

EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Ava Lawson

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
2/2/24	Impaired Gas Exchange	S/KA	NA	NA
2/9/2024	Deficient Fluid Volume	S/HS	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:			N/A	S	S	N/A	S	N/A	S	S	S	NA	S				
a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting)			N/A	S	S	N/A	S	N/A	S	S	S	NA	S				
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			N/A	S	S	N/A	S	N/A	S	S	S	NA	S				
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			N/A	S	S	N/A	S	N/A	S	S	S	NA	S				
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			N/A	S	S	N/A	S	N/A	S	S	S	NA	S				
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			N/A	S	S	N/A	S	N/A	S	S	S	NA	S				
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			N/A	S	S	N/A	S	N/A	S	S	S	NA	S				
g. Assess developmental stages of assigned patients. (Interpreting)			N/A	S	S	N/A	S	N/A	S	S	S	NA	S				
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		N/A S	S	S	N/A	S	N/A	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		Infection Control	3T, 87, exacerbation of COPD, Respiratory	3T, 53, gastroenteritis	ECSC	5T, 83, stroke	Simulation	Midterm	5T, 67, R clavicle & T-10 fracture	4N, MVA, severe laceration to head	Digestive Health	3T, 53, Kidney Infection				
Instructors Initials	NS	NS	HS	KA	HS	DW	MD	NS	NS	RH	NS						

Comments:

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

an

Week 4 – 1a, b, c, e– You did a nice job discussing on clinical your patient’s disease process and what nursing was doing to help the patient. You were able to discuss symptoms we were monitoring and managing in your patient as well as pertinent labs for your patient diagnosis. You 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 4 – 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 5-(1a,b,d,e)-You did a great job researching the patients diagnosis and identifying numerous factors that could be contributing to the patients problems. You were also able to identify the side effects that need to be monitored for in relation to the medications that the patient was prescribed. Nice job! 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 9: (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 10: 1(a-h) – Ava, you did a great job in our discussions using critical thinking and clinical judgement to identify the pathophysiology related to alterations in health for each of the patient’s assigned to you as team leader. You oversaw care for a patient with a TIA, renal calculi/AKI, knee replacement, and traumatic fall with rib fractures. You correlated information from the patient’s chart in regards to diagnostic testing, identified medical management, and discussed medications prescribed for current and past medical history. I asked you a lot of questions throughout the day to help you think and put the pieces together. I appreciated your willingness to learn. 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:			N/A	S	S	N/A	S	N/A	S	S	NA	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)			N/A	S	S	N/A	S	N/A	S	S	NA	S					

c. Conduct a skin assessment and implement appropriate precautions and care. (Noticing)			N/A	S	S	N/A	S	N/A	S	S	NA	S				
d. Communicate physical assessment. (Responding)			N/A	S	S	N/A	S	N/A	S	S	NA	S				
e. Analyze appropriate assessment skills for the patient's disease process. (Interpreting)			N/A	S	S	N/A	S	N/A	S	S	NA	S				
f. Demonstrate skill in accessing electronic information and documenting patient care. (Responding)	S		N/A S	S	S	N/A	S	N/A	S	S	NA	S				
	NS	NS	HS	KA	HS	DW	MD	NS	NS	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

Week 4 – 2a, d – You did a nice job thoroughly assessing your patient and notifying your nurse of any pertinent information. You were also able to work with your team to keep up on the assessment changes occurring with all patients on the team. KA

Week 4 – 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 5 (2a,d,e)- Great job completing your assessment and then informing the team leader of your findings. You were able to identify the priority problem for your patient and focus your interventions around the problem. HS

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 9: (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		N/A	S	S	N/A	S	N/A	S	S	NA	S					
a. Perform standard precautions. (Responding)	S		N/A	S	S	N/A	S	N/A	S	S	NA	S					
b. Demonstrate nursing measures skillfully and safely. (Responding)	S		N/A	S	S	N/A	S	N/A	S	S	NA	S					
c. Demonstrate promptness and ability to organize nursing care effectively. (Responding)			N/A	S	S	N/A	S	N/A	S	S	NA	S					
d. Appropriately prioritizes nursing care. (Responding)			N/A	S	S	N/A	S	N/A	S	S	NA	S					
e. Recognize the need for assistance. (Reflecting)			N/A	S	S	N/A	S	N/A	S	S	NA	S					
f. Apply the principles of asepsis where indicated. (Responding)	S		N/A	S	S	N/A	S	N/A	S	S	NA	S					
g. Demonstrate appropriate skill with Foley catheter insertion, maintenance, & removal (Responding)			N/A	S NA	NA	N/A	N/A	N/A	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	N/A	S	N/A	S	S	NA	S					
i. Identify the role of evidence in determining best nursing practice. (Interpreting)	S		N/A S	S	S	N/A	S	N/A	S	S	NA	S					
j. Identify recommendations for change through team collaboration. (Reflecting)			N/A S	S	S	N/A	S	N/A	S	S	NA	S					
	NS	NS	HS	KA	HS	DW	MD	NS	NS	RH	NS						

