body wouldn't go into "shock." Per skyscape- Magnesium Sulfate is a mineral and electrolyte replacements/supplements. Its used for the treatment/prevention of hypomagnesemia, treatment of HTN, and prevention of acute nephritis." "Magnesium plays an important role in neurotransmissions and muscular excitability." A thoracentesis is a diagnostic procedure to remove fluid or air from around the lungs. Fluid volume excess you want to place the patient on fluid restriction and I&O's. My patient was also on a low sodium diet because he also had HF. Placing a patient on fluid restriction helps to prevent extra fluid accumulating in the body. Extra fluid in the body can cause the heart to work harder and that can affect breathing status.
6B: Venes, D. (2021). *Taber's cyclopedic medical dictionary* (24th ed). F. A. Davis Company: Skyscape Medpresso, Inc.
Doenges, M. E., Moorhouse, M. F., & Murr, A. C. (2022). *Nurses' pocket guide: Diagnoses, prioritized interventions, and rationales* (16th ed). F. A. Davis Company: Skyscape Medpresso, Inc.
Great job! You did very well with this patient and this was very appropriate education to provide him while at the hospital. KA

Week 7A A teaching need for my patients was coughing and deep breathing. I also elevated HOB to promote better gas exchange to increase his SpO2 level. When he was laying supine, his sats were in the high 80's. After elevating HOB and coughing and deep breathing, his SpO2 did go up to 93%-94% on room air. He has a PMH of cigar smoking and COPD. In report, from night shift nurse the patient refuses to wear a Bipap machine. It was also mentioned that he does not have a machine at home.
Per Skyscape: Blood Gases Core Lab Study, "airway treatment considerations place in semi fowlers or position of comfort to facilitate breathing, and encourage cough and deep breathing exercises every 2 hours." I performed his vital signs and they were WNL to him. I was monitoring his I&O's as needed. He was AxOx3 with no confusion noted. Great job educating your patient on cough and deep breathing. Wasn't it great seeing the interventions that you completed make an impact on the patient? HS – yes , KM
7B:Sawyer-Sommers, M. (2023). *Davis's diseases and disorders: A nursing therapeutics manual* (7th ed). F. A. Davis Company: Skyscape Medpresso, Inc. HS

Week 9A: A teaching need was explaining the activity to the seniors and also showing them an example of the activity that was completed prior. "Ascertain that you have the client's attention before communicating." "Establish rapport with client, initiate eye contact, ask simple questions, smile and engage in brief social conversation when appropriate." "Ascertain hearing aides are in." "establish a relationship with client, listening carefully and attending to the client's verbal/non verbals expressions." "Refrain from shouting when directing speech to confused, deaf, or hearing-impaired client. Speak slowly and clearly, pitch voice low to increase the likelihood of being understood." DW

9B: Doenges, M. E., Moorhouse, M. F., & Murr, A. C. (2022). *Nurses' pocket guide: Diagnoses, prioritized interventions, and rationales* (16th ed). F. A. Davis Company: Skyscape Medpresso, Inc. DW

10A/B: A teaching need that was verbally communicated to my patient was the use of his neck brace from his laminectomy C2-T4. It was ordered that he had to have on his neck brace when he was up and ambulating. Given his surgery history being on his vertebrae that is very close to the spinal cord (neuro system). A change in his neurological status can determine a complication from surgery. My patient was AXO with no confusion. I was told by my patient that he had 52 staples, and he had them removed prior to clinical. I looked at his incision that had steri strips that were open to air with no redness, swelling, drainage. His incision area was well approximated. To go further in detail with the neck brace, it helps maintain alignment of the vertebrae to prevent further trauma. With that being said, its important to perform neurological assessments to ensure safety and healing. Great educational topic! Especially since he did not want to wear his brace often. RH

Doenges, M. E., Moorhouse, M. F., & Murr, A. C. (2022). *Nurses' pocket guide: Diagnoses, prioritized interventions, and rationales* (16th ed). F. A. Davis Company: Skyscape Medpresso, Inc.

