EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Karli Schnellinger

Final Grade: **Satisfactory/Unsatisfactory**

Semester: **Spring**

Date of Completion:

Faculty: **Dawn Wikel,** MSN, RN, CNE**; Rachel Haynes,** MSN, RN**; Kelly Ammanniti,** MSN, RN, CHSE**; Monica Dunbar,** DNP, RN; **Heather Schwerer,** MSN, RN; **Nick Simonovich,** MSN, RN

Faculty eSignature:

Teaching Assistant: **None**

DIRECTIONS FOR USE:

Each week the students evaluate themselves based on the competencies using the performance code on page 2. The performance code includes the terms **Satisfactory (S), Needs Improvement (NI), Unsatisfactory (U), and Not Available (NA).** The faculty member will initial if in agreement with the student's evaluation. If there is a discrepancy in the performance code evaluation between the student and the faculty member, a note is written on the comment section by the faculty member with the rationale for the evaluation. All competencies must be rated a "S, NI, U, or NA". If the student does not self-rate, then it is an automatic "U". A student who submits the clinical evaluation tool late will be rated as "U" in the appropriate competency(s) for that clinical week. Whenever a student receives a "U" in a competency, it must be addressed with a comment as to why it is no longer a "U". If the student does not state why the "U" is corrected, it will be another "U" until the student addresses it. All clinical competencies are critical to meeting the objectives of the course. If the final performance code is unsatisfactory or needs improvement in any one of the competencies, a grade of unsatisfactory is given. If a pattern of unsatisfactory performance occurs after performing the competency satisfactorily, this also constitutes a grade of unsatisfactory. An unsatisfactory or needs improvement as a final score in any single competency results in a clinical course grade of unsatisfactory; this is a failure of the course. The terms Satisfactory and Unsatisfactory will be used in evaluating the final grade or clinical course performance.

METHODS OF EVALUATION:

Skills Lab Competency Tool & Skills Checklists
Simulation, Prebriefing, & Reflection Journals
Nursing Care Map Rubric
Meditech Documentation
Clinical Debriefing
Clinical Discussion Group Grading Rubric
Evaluation of Clinical Performance Tool
Lasater's Clinical Judgment Rubric & Scoring Sheet
Virtual Simulation Scenarios

ABSENCE (Refer to Attendance Policy)

Date	Number of Hours	Comments	Make-up (/Date/Time)

Faculty's Name	Initials
Kelly Ammanniti	**KA**
Monica Dunbar	**MD**
Rachel Haynes	**RH**
Heather Schwerer	**HS**
Nick Simonovich	**NS**
Dawn Wikel	**DW**

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

Satisfactory (S): Safe, accurate each time, efficient, coordinated; confident, focuses on the patient; some expenditure of excess energy; within a reasonable time period; appropriate affective behavior; occasional supporting cues; minimal faculty feedback related to written clinical work.

UNSATISFACTORY CLINICAL PERFORMANCE

Needs Improvement (NI): Safe; accurate each time; skillful in parts of behavior; focuses more on the skill and self rather than the patient; inefficient, uncoordinated, anxious, worried, flustered at times; expends excess energy within a delayed time period, frequent verbal and occasional physical directive cues in addition to supportive cues; faculty feedback required in several areas of clinical written work.

Unsatisfactory (U): Failure to achieve the course competency, safe but needs faculty reminders constantly, not always accurate, unskilled, inefficient, considerable expenditure of excess energy, anxious, disruptive or omitting behaviors, focus on skills and/or self, continuous verbal and frequent physical cues, unsafe, performs at risk to patient/clients/others, unable to function, incomplete, erroneous, faulty, illegible clinical written work, no feedback sought from faculty or response to feedback not evident in submitted written work. If the student does not self-rate a competency the competency is graded "U." A "U" in a competency must be addressed in writing by the student in the Evaluation of Clinical Performance tool. The student response must include how the competency has been or will be met at a satisfactory level. If the student does not address the "U," the faculty member (s) will continue to rate the competency unsatisfactory.

OTHER

Not Available (NA): The clinical experience which would meet the competency was not available.