Comments:

Week 4 – 3g – I do not think your patient had a Foley catheter this week for you to manage. KA

Week 5 (3j)- Great job collaborating with your team leader regarding the plan of care for your patient. HS

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

Week 9: (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 10 3(c,d) – You did well this week in identifying patient priorities related to time management, focused assessments, medication administration, and patient care. You used appropriate priority setting framework in identifying the patient admitted with stroke like symptoms as the top priority patient to assess related to neurological status. You then prioritized the patient with a traumatic fall with multiple rib fractures related to her shallow, rapid respirations and risk for respiratory compromise. Next, you prioritized the patient that was one day post-op from a knee replacement experiencing pain and limited mobility. Last, you prioritized the patient with renal calculi who had been stable with adequate urine output and minimal pain. Great job talking through your thought process in how you prioritize and organize your day. NS

Week 10 3(g) – You jumped in to assist with a difficult catheter insertion with a nurse on the floor. You gained valuable experience in identifying abnormal anatomical features that can impact catheter insertion. During your attempt, you used sterile technique to promote patient safety. Overall great job! 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	Mak e Up	Mak eUp	Final
Competencies:			N/A	S	S	N/A	S	N/A	S	S	NA	S					
k. Administer PO, SQ, IM, or ID medications observing the rights of medication administration. (Responding)			N/A	S	S	N/A	S	N/A	S	S	NA	S					
l. Ensure patient safety through proper use of EHR, IV flow sheet, and BMV. (Responding)			N/A	S	S	N/A	S	N/A	S	S	NA	S					
m. Calculate medication doses accurately. (Responding)			N/A	S	S	N/A	S	N/A	S	S	NA	S					
n. Administer IV therapy, piggybacks, IV push, and/or adding solution to a continuous infusion line. (Responding)			N/A	N/A	NA	N/A	NA	N/A	NA	NA	NA	S					
o. Regulate IV flow rate. (Responding)	S		N/A	N/A	NA	N/A	N/A	N/A	S	NA	NA	S					
p. Flush saline lock. (Responding)			N/A	N/A	NA	N/A	N/A	N/A	NA	NA	S	NA	S				
q. D/C an IV. (Responding)			N/A	N/A	NA	N/A	NA	N/A	NA	NA	S	NA	NA				
r. Monitor an IV. (Noticing)	S		N/A	S	S	N/A	NA	N/A	S	NA	S	NA	S				
s. Perform FSBS with appropriate interventions. (Responding)	S		N/A	N/A	S	N/A	NA	N/A	S	NA	NA	NA	S				
	NS	NS	HS	KA	HS	DW	MD	NS	NS	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

Week 1 (3s)- The student was able to satisfactorily perform a Quality Control check of the glucometer as well as demonstrate skills and knowledge required for proper fingerstick blood glucose measurement with the ACCU-CHEK Inform II glucometer. DW

Week 4 – 3k – You did a nice job administering your medications this week. You observed the rights of medication administration and was able to answer all questions about your medications. You had the opportunity to pass PO and SQ 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 4 – 3r – You did a nice job monitoring your patient's IV site this week and documenting your assessment in the EMR. KA

Week 5 (3k,l)- Nice job with medication administration this week with PO and SQ medications. HS

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 9: (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

Week 10 3(n,o) – These competencies were changed to “S” because you assisted your peers in administering new bags of continuous fluids to an existing continuous line. You helped to program the rate and volume correctly, and gained experience in calculating total intake and documenting accordingly in the patient's MAR. NS

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

Comments:

Week 3 (4e)- Nice job on your CDG this week. I agree with the importance of educating the patient and the family members on how the disease is spread and all of the precautions that should be taken to prevent others from contracting it as well. I also liked your idea of creating a separate task for the nurse to document the precautions on. Nice job! HS

Week -4 – 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 4 – 4e – Ava, you did a terrific job responding to all the CDG questions on your team leading experience this week. You were thorough with your responses and thoughtful when responding to your classmate about their team leading experience. Great job discussing how you and your team member caught fall precautions not being fully implemented and ensuring they were all implemented. Remember to include the year for your reference in your in-text citation in the future. Keep up the wonderful work! KA

Week 5 (4a,b,c)- Great job communicating with your patient this week, she was a bit challenging and you were able to effectively communicate with her and get her to perform some hygiene care even though she was reluctant to on the first day. You did a nice job reporting off to your nurse and informing her of any changes throughout the shift.