11 A/B: A teaching need for my patient was the chest therapy. My patient was admitted for influenza B. He had a lot of deep secretions in his lungs that he had difficulty expectorating. I did elevate the HOB and did communicate with RT for his PRN albuterol to help him. RT did come up and administer the breathing treatment and also performed chest therapy. Per skyscape "Various therapies/modalities may be required to acquire and maintain adequate airways and improve respiratory function and gas exchange."

Doenges, M. E., Moorhouse, M. F., & Murr, A. C. (2022). *Nurses' pocket guide: Diagnoses, prioritized interventions, and rationales* (16th ed). F. A. Davis Company: Skyscape Medpresso, Inc.

I appreciated you advocating for your patient's needs and using interprofessional communication and collaboration to ensure his needs were met. You noticed that he had a PRN breathing treatment available that he could benefit from in regards to his respiratory status. It appeared that your planned interventions were effective as his airway was much more patent following the breathing treatment and chest therapy. Great use of education to promote positive outcomes! NS

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)			n/a	n/a	S	S	NA	NA	S	NA	NA	NA	NA				
b. **Identify factors associated with Social Determinants of Health (SDOH) &/or cultural elements that have the potential to influence patient care.**** (Noticing, Interpreting, Responding, Reflecting)			n/a	~~S~~ U	S	S	S	NA	S	S	S	S	S				

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

	MD	**MD**	**DW**	**MD**	**RH**	**KA**	**HS**	**MD**	**MD**	**DW**	**RH**	**NS**					

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

See Care Map Grading Rubrics below.

Comments:

Rehab Clinical Objective 6B-With every clinical experience this competency should be addressed with a comment. You are to provide an example of a SDOH and or cultural element that influenced your patient's care. Again, this is for all clinical experiences. Due to lack of comment, I am changing this rating to an unsatisfactory. Please be sure to comment with how you will prevent this from occurring in future tools. MD
I will be sure to overlook all of the questions prior to submission for completion. KM RH

5B: My patient does not drive. She is happily married to her husband of 60 years (per pt). By her not driving, it can affect her care when she returns home to get to follow up appts to see her doctors, and to pick up her medications, and over all wellbeing. She told me that her husband is retiring in 2 years. So, they only have one care. Having one car and one person able to drive can be stressful on both parties. Good observations! RH

6B: My patient told me that he was divorced and didn't have any relatives that live close by to him, and that one of his children had passed away a couple years ago. By not having family that lives around you can be hard. Family is a support system and can help someone in the time of need. I could tell that my patient was lonely. He was very sick. Not having close family near you can affect mental health and wellbeing. Mental health is a major topic during this time period. We want patients to be mentally healthy. Suffering mentally can affect someone's over all well being and can worsen their health status overall. I spent time in my patient's room speaking with him because I could tell that he was lonely and wanted someone to talk to. Later on, during clinical he had friend show up. These are definitely good thoughts. A lack of support system can also affect his overall ability to manage his health and chronic conditions. KA

Week 6 – 6a – You satisfactorily completed your care map on your patient this week. Please see comments on the rubric at the end of the tool for details. KA
7B: My patient is a paraplegic. He's been a paraplegic since he was 19 years old. Being a paraplegic he had to adapt a new life style and had to re teach himself how to do certain tasks without having functional legs. By having a diagnosis of being a paraplegic from a spinal cord injury, it can severely impact mental health especially being as young as he was. However, he is still able to drive and able to get around with his wheelchair. He does have a diagnosis of depression and looking back on his PMH, having depression makes sense due to his PMH. If I were in his shoes, I would probably have depression too and most importantly to not take life for granted because every day is a blessing being able to wake up every morning. I did develop a bond with my patient by going in there every so often to check on him and to chat with him about dogs. He said he is a dog person. We spent most of the time talking about dogs. Being in the hospital, especially in a corner room can get very lonesome I would image You have brought up some great points. Were you able to discuss his support systems with him? That can definitely impact his mental health depending if he has a strong support system. HS

9B: Most of the seniors arrived to the ECSC by bus because they were unable to drive. This can be difficult for the seniors because they have to be ready by a certain time for pick up and drop off. It is important for them to not miss their bus ride back to their destination. This places the seniors to depend on others for transportation. Good reflection, Katelyn! DW