***Grey shaded boxes do not need a student evaluation rating or faculty/teaching assistant initials.**

Date	Care Map Top Nursing Priority	Evaluation & Instructor Initials	Remediation & Instructor Initials	Remediation & Instructor Initials
1/31/24	Acute pain	S/RH	NA	NA
2/14/2024	Impaired physical mobility	S/RH	NA	NA

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

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies: a. Analyze the involved patho-physiology of the patient's disease process. (Interpreting)			NA	S	NA	S	S	NA	S	S	S	NA	S				
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			NA	S	NA	S	S	NA	S	S	S	NA	S				
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			NA	S	NA	S	S	NA	S	S	S	NA	S				
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			NA	S	NA	S	S	NA	S	S	S	NA	S				
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			NA	S	NA	S	S	NA	S	S	S	NA	S				
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			NA	S	NA	S	S	NA	S	S	S	NA	S				
g. Assess developmental stages of assigned patients. (Interpreting)			NA	S	NA	S	S	NA	S	S	S	NA	S				
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		NA	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, 71, Reverse Shoulder replacement	Erie County Senior Center	Rehab, 59, Stroke	4N, 75, Kidney Stones, hematuria, Team Leader	No clinical	MIDTERM	3T, 74, Dizziness/ vertigo, Team Leader	4N, 75, left total knee replacement	Infection control and digestive health	5T, 76, Right total knee replacement				
Instructors Initials	**RH**		**DW**	**RH**	**DW**	**RH**	**NS**	**RH**	**RH**	**KA**	**NS**	**DW**					

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. HS, DW, NS

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

Week 5 (1h)- Karli, please keep in mind that Infection Control, Digestive Health, and the Erie County Senior Center, while not your typical inpatient clinical, are still clinical experiences. In the future, be sure to review each competency and evaluate as appropriate. For example, competency 1h asks you to evaluate whether or not you demonstrated evidence in being prepared for clinical. Did you prepare for the ECSC activity and bring your clinical paperwork that was mentioned in the syllabus? If yes, the evaluation could have been an S. If not, it would have been an NI or U. DW

Week 6: (1 c, d, e)- This week you did a great job discussing your patient's pathophysiology of their illness as well as had a great discussion of their medications and why they were relevant to their care. RH.

Week 7 1(a-h) - Karli, nice job providing care to a patient admitted with urinary retention, hematuria, and renal calculi. During the day you cared for him, his CBI was clamped and his problems had resolved. However, you were able to discuss the pathophysiology involved and the symptoms your patient was experiencing on admission. We discussed the rationale behind the medical treatment of the CBI and the procedure that was performed. You identified important nursing implications to implement related to his care needs. You discussed the medications prescribed, including the rationale, side effects and nursing considerations. Due to his diabetes, you identified the importance of monitoring his carbohydrate intake and providing insulin administration as a result of his FSBS reading. Nice job! NS

Week 9 – 1a, b, c, e– You did a nice job discussing on clinical your patient's disease process related to his vertigo and cochlear implant 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 9 – 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 10 1(a-h) – Karli, you did a nice job this week discussing the pathophysiology involved with alterations to your patient's health. You did well to correlate your findings, medical treatments, and medications prescribed with your patient's current and past medical history. Excellent detail was provided in your discussion, demonstrating growth in your clinical judgment. 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)			NA	S	NA	S	S	NA	S	S	S	NA	S				
b. Conduct a fall assessment and implement appropriate precautions. (Noticing)			NA	S	NA	S	S	NA	S	S	S	NA	S				
c. Conduct a skin assessment and implement appropriate precautions and care. (Noticing)			NA	S	NA	S	S	NA	S	S	S	NA	S				
d. Communicate physical assessment. (Responding)			NA	S	NA	S	S	NA	S	S	S	NA	S				
e. Analyze appropriate assessment skills for the patient's disease process. (Interpreting)			NA	S	NA	S	S	NA	S	S	S	NA	S				
f. Demonstrate skill in accessing electronic information and documenting patient care. (Responding)	S		NA	S	NA	S	S	NA	S	S	S	NA	S				
	RH		**DW**	**RH**	**DW**	**RH**	**NS**	**RH**	**RH**	**KA**	**NS**	**DW**					