Week 5(4e)- Nice job this week, you were able to select an article that pertained to your patient. You were able to identify how the article applied to your patient, you also had a thoughtful response to your peer. Remember to include the date in your reference, you marked no date, however this was a journal article with a date at the top as well as the volume and the issue number which was listed at the top of the article. Please refer to the APA formatting examples or reach out to Libby or myself if you have issues finding the information within the article. Overall nice job with the post and response! HS

Week 6 (4a)- Ava, 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 4a could have been evaluated in terms of your skill level in communicating with the older adult clientele at the ECSC. DW

Week 6 (4e)- According to the CDG Grading Rubric, you have earned a U for your participation in the Erie County Senior Center discussion this week. While your discussion answered the questions, the post was below the word requirement of 250 words and was not supported by evidence (no citation or reference). Though this is not a typical clinical experience, the CDG still follows the same requirements. I believe this was just an oversight, as your previous Infection Control CDG met all of the requirements. In the future, it may be important to review the CDG Grading Rubric prior to submitting all other CDGs throughout the curriculum. Please be sure to address your U with the week 7 tool to explain how you have made a change and will prevent this from happening in the future. Failure to comment on your improvement will result in a continued rating of U regardless of your performance. Let me know if you have any questions about future clinical requirements. DW

I understand why I got a U for week 6. I will review the CDG guidelines before I complete week 7's CDG to prevent this from happening again.

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! For your initial post you included appropriate reference and in text citation. For your peer response the reference was greater than 5 years. Please be sure that all references are within a 5-year time frame. Also, your in-text citation should be (Davis, 1994). Let me know if you have questions on these things! MD

Week 9: (4 b, e, f, g) you upheld the professionalism standard while on the floor and interacting with staff and patients. You also did great with your discussion post and reply this week. You gave a good SBAR report prior to leaving for the day. RH

Week 10 4(e) – This competency was changed to “S” because you completed the reflection assignment related to implicit bias using the CDG prompt. I appreciated the thoughts provided in your reflection and discussing the results. NS

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

Week 4 5a: My patient needed education about how to control when she gets SOB while walking. She lives at home alone so I felt that this education was necessary because there's not always someone there to help remind her of this. I just educated her that when she starts to feel SOB, stop what she's doing and try to sit down, control her breathing taking in deep breaths from her nose and blowing them out through her mouth. I also told her that she should not ambulate again until she has fully caught her breath.

5b: My patient was concerned about a supplement that she had been taking at home, "co q10." It is a black pepper extract supplement that is sold over the counter. She had asked the Dr and nurse about it multiple times during her stay but she never heard anything back. I then informed her that her chart states she is allergic to black pepper and that's why they won't give it to her. I used Lexicomp and skyscape to find out more information on this supplement. **Great job clarifying this and doing some research to help better educate the patient on this supplement she was taking. KA**

Week 5:

5a: This week my patient really needed encouragement to get cleaned up, especially because she had a UTI. I could tell that she did not really care to get cleaned up so I educated her on the importance of needing to keep our bodies clean to prevent further/future infections. She finally agreed to get cleaned up so I assisted her with that! **Great job! That took a lot of work, and nice job educating her on the importance of hygiene. HS**

5b: My patient had 10 medications that she needed in the morning, so I utilized skyscape and the MAR to research each one and safely administer them. This was very important because a few medications required a BP before administering. Her BP ended up running right on the line where you would hold the medication, so I am glad I was prepared for that! **Great job researching your medications this week! HS**

Week 7:

5a: This week my patient needed education on hygiene especially perineal hygiene. Every time we would change his brief there would be stool stains on them. He was not aware that this was happening, as he was going to the bathroom every 15/20 minutes. I made sure to educate him on why this hygiene was important. He responded well to this as he is very determined to get home. **Awesome education! MD**

5b: My patient had history of some chronic illnesses. A few of them I was not very educated on them so I looked them up on Skyscape and the MAR to correlate which medications he was getting to treat which diseases he had. After doing my research. I felt confident going into my medication pass and continuing my care for him!

Wonderful! MD

Week 9 5a: This week my patient needed education about keeping her arm in the sling that she was ordered to wear so her clavicle could fully heal. I had to consistently remind her to not use her right hand, no matter how light the object was or how easy the task. She also had ace wraps ordered for a DVT that she had developed after her accident. She was non compliant with these and mentioned not wearing them at home either. I made sure to emphasize the importance of these in preventing further complications. Both of these are great educational topics for your patient! RH

Week 9 5b: I used skyscape to help me educate my patient on a couple medications and what they were used for. I also had to give a PRN medication and she was a little confused about what it was for, so I educated her on the exact use for it and when she should let her nurse know if she thinks she needs to take it again. RH