10B: A social determinant of health would be medical bills. My patient had a laminectomy at Cleveland Clinic. The Cleveland Clinic then referred him to Firelands hospital for rehab. From that being said, I can't image the hospital bills that include all of the nursing care, transportation, supplies, medications, surgery, etc. My personal experience from being on rehab and a lot of patients run into issues with getting rehab, medications, etc to go through insurance. Hopefully his insurance covered a good portion so he is able to live comfortably while paying off medical expenses. Financial strain is a huge SDOH. RH

11B: A social determinant of health would be housing. My patient has had several falls prior to admission. He also has a DX of dementia. He lived at home with his family. He was getting discharged Thursday at 16:00 to a nursing home to provide him adequate care due to his higher level of acuity that his family is unable to provide. Safety in his home environment is certainly a concern. This was a tough situation as his family members were having a hard time coming to terms with their mom/dad's change in health status. They were carrying a lot of the burden with care at home, and unfortunately his health condition was worsening making it difficult for them to continue being

to sole care providers. He had strong support at home, but it was taking a physical and emotional toll and those responsible for providing care. Ultimately, (hopefully) he will receive good care at the nursing home which will help alleviate some of the strain on their family and in turn enhance his safety. Good reflection! NS

12B: A social determinant of care would be the health care cost with infection control. We had to do rounds on patients that required different isolation precautions. The cost for the "extra" medical care such as antibiotics can get expensive and can prolong your hospital stay that leads to a higher cost of treatment. We had a patient on CDIFF precautions and knowing that organism is resistant to many antibiotics that can also play a role into which antibiotic they have to be on (mindful of allergies), and all of the equipment that was being used.

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

****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

*End-of-Program Student Learning Outcomes

An area of strength is asking questions when needed. Asking questions is important because asking questions shows that you are eager to learn and to ensure you understand the topic appropriately which is crucial during nursing school. This is a great strength! MD

week 1 :

An area of improvement for me is IV calculations. I will improve my IV calculation skills by working on math problems every day for an hour and checking my answers on the answer documents provided. I will do this until we have our test on IV calculations. I am a visual learner so I like to watch videos. I enjoy watching "Sarah registered nurse RN" on youtube. She goes over IV calculations. I can also do this in my free time until we are tested and prn. This is a great idea! Keep in mind, there will be math on all quizzes and tests! MD

week 2

An area of strength is staying ahead with my studies. I am very goal driven. I do not like to set myself up for failure. If I don't study or feel like I did enough, I get very anxious. By staying ahead with studying, helps to ease my anxiety. I plan to stay ahead as best as I can throughout the remaining of the course. I had to cut down my hours at work to PRN. Cutting down my hours will help me plan better for school. Great goal! MD

week 2:

An area of improvement is going to skill check off more confidently. I study as much as I can and I have the knowledge and skills to help me pass skills check off. I am confident at work and work fine at the beside but for some reason it's a different ball game during check offs. I will have to grow mentally confident for my check offs throughout the remaining of the program. I will have to start giving myself prep talks prior to each skill check off throughout the program. During check offs, I like to talk out what I'm doing to help me stay on track. Perhaps I am to hard on myself. Make sure to give yourself grace in not being perfect with a skill. That is why you are in school! If you need anything we are always here to help you succeed! MD

week 3:

An area of strength is not rushing through exams. I like to take as much time I need on the questions to make sure I understand what the questions is asking before selecting an answer. This also helps with my test anxiety. An answer or 2 I can easily eliminate based on the process of elimination. Nursing exams has two correct answers, but you want to select he MOST correct answer 😊

week 3:

An area of improvement is not second guessing myself on the quizzes and exams. I will NOT change my answer(s) unless I am 1000000% certain that the answer that I have selected is not correct. I will (practice) learn/utilize this as time goes on throughout the program.