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 (2 a-f)- This week you did a good job of performing your head to toe when time was available to you due to the therapy scheduling. You also ran into the issue when therapy was during the time you wanted to reassess and you worked around that in order to still complete an assessment. You also were able to document and find other assessment pieces in the electronic health record. RH

Week 6: (2 a-f)- Great job getting your head to toe assessment done with a difficulty therapy schedule to work around. You were able to document all findings appropriately in the patient chart/electronic health record You communicated well with your patient throughout the day and explained what you were doing with each assessment. RH

Week 7 2(a,e) – Nice job with your assessments this week, noticing deviations from normal and focusing your assessment on priority needs. Your patient had abnormal GU findings that required close monitoring. You assessed his urinary output and characteristics, monitored for bladder distention and discomfort, and closely monitored the CBI set up. As team leader, you discussed the importance of closely assessing the respiratory status of Dylan's patient and abnormal findings related to respiratory distress. NS

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

Week 9 – 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 9 – 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

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

Comments:

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

Week 4 (3 c, d, e) This week you demonstrated good organization and time management when it was time for medication administration. This was difficult due to the varying therapy schedules we had to work around. You did a good job looking up your medications, administering medications, completing your head to toe, and charting your findings while also participating in therapy with your patient throughout both days. You were not afraid to ask for assistance when needed. RH

Week 6: (3 b, c, d, e) You had good time management and organization this week! You also had the opportunity to remove an NG tube, which you did well with no assistance. You were able to describe what was going to happen to the patient and confidently remove the tube. You were able to look up your medications and were prepared for medication administration when it was time. You were not afraid to ask for assistance when needed. RH

Week 7 3(d,e) – As team leader, you were presented with a challenging situation that required prompt prioritization. You assisted Dylan in managing a patient with respiratory distress and assisted the team during intervention. You and Dylan recognize the need for assistance and collaborated with the assigned RN, RT, and attending provider to help stabilize the patient prior to transfer. This was a great learning opportunity for you to participate in! NS

Week 7 3(g) – Great job this week on successfully placing your first foley catheter! You did a great job of maintaining sterility throughout the procedure. As you learned, real life implementation is much different then in the skills lab. You were open to discussion and demonstrated confidence in your abilities. Teamwork is important with difficult catheter insertions, and you did well receiving support from your peer and myself. Overall great job demonstrating competence in this nursing skill. This experience will be beneficial in your understanding of foley catheter placement in the future! NS

Week 9 – 3b – You did a great job providing care to your patient and ensuring he always understood your questions and education since he was extremely hard of hearing without his hearing aids. KA

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

Comments:

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

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

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 4 (3 k, l, m, n, o, p, r)- 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 had the opportunity to hang an IV infusion. You compared the order on the IV bag to the order in the chart, you checked IV placement, primed the IV tubing, and programed the pump correctly. RH

Week 4 (3 k, l, m, n) You did great with medication administration this week. You were to crush all medications and administer them one at a time mixed in pudding. The patient was slow at taking her medications due to her swallowing but you encouraged her and allowed her to take her time without having her feel rushed. You also had the opportunity to perform a subcutaneous injection and an IV push medication followed by an IV flush. Great job! RH

Week 7 3(k-s) – Great job with medication administration this week, both as team leader and primary nurse. You provided support and assistance to your peers to ensure medications were administered safely. You gained experience with new skills such as performing a FSBS and performing accurate dosage calculations per the corrective scale protocol for insulin. You identified the 6 rights and performed the three safety checks, utilizing the BMV scanner for patient safety. You discussed the implications, side effects, and nursing considerations for each medication. A saline flush was performed using aseptic technique to ensure patency of the IV site while monitoring for potential complications. Overall job well done! NS

Week 9 – 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 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 9 – 3n –You had the opportunity to practice drawing up medication from a vile and administering slow IV push to your patient. You performed all IV skills with beginning dexterity. You documented all medication administration and line care appropriately in the EMR. Nice job! KA
Week 9 – 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 9 – 3r – You did a nice job monitoring your patient's IV site this week and documenting your assessment in the EMR. KA

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

Comments:

Week 4 (4e): proper APA formatting for your citation is as follows: Dykes, P. C., Burns, Z., Adelman, J., Benneyan, J., Bogaisky, M., Carter, E., Ergai, A., Lindros, M. E., Lipsitz, S. R., Scanlan, M., Shaykevich, S., & Bates, D. W. (2020). Evaluation of a patient-centered fall-prevention tool kit to reduce falls and injuries: A nonrandomized controlled trial. *JAMA network open*, *3*(11), e2025889. https://doi.org/10.1001/jamanetworkopen.2020.25889.