Week 10 5a: A teaching need of my patient this week was how to care for his wounds. He had 2 severe wounds on his head and knee that both needed cared for. He also needed education about wearing a boot for his left sprained ankle. I looked at the doctor's orders and educated him about 1 dressing change and talked to his nurse about what the doctor had told her about his facial laceration and educated him about that as well. Good! He certainly had extensive wounds. The nature of the injury presents an increase risk for infection. Proper wound care is an important teaching need. We want to ensure that he feels comfortable in providing care on his own and when to report abnormal findings to the provider. This would be a great time to use teach-back prior to discharge so that the nurse can witness the patient's understanding of wound care. NS

Week 10 5b: This week I used metitech and skyscape to help educate my patient. I also used skyscape to look up some of my patient's history and medications. Very good! NS

Week 12: 5a: This week my patient needed teaching about a new medication that she did not recognize. It was an anticoagulant in pill form and she did not know what it was because she was used to the subcutaneous version. I educated her about what it was for and what it was preventing. She then recognized that she had a version of it before and she was happy to know that it was no longer in a subcutaneous form.

5b: This week I used skyscape and lexicomp to research a couple different things that I was unsure about on my patient's chart. I researched what kidney stones were made out of to see if it was in coordination of my patient's hyperuricemia. I concluded that kidney stones can be made from uric acid, which is probably what my patient's kidney stones were made from due to her being hyperuricemic. I also researched all of her medications and the anticoagulant she was unsure about to ensure that I was giving her all correct information.

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

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

See Care Map Grading Rubrics below

Comments:

Week 3 (6b)- Please address this objective each week that you have a clinical experience. HS
I understand why I got a U. I will be sure to fill this out for each clinical from now on.

Week 4 (6b): For my patient, she had mentioned that none of her family lived in Ohio. They all live in Michigan. She relies on her best friend to pick her up and take her wherever she needs to go. I found this out because she had mentioned that she didn't have a ride home from the hospital because she was being discharged. She had to wait until 5:30 until her daughter could pick her up from Michigan. This could be a major problem for her getting to her follow up appointments and seeing a primary care Dr throughout the year. This could also lead to bigger problems like her not having the simple needs such as food at home because no one can take her to the store. When she expressed this, I did make her aware that there is a taxi service through the hospital and there are taxis/Ubbers throughout the town. I also told her that there are services where companies do grocery delivery in case there is ever a time no one can bring her groceries and she is out of food. **Great thoughts and how to help her address any transportation concerns. KA**

Week 4 – 6a – You satisfactorily completed your care map on your patient this week. Please see comments on the rubric at the end of the tool for details. KA

Week 5 (6b): For my patient this week, she had a huge medical history of many different psych related diagnosis' including bipolar disorder, borderline personality disorder, and anxiety. This could be a huge factor in her self care at home and the environment she lives in. She also mentioned her and her husband only owning 1 car that was a little banged up. This could be a problem if he has the car and she needs to get to an appointment of hers or do what she needs to do. This could also be a problem if

the car is not reliable. She is aware of uber and other local transportation companies. I would agree it could potentially be a problem for her to keep up with all of her appointments if she has transportation problems related to only having one car for the household. HS

Week 5- (6a)- You satisfactorily completed your car map. Please see the rubric for additional comments. Great job! HS

Week 6 (6b): Some factors associated with SDOH for seniors in our area would be transportation. Transportation is a huge issue for many individuals in our area. Many individuals that are in the senior center do utilize public transportation but I'm sure many people are unaware of these services. This could be an issue for them because if they have appointments or need to get something from the grocery store then they don't have a way of getting there. This could also be an issue for the care takers because if they spend all day driving them around they don't have time to work or do things for themselves. Great reflection on SDOH here, Ava. Keep up the good work! DW

Week 7 (6b): My patient this week had mentioned that he lived on the second story of a building with 10 steps to get up to his unit. This is a huge risk for falls and injuries for him. He is 83 years old and doing 10 steps everytime he needs to go in and out of the house just is not safe. Especially with the winters we have here, ice is another huge risk. He did a great job walking around the halls and in his room, but he still struggled even with his cane. With his left sided weakness, this makes going up and down steps fairly difficult. He struggled a little bit with the steps in therapy only doing 2 at a time. He also got out of breath pretty easily at therapy and his oxygen would drop. I am worried that when he goes home he will not do good with the steps and end up with even more injuries, especially there being 10 steps. This is a huge concern. Hopefully the staff with keep this in mind and keep him in rehab as long as possible so he can become stronger! MD

Week 9(6b): My patient this week had a fall where she fractured her right clavicle and T-10 bone. A social determinant of health for my patient would be physical activity. She told me she often finds herself sitting for most of the day because she has such a hard time getting around without pain. She has a history of a total right knee replacement and still struggles walking on it. She had surgery that was scheduled for 3/7 but due to her fall, this had to be rescheduled. Due to her sitting for long periods of time, especially after her last accident, she developed a DVT in the right calf. She now has to get surgery to get this removed which is prolonging her ability to fully recover. Great observations RH