Katelyn, on weeks that you do not have clinical (ex. Week 8 and week 13), you do not need to write about a strength or goal for improvement. With that said, I appreciate that you are routinely reflecting on past experiences in order to achieve future growth. Thank you! DW

week 4:

An area of strength is taking rest periods while studying. Taking breaks while studying helps your brain absorb the information that you're learning. I will continue this throughout the program. I think it is great that you are implementing this! Breaks are definitely needed! MD

week 4:

An area of improvement is not drinking caffeine prior to bed. I have learned that the hard way a couple weeks ago. I had drunk an energy drink later on in the evening and tried to go to bed at my usual time, and couldn't. With that being said, I plan to no longer drink energy drinks a couple hours prior to bed anymore. Getting sleep (especially in nursing school) is crucial. Absolutely! I cannot agree more! MD

wk 5: An area of strength is being able to communicate with patients. I 100% believe being able to talk to your residents and then opening up to you depends on your approach and how you carry yourself. Patients want to be well taken care of and to know that that they will be taken care of. If patients feel like they won't be able to "connect" with their nurse, it can affect their care. I feel like you spent a lot of time with your patient this week talking with her, great job! RH

wk 5: I believe not everyone is "perfect" we could all improve on things. I believe I can improve on my assessment skills everyday at clinical throughout the remainder of the program and the rest of my career. That is a good goal, but please refer to the goal "guidelines" above. I have highlighted them in green. You need what you are going to do, how often you are going to do it, and when you will do it by. RH

wk 6 a&b An area of strength would be prioritizing. For instance, as soon as I get to clinical we get report from the previous shift. From there, I report to my patient's room and introduce my elf and my role. I obtain their VS and complete the head-to-toe assessment. I offer assistance to clean them up (if needed.) See if they need anything before, I go chart and to research my medications. An area of improvement would be to have more IV practice by hanging bags of fluid, spiking them, and setting up the machine. I plan to have more IV practice throughout the remainder of my time in nursing school at clinical. Having clinicals on MedSurg is nice because you do see a lot and get to use more skills such as IV's. You did a great job prioritizing the patient's of on your team as well as prioritizing the tasks you needed to complete for your patient care. If you would like more IV practice in the lab there is the open lab this week as well as the mandatory lab in March where you can practice theses skills. You can also just set up a time that is convenient for you as well with any of the faculty in the course. I thought you did a nice job for your first time working with IVs. KA

7a: An area of strength would be asking for help and being able to take constructive criticism. Asking for help shows that you're able to admit that you don't know everything and want to improve on certain skills or things in general. Being able to take constructive criticism is probably difficult for some to handle, but for me, it helps me learn by having others provide feedback to me so I am able to improve skills. Those are both great qualities to have, and do not come easy for all individuals. HS
7b: An area for improvement would be getting for comfortable handling IV's. I can watch a couple of YouTube videos throughout the week on IV skills and how to set up the pump and how to hang bags. I follow a couple ladies on TikTok and they are very educational influences that are nurses and they post videos on certain skills (IVs) to help newer nurses/nursing students. I plan to do this until I feel more comfortable with IVs. You can also watch the videos on Edvance. You will continue to get more comfortable with the IV's as you have more exposure and experiences within the clinical setting. HS
Week 7 (7f)- *Responsibility*- You received a U for this competency because you originally submitted the incorrect version of the clinical tool for week 7. Be sure to address the U for this competency when submitting the week 8 clinical tool. Failure to address the U will result in a continuation of the U into the next week. HS I will pay extra close attention on submitting the correct tool -KM DW

MIDTERM-Katelyn-Great job this first half of the semester! Keep seeking out opportunities to perform skills! MD

9A: arriving to clinical on time when I live 45 minutes away. I pack my bag the night before, and set out my uniform. This helps me to leave on time. If I run late, my anxiety gets bad. When I prepare myself the night before, it helps with my anxiety. Way to be prepared….love it! DW
9B: An area of improvement is SBAR. I will work on this every day so I am better prepared for my next clinical rotation. How, specifically, do you plan to work on this? DW at home and at clinical KM

10A: An area of strength is time management. I managed my time very well at yesterdays clinical. I was able to get foley care done as part of a bed bath on another patient. Then go to my patient, complete head to toe assessment, and VS. My patient also had PT and OT. You did great with time management skills this week. You were always on the ball and ready for what was next. RH
10B: An area of improvement is getting better with charting. I forget to chart something or I over look something. I will work on my charting every day at clinical for the remaining clinical hours/time. I will pay closer attention next time. RH