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 5 (4a,b)- How was your communication with the clientele at the ECSC? Did you engage with the other professionals running the organization? These would have been appropriate skills to evaluate yourself on following the ECSC clinical experience this week. Please be sure to thoroughly review the clinical tool and evaluate yourself accordingly. It's important to take credit where credit is due. (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. Additionally, I have a couple suggestions for future improvement with APA formatting. First, when you use a direct quote, the citation should include the author(s) last name, the year of publication and the page or paragraph number. This would be an example of an APA formatted citation- (Gasnick, 2022, para 16). Second, the words fine and overview should be the only words in your reference title that start with a capital letter. Otherwise, keep up the good work! DW

Week 6 (4 a, b, c, e) You communicated well with your patient this week and you assisted in keeping her calm and informed of what was happening. You were able to assist with understanding of the family members/visitors she had. You had a great discussion post relating your medications to your patient's health history. RH

Week 7 4(a,b) – You did well as team leader this week in communicating with the patient's, your peers, and the health care team. While most of your team leading experience was spent in one room, it was a great learning experience. You gained knowledge in working and communicating with the health care team during an emergent situation. You provided support to Dylan throughout and maintained an open line of communication. NS

Week 7 4(e) – Great work with your CDG assignment related to your team leading experience. You provided good details in describing the situation to help your fellow classmates learn from the experience. Your response post to Kaden provided additional insight to the conversation and was supported with a reputable resource. See my comments on your posts for further details. Overall APA formatting looked good. One suggestion for improvement: when including an in-text citation, be sure to include the publishing year. Correct APA formatting for your in-text citation in your response post would be as follows (Morris et al., 2023). All criteria were met for a satisfactory evaluation! NS

Week 9 – 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 9 – 4e – Karli, you did a wonderful job reflecting on your implicit bias activity results and your thoughts on your potential bias of the young versus the old. You thoughtfully responded to all the CDG questions and included an in-text citation and a reference. Keep up the great work! KA

Week 10 4(e) – Good work with your CDG responses this week! You were detailed in your responses, used appropriate resources to support your discussion, and utilized APA formatting with your in-text citation and references. NS

Week 11 (4e)- Accordjng to the CDG Grading Rubric, you have earned an S for your participation in the Infection Control discussion this week. Your discussion was thoughtful and supported by evidence. Also, your APA is very close. I just have a few suggestions: 1. The in-text citation for a direct quote should also include a page or paragraph number. Additionally, when you have more than two authors, the citation with include the first author followed by et al., not etc. 2. One thing to keep in mind when referring to info in a citation is that it is "according to" the author, not the search engine. PubMed is not an author, it is merely a platform to find information. The appropriate way to use your information as an intext citation would be, According to Czepiel et al., "Clostridium difficile…in the environment" (2019, p. 1211). 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. 4. As for the reference, the APA formatting should be set up like a journal article, not a website. The correct reference should be: Czepiel, J., Dróżdż, M., Pituch, H., Kuijper, E. J., Perucki, W., Mielimonka, A., Goldman, S., Wultańska, D., Garlicki, A., & Biesiada, G. (2019). Clostridium difficile infection: Review. *European Journal of Clinical Microbiology & Infectious Disease, 38*, 1211-1221. https://doi.org/10.1007/s10096-019-03539-6. DW

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

Objective

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

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

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

Comments:
Week 4- 5a & b – One of the points of education I was able to provide to my patient was the importance of early ambulation and using her incentive spirometer. With her having a history of several DVTs in the past I wanted to make sure she knew the importance of getting up and moving and using the incentive spirometer to keep her lungs nice and clear throughout her stay. After discussion I was able to help her get up and go to the bathroom and when she came back, she demonstrated to me how to use the incentive spirometer, and explained the importance back to me. Can you tell me what resource you used for this information? I changed your 5b to NI because no resource was listed. This can be skyscape or Lexicomp. RH