Week 10 6b: This week my patient was in a motor vehicle accident where he had been drunk driving. A social determinant of health for my patient would be drinking. He reports that he only drinks once a week on a normal week. His alcohol level was .206 which is a lot higher than the legal limit. He was not positive for any drugs in his toxicology which is good. Drinking can affect a lot of different parts of your body physically and mentally. It is important that people are aware of the effects of alcohol on your body and what it can do to you. Unfortunately he did experience the negative effects of alcohol. However, despite the nature of the injuries, its important that we as health care provider do not cast judgement. We are there to care for all patients despite the circumstances. We can take it a step further and identify resources related to mental health and alcohol cessation to promote positive outcomes for him in the future. NS

11 6B: A social determinant of health for patient's getting a colonoscopy or EGD would be their life style and eating habits. The things you eat can really impact your life and harm your body. They can cause ulcers in the GI tract or polyps in the colon. This can include the meals you eat, medications you take or other things you put into your body. Some people can't help the way they eat or cannot afford to buy healthier foods. Long term, this can cause a lot of problems in your body. There are resources out there such as meals on wheels or Ohgo where they provide frequent, healthy meals which can really help their body.

Week 12 6b: A social determinant of health for my patient would be her neuropathy. She was a type 2 diabetic and neuropathy is a common side effect of diabetes. She expressed that she feels constant numbness and tingling of her legs and on assessment, she had 2+ pitting edema in BLE. This can be a huge safety concern with her ambulating. If she can't feel her legs, she won't know if something is under her feet and possibly fall. This is a big safety risk in her everyday life.

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
a. Reflect on an area of strength. ** (Reflecting)	S		S	S	S	S	S	N/A	S	S	S	S					
b. Reflect on an area for improvement and set a goal to meet this need. ** (Reflecting)	S		S	S	S	S	S	N/A	S	S	S	S					
c. Demonstrate evidence of growth, initiative, and self-confidence. (Responding)	S		S	S	S	S	S	NA	S	S	S	S					
d. Follow the standards outlined in the FRMCSN Student Code of Conduct Policy. (Responding)	S		S	S	S	S	S	NA	S	S	S	S					
e. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions. (Responding)	s		S	S	S	S	S	NA	S	S	S	S					
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (Responding)	S		S	S	S	S	S	NA	S	S	S	S					
g. Demonstrate the ability to give and receive constructive feedback. (Responding)	S		S	S	S	S	S	NA	S	S	S	S					
h. Actively engage in self-reflection. (Reflecting)	S		S	S	S	S	S	NA	S	S	S	S					
	NS	NS	HS	KA	HS	DW	MD	NS	NS	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 1-7a: An area of strength for me this week would be that I have successfully learned how to prime and start IV fluids through an IV pump and I learned how to let them infuse by gravity if we were in a situation where there was no pump. **Very good! NS**

7b: An area that I could improve on would be to remember to comment and select that I cleaned the glucometer after use instead of just moving on to the next patient. I got into a bad habit at work and to remember this now I will write a note for myself and do it at work to help myself remember to do it on clinical. **Good reflection! This is important for accreditation in the lab. While sometimes we forget and don't understand how it impacts our job in patient care, this is something that is required during survey visits for lab personnel. Good thoughts! NS**

Week 3-7a: I did not have clinical this week but I think an area of strength for me was presenting our TB Globalization slideshow and getting a good grade on it. **I agree; however, I am thinking another strength that you could identify would be from your clinical time that you had spent with the infection control nurse. HS**

7b: I think an area of weakness for me this week was memorizing all the respiratory pharmacology medications. I did not do as good on the quiz as I would have liked to but for next time I am going to study using flashcards instead of using Quizlet and start studying a week before the quiz. **That sounds like a good idea, previous studying methods may need to be modified with different course content. HS**

Week 4: 7a: An area of strength this week would be that I successfully managed being a team leader at clinical. It was a little stressful that the beginning because we had some confusion with the nurse about passing meds but we got it figured out. I checked in on my team consistently and managed break times and lunch times with them! **You did a great job managing your team this week. You should be proud of what you accomplished on such a busy day. KA**

7b: An area of weakness this week would be that I did forget a couple minor steps in my assessment and had to go back to reassess them after I realized it. To prevent this from happening in the future I will watch the YouTube video over the assessment from last semester before each clinical until I successfully complete a full assessment without forgetting anything. **Great idea. You could also create a checklist for yourself to help you remember in the future as well. KA**

Week 4 – 7f – Your care map was submitted after Saturday at 2200 and therefore you are receiving an unsatisfactory in this competency related to the late submission. Please make sure to write a comment on how you will prevent receiving a “U” in this competency in the future. **KA**