11A/B An area of strength would be communication. I communicated with the nurse that the patient had difficulty swallowing his bigger medication pills. The nurse put in a ST consult. I also communicated that he ate poorly at breakfast and suggested that the patient may benefit from a nutritional shake to supplement the calories that he was not receiving due to poor appetite. Good area of strength to note! Interprofessional communication is essential to ensure health outcomes are met. You did this in numerous ways this week, including communicating with the respiratory therapist for a PRN treatment. You did

well advocating for your patient's needs based on your assessment findings and used professionalism in your interactions with members of the health care team. Well done! NS
An area of improvement is charting. I did get better since last week but still miss some charting to fill out. I plan to be better at charting next week at clinical. Is there anything you can do between clinicals or during clinical to help enhance your confidence with charting? What resources are available, such as the computer skills lab, or documents provided that can help you improve moving forward? Identifying an area of weakness and have a goal is a good start. Be sure to include a specific plan on how you can improve charting in the future. NS

12A An area of strength is questions when I don't understand the material that is being presented to me. Asking questions is important so that you as the learner are making sure you are learner the correct material. Also, by asking questions, you never know if someone had the same question as you but was nervous to ask or didn't get a change to ask.
12B An area of improvement is to stop procrastinating. When I'm taking a study session break, sometimes I get too carried away on my phone. I plan to set an alarm clock in 15 min intervals to let me know that its time to start studying again and to put the phone down. I will do this everyday as I study until finals.

Student Name: Katelyn Morgan				**Course Objective:**			
Date or Clinical Week: 2/7-8/24							
	Criteria	**3**	**2**	**1**	**0**	**Points Earned**	**Comments**
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	**(lists at least 7*) *provides explanation if < 7**	**(lists 5-6)**	**(lists 5-7 but no specific patient data included)**	**(lists < 5 or gives no explanation)**	3	
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	**(lists at least 3*) *provides explanation if < 3**		**(lists 3 but no specific patient data included)**	**(lists < 3 or gives no explanation)**	3	
	3. Identify all risk factors relevant to the patient.	**(lists at least 5*) *provides explanation if < 5**	**(lists 4)**	**(lists 3)**	**(lists < 3 or gives no explanation)**	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	5. what other problems can you think of? What about her mood? Is she depressed or anxious? Is she having issues with lack of independence? 7. Musculoskeletal pain is acceptable, but also could have been phrased as acute pain or chronic pain
	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	12. intervention #9 had no rationale but still had more than 75% complete for 3 points
	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	

Student Name: Katelyn Morgan				**Course Objective:**			
Date or Clinical Week: 6							
	Criteria	**3**	**2**	**1**	**0**	**Points Earned**	**Comments**
Noticing	1.Identify all abnormal assessment findings (subjective and objective); include specific patient data.	**(lists at least 7*) *provides explanation if < 7**	**(lists 5-6)**	**(lists 5-7 but no specific patient data included)**	**(lists < 5 or gives no explanation)**	3	You did a nice job including all the pertinent assessment findings, lab/diagnostics, and risk factors related to your patient this week. KA
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	**(lists at least 3*) *provides explanation if < 3**		**(lists 3 but no specific patient data included)**	**(lists < 3 or gives no explanation)**	3	
	3. Identify all risk factors relevant to the patient.	**(lists at least 5*) *provides explanation if < 5**	**(lists 4)**	**(lists 3)**	**(lists < 3 or gives no explanation)**	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	You did a nice job listing relevant nursing priorities for your patient and highlighting the most important priority to focus on. You highlighted relevant data in the noticing section related to your chosen nursing priority. You would want to highlight the patient being on O2 and the patient's SpO2 as well. You listed 3 important complications to looks for with your nursing priority and related signs and symptoms the nurse should assess for. KA
	5. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	6. Identify all potential complications for the top nursing priority problem.	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**	3	
	7. Identify signs and symptoms to monitor for each complication.	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**	3	
Responding	8. List all nursing interventions relevant to the top nursing priority.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	You did a great job writing all the pertinent nursing interventions for your nursing priority. Your interventions were prioritized, had frequencies, were individualized, were realistic, and included rationales. KA
	9. Interventions are prioritized	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	10. All interventions include a frequency	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	11. All interventions are individualized and realistic	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	12. An appropriate rationale is included for each intervention	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
Refl	13. List all of the highlighted reassessment findings for the top nursing priority.	**>75% complete**	**50-75% complete**	**<50% complete**	**0% complete**	3	You did a nice job reassessing your patient related to your nursing priority and identifying you would continue the plan of