Week 6- 5a & b – This week I was able to educate my patient about the importance of making sure she continues to cough and deep breath throughout the day to prevent further complications. According to skyscape, a couple of these complications include pneumonia and atelectasis. Since my patient was in rehab recovering from a stroke on her left side, her right side was very numb still, which is affecting her ability to get up and move around, putting her at an even higher risk of developing these complications. I was able to have a discussion with her about how to properly do this, and she used the teach back method to show me she understood how to do it. Great job making these connections RH

Week 7 5a & b – This week I was able to educate my patient on the importance of not itching his IV when it was in place and trying to use different alternatives. My patient was allergic to the tape that is mostly used in the hospital, including the transdermal patches which go over top of the IVs once they are placed. Since he had a transdermal patch on his left IV, it was causing it to be a little itchy, and I did not want him to itch it and accidently pull it out which according to Skyscape could cause infection and bleeding. I was able to education him on trying to place an ice pack on it by having a discussion, and he showed me how to place it onto the IV site without getting it caught on anything. When I came back in a little bit later, he stated that the ice pack helped out a lot and that he was going to use that "trick" at home if something is itching pretty bad, rather than itching his skin raw. That's great! Good use of interventions to help promote comfort and reduce the risk of complications. You reflection was well thought out. There certainly is a risk of skin breakdown when scratching. Educating on alternatives at home could potentially reduce the risk of infection and further complications. Nice job! NS

Week 9 5a & b – My patient was admitted to the hospital because he was having severe dizziness just days after his cochlear implant to his right ear. He was diagnosed with Vertigo, and while caring for him, I was able to educate him on the importance of trying to stay away and avoid certain things that may trigger the symptoms of vertigo

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such as dizziness, headaches, and confusion. According to Skyscape, patients with vertigo should try to avoid loud environments and bright lights. I was able to discuss these things with my patient and his wife, and they used the teach back method by repeating the information back to me, and then they decided to shut the lights off in the room, which my patient later stated helped with his headache. Nice job with this education. This is most likely a potential chronic condition and knowing how to make the symptoms long term will be beneficial. KA

Week 10 5a & b – One of the things I was able to educate my patient on was about her medications. Throughout my clinical experiences so far, I have not really had any patients who actually asked questions about the medications I was giving them and what they were and what they were for. This week my patient wanted to know what each pill was that I gave her and a quick explanation of what each med does. I made sure to let her know this so she would be comfortable taking the medications and I wanted to especially express the education behind the Oxycodone that I was giving her for her severe pain in her left knee. According to Skyscape, narcotics have a tendency to depress respiratory rate and blood pressure and could cause drowsiness. I let her know this was a potential risk for the medication by having a discussion with her about it, and she was able to use the teach back method the next time we administered her Oxycodone by stating that this was the medication that could lower respiratory rates and sleepiness. That's great, Karli! I am glad to hear you were able to take the time to provide medication education. This is a big focus in the hospital currently, as many patients state in their satisfaction survey that medication education is lacking. You were well-prepared to discuss the medication by performing thorough research and discussing your medications with the team leader. Great reflection! NS

Week 12 5a & b – Something that I thought was important to educate my patient about was for him to make sure he keeps wiggling his toes, moving his ankles around, and trying to bend both of his knees when he can. Simple movements such as wiggling his toes and bending his knees when he is able to will help prevent stiffness and promote blood circulation to those areas. Due to him having that right knee replacement, his mobility is limited so he is not able to get up and move around as much as he would like to. According to Skyscape, the biggest complication of limited mobility in the lower extremities is a DVT. I discussed with him that doing these things will help prevent pain from stiffness and could reduce the risk of him developing a blood clot in his legs. He was able to demonstrate to me these techniques to me almost every time I came into his room, and I also watched him show his wife when she arrived to pick him up for discharge.