I understand why I received a U for my care map being submitted late. To prevent this next time, I will set a reminder in my phone to submit my care map on time. **HS**

Week 5 7a: An area of strength this week would be that I checked FSBS multiple times and successfully gave insulin for the first time. After knowing the blood sugar, I calculated the carb coverage, checked the sliding scale, and administered it! **Great job!**

7b: An area of weakness this week would be not looking at all of the drug categories before administering. This can be really helpful in knowing what they do quickly rather than having to research them over again each time. To prevent this from happening again, I will make sure to write a note on my medication list paper before we even get on clinical. **HS**

Week 6 7a: An area of strength this week would be that we successfully completed our ECSC clinical and got to interact and hangout with the seniors there. We also got to learn about Alzheimer's from another group that was doing a presentation on it that day. **DW**

Week 6 7b: An area of weakness would be that I did not do very good on my M/S quiz this week. For the next quiz I will be more prepared by reading the book and starting to study sooner than I did this week. **With all that needs to be done, a quiz due date can sneak up on you quickly. I am confident you will achieve this goal. Also, one side note. I appreciate the reflection on wanting to improve with the future quiz grades, but please keep in mind that this tool focuses on clinical. While I can see the relationship with application of knowledge, future opportunities for growth should be clinically focused. DW**

Week 7 (7a): A strength I had this week for clinicals would be that me and my patient had a pretty good relationship through communication. We communicated well about all of his medications, his therapy schedule, and through my assessments. I successfully communicated with the nurse, the therapists, and his family during my time there. This is probably the best I've ever done with communication on clinical. **You did awesome with communication this week! MD**

Week 7 (7b): A weakness I have for this week would be that I always get very nervous when I have to pass my medications. I know that medications can be very high risk sometimes and I do not want to mess up. For future clinicals, I will practice going through the motions and doing all of my medication checks to prepare myself for next time. Hopefully this will help me gain confidence during my medication passes. **Medication administration can be an anxiety producing task. It should carry some nervousness to it. It is a big deal. However, the more you pass medications and become more knowledgeable about these medications it will become easier and produce less nervousness. MD**

Midterm Comment – Ava, great job throughout the first half of the medical-surgical nursing semester. I appreciate your ability to self-reflect and set goals for yourself. It appears that you have had the opportunity to perform numerous skills, enhance your clinical judgement, provide patient care, and reflect on your experiences. You are satisfactory in all competencies at this point of the semester, awesome work! Continue to seek out opportunities for the competencies presented in objective 3 related to medication administration, specifically IV therapy, flushing an IV, DC'ing an IV, and performing a FSBS. Also, discuss with faculty your lack of experience caring for a

patient with a foley catheter so they can seek out learning opportunities. The more experience you can get the better! You have satisfactorily completed both required care maps for the semester, a demonstration of your good prioritization and time management. Continue to work hard as we enter the second half of the semester, you are doing a great job! NS

Week 9(a): A strength that I had this week was properly educating my patient about the importance of wearing her ace wraps and wearing compression socks if she can to prevent further complications after her next surgery. This is such an important educational topic for patients in order to help decrease post-operative complications! RH

Week 9(b): A weakness that I had this week would be that I should have been more strict about her using her right arm that was in a sling. I kind of let it go the first day because I felt bad always reminding her about it but then I realized the importance of letting her clavicle heal all the way before her next surgery so she does not have more things to deal with. It may be hard to always remind patients of the same thing, but we are doing it because we want their healing journey to be the best it can be for them. Remember, for this competency you need to create a goal that has a time frame and how many times you will practice in that time frame. I have highlighted the requirements above in green. RH

Week 10 7a: An area of strength this week would be providing a dressing change, flushing an IV, priming a line, and D/C an IV. I also got to help with a straight catheter insertion. Great job jumping at the opportunities to perform new skills with confidence! You did a great job recalling your knowledge and demonstrating competence with each skill performed. I hope you learned a lot from these experiences! NS

Week 10 7b: An area of improvement would be priming and hanging IV lines. I did get practice on this but I don't feel the most confident about doing this without help. With more practice and experience you will begin to feel more comfortable. Be sure to reach out to your instructors in coming weeks to identify potential opportunities to perform this skill. Unfortunately, this competency was changed to "NI" due to not including a plan for improvement. This was the reason an NI was received the previous week. Prior to midterm, it appears you provided a goal and plan for improvement for each. Identifying an area for improvement is the first step. In order to improve, you want to identify ways in which you can master this skill. For this competency moving forward, be sure to include a plan for improvement in your comment. Let me know if you have any questions. NS

Week 11 7a: An area of strength this week would be that I asked the nurses and Dr a lot of questions during the procedure to gain more information about what was going on. They were able to explain more to me about their findings and I learned a lot more about colonoscopy's and the whole digestive tract. Overall I think this was a great experience and I am glad I was able to see what the procedure is like!