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	care. KA

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

Faculty/Teaching Assistant Comments: **You satisfactorily completed your second care map. See comments above for areas to improve on in the future. Great job! KA**

Total Points: **42/42**

Faculty/Teaching Assistant Initials: KA

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

Student name: Katelyn Morgan								
Skills Lab Competency Evaluation Performance Codes: **S**: Satisfactory **U**:Unsatisfactory	**Lab Skills**							
	Week 1	**Week 1**	**Week 1**	**Week 1**	**Week 1**	**Week 2**	**Week 2**	**Week 9**
	Insulin (2,3,5,7)*	**Assessment** (2,3,4,5,7)*	**IV Math Application** (3,7)*	**Lab Day** (1,2,3,4,5,6,7)*	**IV Skills** (2,3,5,7)*	**Trach** (1,2,3,4,5,6,7)*	**EBP** (3,7)*	**Lab Day** (1,2,3,4,5,6,7)*
	Date: 1/9/24	**Date:** 1/9/24	**Date:** 1/11/24	**Date:** 1/11/24	**Date:** 1/12/24	**Date:** 1/18/24	**Date:** 1/17/24	**Date:** 3/11 or 3/12/24
Evaluation:	**S**	**S**	**S**	**S**	**S**	**S**	**S**	**S**
Faculty/Teaching Assistant Initials	MD	MD	MD	MD	MD	MD	MD	DW
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA

*Course Objectives

Comments:
Week 1
(Insulin)- You were able to correctly prepare an insulin pen and administer subcutaneous insulin. Insulin requirements were accurately identified and calculated through the corrective scale and carbohydrate coverage orders. MD
(Assessment)- You were able to satisfactorily demonstrate the Basic Head to Toe Assessment during lab. KA/RH
(IV Math)-You satisfactorily participated in the IV Math learning session on 1/9/24 as well as the assigned IV Math practice questions and the IV Math Application lab on 1/11/24. 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. MD

Week 2
(Trach Care & Suctioning) - During this lab, you satisfactorily demonstrate competence with tracheostomy care and tracheostomy suctioning. During this lab you satisfactorily demonstrated competence with tracheal airway suctioning and tracheostomy care. You were able to maintain sterile field when necessary and you did not need any prompts for either skill. You answered my questions regarding knowledge and competence of both procedures. Great job! DW/RH/NS/HS

(EBP Lab)- You actively participated in the online searching process for evidence-based practice literature, as well as reviewing example articles to determine appropriate selection and information needed when summarizing a research article. KA/LK

Week 9
(Lab Day- Skills Review)- You satisfactorily participated in lab on 3/12/2024 by practicing NG skills and navigating the IV pump. DW

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

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

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Kailee Felder (M) and Katelyn Morgan (A)
GROUP #: 1
SCENARIO: MSN Scenario #1 – Musculoskeletal/Respiratory
OBSERVATION DATE/TIME(S): 2/29/2024 0800-1000