Week 11 7b: An area of weakness would be that I did not get to see an EDG. If we have another clinical in digestive health I will make sure to switch from room to room each procedure to see if I can catch one.

Week 12: 7a: An area of strength this week would be good time management. I feel like this week I did really well with remembering everything I needed to do and completed them all in a timely manner. I was also able to give my patient a PRN medication without having to report it off to the nurse because of good time management.

7b: An area for improvement would be priming IV tubing and programming the IV pumps. I have practiced this multiple times and have even done it before in clinical, I just feel as though I was not very confident that I could have done it by myself. To prevent this from happening in further clinicals, I will utilize my open lab time and practice this skills to gain more confidence at doing them during clinical.

Student Name: Ava Lawson				Course Objective:			
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	Ava, you did a nice job placing relevant information about the patient in the assessment findings, lab/diagnostic, and risk factors sections. 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 pertinent nursing priorities and selecting the highest priority and highlighting it. The majority of the pertinent information was highlighted in the noticing section. You would want to highlight the increased blood pressure in the assessment section, the low Hgb in the lab/diagnostic section, and age in the risk factors section in relation to your nursing priority. Your complication section is hard to follow. Respiratory arrest, hypercapnia, and pulmonary edema are all complications, but I find it hard to determine which S&S go with which complication. In the future list the complication by the S&S to assess for it to make it easier to follow (i.e. respiratory arrest – cyanosis, respiratory cessation, no pulse). I know you have S&S in the box, but since it is hard to follow I cannot tell if you have 3 for each or not. 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)	0	
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 nice job writing relevant nursing interventions for your nursing priority and ensuring they were individualized, realistic, and included rationale. Remember all of your interventions should have frequencies. Elevating the head of bed can have the frequency of at all times. Labs can be timed as prn, daily, or when available. When listing your medications make sure
	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	1	
	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	to include dosage, frequency, and route to ensure the intervention is the most individualized. Overall good job with this section. KA
Reflecting	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 all of your highlighted information in your assessment and lab/diagnostic section except your patient's CO2. If there are no new lab/diagnostic results you can just state that in your evaluation section. KA
	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: Ava, you did a great job satisfactorily completing your first care map. Please see comments above for areas of improvement for your next care map. Good work! KA							Total Points: 38/42 Faculty/Teaching Assistant Initials: KA

Student Name: Ava Lawson				Course Objective:			
Date or Clinical Week: Week 5							
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	Ava, nice job on recognizing the abnormal assessment findings. Be sure to list specific patient data. List the FSBS result rather than type 2 diabetes, avoid putting medical diagnoses in the assessment findings category.
	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	Nice job listing the nursing priorities for this patient. I would also highlight the BUN and creatinine in the lab findings category as this relates to fluid volume and kidney function. A history of diverticulosis could also relate to deficient fluid volume. I agree with your potential complications and the signs and symptoms to watch for.
	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	Nice job with the nursing interventions! You made each one individualized to your patient, prioritized and included a frequency.
	9. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	10. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	11. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	12. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
Ref	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	2	On the reassessment, be sure to reassess each assessment finding that you highlighted even if it was normal upon

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	reassessment (vomiting, diarrhea, and weakness and fatigue)
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:41/42
Faculty/Teaching Assistant Comments: Ava, great job on your care map this week! I was able to get a full picture of your patient from the map. Please review my comments for a couple areas that I have a suggestion. HS							Faculty/Teaching Assistant Initials: HS

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

Student name: Ava Lawson								
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: 1/10/24	Date: 1/10/24	Date: 1/12/24	Date: 1/17/24	Date: 1/18/24	Date: 3/11/24
Performance Codes:								
S: Satisfactory								
U: Unsatisfactory								
Evaluation:	S	S	S	S	S	S	S	S
Faculty/Teaching Assistant Initials	NS	NS	NS	NS	NS	DW	KA	RH
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	N/A

*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 complications. NS

(Trach Care & Suctioning 1/17/2024) - During this lab, you satisfactorily demonstrated competence with tracheal airway suctioning and tracheostomy care. You did a nice job of explaining the procedure to your patient and promoting comfort throughout the procedure. Both skills were executed with confidence and sterility was maintained. No prompting was needed. During trach care, be sure to maintain the 1-inch margin on your sterile field to avoid contamination of your supplies and remember to step back and avoid cleaning the inner cannula over the sterile field. Otherwise, keep up the great work! DW

(EBP Lab 1/18/2024)- You actively participated in the online searching process for evidence-based practice literature, as well as reviewing example articles to determine appropriate selection and information needed when summarizing a research article. KA/LK

Week 9

Lab day: You satisfactorily demonstrated foley and IV skills/pump competencies during lab this week. Keep up the good work! RH

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

* Course Objectives

Comments:

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

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Ava Lawson (A) Grace Catanese (M)

GROUP #: 1

SCENARIO: MSN Scenario #1 – Musculoskeletal/Respiratory

OBSERVATION DATE/TIME(S): 2/28/2024 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	<u>Focused Observation:</u> Pain assessment performed, sought information related to pain (numerical rating and location only). Be sure to complete a full pain assessment. Full set of vital signs obtained. (neurovascular assessment performed) Noticed pallor to the left foot, noticed cold to touch, noticed absent pulse, noticed delayed cap refill, noticed paralysis, noticed paresthesia (did not ask about pressure). <u>Recognizing deviations:</u> Recognized 5/6 Ps during neurovascular assessment. Recognized abnormal vital signs (HR, RR, BP) <u>Information seeking:</u> Did not ask additional subjective information related to pain (ex: is this pain new or different than on admission, associated symptoms, aggravating factors, etc.) Did not verify allergies prior to medication administration. Asked about last tetanus shot. Verified name and DOB. Did not seek patient's understanding of complications occurring.				
INTERPRETING: (1) * • Prioritizing Data: E A D B • Making Sense of Data: E A D B	<u>Prioritizing data:</u> Focused pain assessment prioritized. Prioritized focused vital signs. Prioritized full head to toe assessment rather than focused assessment on fractured extremity after complaints of increased pain. Remediated during debriefing on prioritization of focused assessment to identify complications rather than head to toe assessment in this situation. Focused neurovascular assessment performed after head to toe assessment. Med nurse prioritized pain medication for pain relief. Prioritized fluids and antibiotics prior to surgery. Prioritized removing the sock for closer observation and removing the pillow from the affected extremity. Did not remove ice – discussed in debriefing. <u>Making sense of data:</u> Initially did not make sense of emergent situation for compartment syndrome. Eventually prioritized				

					calling the provider with some prompting. When medical emergency was recognized after full assessment, provider was contacted. Made sense of antibiotic order prior to surgery. Made sense of dosage calculation related to morphine administration.
RESPONDING: (2,3,4,5,6) * • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B					<u>Calm, confident manner:</u> Roles clearly defined between medication nurse and assessment nurse. Approach was calm during emergent situation. Communication with the patient regarding interventions to be performed. Calm communication with significant other to avoid distress. Confident demeanor in interactions with health care team members. <u>Clear Communication:</u> Communicated self and role when entering the room. Interventions communicated with the patient throughout. Communicated blood pressure results with the patient. Discussed appropriate conflict resolution and professionalism with off-going shift. Assessment findings communicated to team member. Used appropriate pronouns but did not address social diversity with the patient by asking preferred pronouns. Contacted provider with assessment findings. SBAR report attempted. Updated assessment findings provided (neurovascular assessment). Consider including vital sign update. Be sure to provide background information related to the patient and current situation. Review SBAR reporting to providers. Discussed in debriefing. SBAR report provided to OR nurse. Provided neurovascular assessment information. Provided update on medications that were administered and unresolved pain. Demonstrated caring approach. Be sure to continually communicate with the patient regarding changes to reduce fears and provide empathy. Contacted patient's significant other with updates and need to move surgery up. Communicated complications were occurring. Followed up with patient that she was notified. <u>Well-planned intervention/flexibility</u> Compares bilateral extremities after noting abnormal findings. Removed pillow from affected extremity. Considered removing ice pack but did not actually remove. BMV scanner used for patient safety. Patient educated on morphine side effects of lethargy.

	Re-assessed pain after medication administration. Programmed IV pump accurately. Antibiotics and fluids initiated in a timely manner prior to surgery. Educated on complications of affected extremity. SBAR report provided to OR nurse. Provided neurovascular assessment information. Provided update on medications that were administered and unresolved pain. Review SBAR reporting. Being Skillful Wasted excess narcotic with witness. Dosage calculation performed accurately. Good infection control measures using aseptic technique. Saline flush performed to confirm patency. Selected appropriate needle size. Be sure to ask patient injection location preference. Good technique with IM injection. Good needle safety.
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: - Select focused physical assessment priorities based on individual patient needs. (2)* - Implement appropriate nursing interventions based on patient’s assessment. (1,3,6)* - Communicate appropriately with the patient, family, team members, and healthcare providers incorporating elements of clinical judgment and conflict resolution. (4,7)* - Provide patient-centered care with consideration to cultural, ethnic, and social diversity. (2,3,6)*	Lasater Clinical Judgement Rubric Comments: Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes 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: Assumes responsibility; delegates team assignments; assesses patients and reassures them and their families. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. Displays proficiency in the use of most nursing skills; could improve speed or accuracy. Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.

5. Provide appropriate patient education based on diagnosis. (5)* * Course Objectives	
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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