CLINICAL JUDGMENT COMPONENTS	OBSERVATION NOTES
NOTICING: (2) * • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B	**Focused observation:** Focused observation on pain assessment. Be sure to look at the affected extremity when performing pain assessment. Vital signs obtained. (full set) Focused neurovascular assessment performed (delayed). **Recognizing deviations from expected patterns:** Noticed hypertension, tachycardia, tachypnea. Noticed delayed cap refill, noticed pallor, noticed paralysis, noticed paresthesia (did not noticed absent pulse, pressure). (4/6 Ps). **Information seeking:** Verified allergies, confirmed name and DOB prior to medication administration. Sought information related to pain (duration), type of pain, numerical rating, location. Consider asking patient if this pain is new or different to identify complication occurring. Consider asking about last tetanus shot due to nature of the injury. Consider asking patient about preferred pronouns. Consider seeking information about patient's understanding of complications occurring.
INTERPRETING: (1) * • Prioritizing Data: E A D B • Making Sense of Data: E A D B	**Prioritizing Data:** Prioritized focused pain assessment. Be sure to prioritize looking at the location of pain by removing the sock to identify complications. Prioritized head to toe assessment rather then focused assessment on fractured extremity. Did not prioritize neurovascular assessment initially. Did not make sense of potential compartment syndrome based on assessment findings initially. Upon closer assessment, eventually recognized emergent findings. Prioritized contacting the provider for complication. Did not prioritize removing the pillow and/or ice related to compartment syndrome. **Making sense of data:** After completing head to toe assessment, made sense of medical emergency for compartment syndrome. Made sense of need to contact the health care provider for emergent findings. Did not prioritize collection and organization of patient data for SBAR report to the provider. Made sense of dosage calculation for morphine administration. Made sense of need to initiate fluid and antibiotics prior to surgery.

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	**Calm, confident manner:** Roles clearly defined between medication nurse and assessment nurse. Approach was calm during emergent situation. Communication with the patient regarding interventions to be performed. Confident demeanor in interactions with health care team members. **Clear Communication:** Communicated pain assessment with med nurse. Asked about pain medication orders. Teamwork and collaboration with medication orders and dosage calculation. Good communication among team members. When talking to the provider, provide full SBAR report. Assume the provider does not know the patient. SBAR report provided to the provider regarding new assessment findings. Be sure to paint a clear picture of the patient situation and background when calling. Communicated with patient the need to move surgery up due to new symptoms (assessment findings). Didn't actually call the patients significant other (verbalized she was notified). SBAR report provided to the OR nurse. Communicated interventions performed. Be sure to provide neurovascular assessment data. Used appropriate pronouns in communication. **Well-planned intervention/flexibility:** Pain medication administered in a timely manner. Fluids and antibiotics administered prior to surgery. Did not remove pillow and/or ice after identifying compartment syndrome. Witnessed excess waste of narcotic with a witness. Consider re-assessing pain and vital signs after morphine administration. **Being Skillful:** Dosage calc performed accurately (4mg, 2mL). Appropriate needle size selected. Good technique with IM injection, aspirated prior to administration. Good teamwork with priming IV tubing and programming the IV pump. Difficulty with programming secondary infusion. Remediated during scenario. Confirmed IV patency with saline flush using aseptic technique. Be sure to clamp tubing prior to priming secondary tubing. Be sure to read orders back to the provider when receiving new orders.
REFLECTING: (7) * • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Scenario discussed in regards to complications that occurred and interventions performed. Focused discussion on prioritizing focused assessment vs. full head to toe assessment based on situation. SBAR communication highlighted and discussed held on gathering all pertinent data, providing full background and situation to the provider, and reading back orders. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences;

	identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.
SUMMARY COMMENTS: * = Course Objectives **Satisfactory completion of the simulation scenario is a score of "Developing" or higher in all areas of the rubric.** **E= Exemplary** **A= Accomplished** **D= Developing** **B= Beginning** **Scenario Objectives:** 1. Select focused physical assessment priorities based on individual patient needs. (2)* 2. Implement appropriate nursing interventions based on patient's assessment. (1,3,6)* 3. Communicate appropriately with the patient, family, team members, and healthcare providers incorporating elements of clinical judgment and conflict resolution. (4,7)* 4. Provide patient-centered care with consideration to cultural, ethnic, and social diversity. (2,3,6)* 5. Provide appropriate patient education based on diagnosis. (5) * * Course Objectives	Lasater Clinical Judgement Rubric Comments: Noticing: Attempts to monitor a variety of subjective and objective data but is overwhelmed by the array of data; focuses on the most obvious data, missing some important information. Recognizes most obvious patterns and deviations in data and uses these to continually assess. 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 simple, common, or familiar situations, is able to compare the patient's data patterns with those known and to develop or explain intervention plans; has difficulty, however, with even moderately difficult data or situations that are within the expectations of students; inappropriately requires advice or assistance. 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 approach. Develops interventions on the basis of the most obvious data; monitors progress but is unable to make adjustments as indicated by the patient's response. 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