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)			NA	S	NA	S	S	NA	**S**	~~S~~ NA	NA	NA	S				
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)			NA	S	~~NA~~ U	S	S	NA	**S**	S	S	S	S				
			DW	**RH**	**DW**	**RH**	**NS**	**RH**	**RH**	**KA**	**NS**	**DW**					

****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 4- 6b – One of the things that I noticed about my patient was that she seemed to be pretty knowledgeable about what I was doing when I was getting her vitals and doing my assessments. I was able to ask her about her job and she proceeded to tell me she had been a nursing aid for over 50 years. She also told me that she had a hard time cooking meals because she wasn't able to stir and mix things like she used to, so her and her husband tend to go out to eat most nights rather than making a home cooked meal. A social determinate of health could be lack of resources. Since she is unable to mix or do things with her arms, she might not have the assistive devices she needs to perform these tasks. Does them eating out often cause financial stress on them? RH

Week 5- 6b – Some of the things I noticed while at the senior center this past week was that when we first arrived there were not many people there, but as it got closer to lunch time, quite a few people started to show up. This made me question the nutrition status of those who came to the senior center and their ability to cook food for themselves. Another determinant that could play a factor into the nutrition status of these individuals would be their economic status and income. Many, if not all of them were retired from working, so it left me wondering if they were all able to easily pay for the meals they are getting at home. To help with this, we were able to hand out a bunch of baked goods such as cookies, cupcakes, and lots of bread that was donated for those who were there.

Week 5 (6b)- Unfortunately, you are receiving a U for not commenting on an example of a SDOH that could have impacted a patient from your clinical experience this week. Please be sure to take your time and review the details of the clinical tool more closely each week. As you can see above, the directions tell you that a comment must be made for all clinicals. An example related to the Erie County Senior Center may have been lack of transportation that could impede the individual's ability to get to social activities or even health related appointments. Please be sure to address this U in the comments for next week. Failure to do so will result in a continued U until completed. DW

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I definitely learned a lesson this past week on learning to read the fine print on these clinical tools, and slowing down to make sure I have done everything I need to, to earn a satisfactory for the competency. To help prevent this for the future, I will make a checklist based off of all the competencies and take it to my clinicals to make sure I know what I did and did not do that week and then translate it when doing my clinical tool. RH

Week 6- 6b – My patient is scheduled to go home soon and I have some concerns for her relating to social determinates of health when she is discharged. One would be the lack of transportation. Since she is still not very stable while walking, has that numbness and tingling on her right side, and right sided vision impairment, she likely will not be back driving for a while. This leaves me concerned on how she will be able to get to her appointments when she needs to. She has lots of help between friends and family, so hopefully they can all pitch in to help her get to those appointments. She also mentioned to me that she has a boyfriend, however he is out of town most of the time for work, so it is just her living by herself at her apartment, and seems to feel like she is burdening others when asking for help. I made sure to have a discussion to her explaining that she is going through a big change in her life, and that it is okay to ask for help, and that there are resources available if she needs. Asking for help is hard for some people when they are used to doing everything themselves. This will be a big learning curve for her. RH

Week 7 – 6b – My patient this week was very talkative and loved to tell me a bunch of stories about his life so far. While at first, I did not think much about it, I noticed that he kept saying how his wife was supposed to be there soon, and she never came while I was there. He also mentioned how he was really missing his cat that he raised from a kitten that was around 15 years old. After putting these things together, I realized that he was probably pretty lonely since he was in the hospital by himself for awhile and did not have many people to talk to. I didn't mind staying in there and talking to him because his stories were actually pretty interesting! I heard later in the day from his nurse, that a bunch of his family including a couple of his six kids, grandkids, and wife all came in to visit him the day before, which I was happy to hear considering he was ready to go home, and was getting pretty restless sitting in there by himself. He also mentioned how him and his wife were going to start helping each other out with different things, because of their age, and their ability to do things by themselves might not be as good as it was before. Good thoughts! Social support and community context are very important in managing health conditions. He had a pretty scary experience in developing hematuria and will require close monitoring of his catheter at home to prevent complications. Having support at home will positively impact his health outcomes. NS

Week 9 6b – One of the things that I was concerned with about my patient was his safety when was to get discharged. Due to him having a cochlear implant in his right ear, his hearing loss was significant not only in that ear, but in the left as well. The social determinant of health that I'm focusing on with this patient would be environmental factors that would be impacted by his loss of hearing. For example, although he has his wife, if he is at home by himself different times, he might not be able to hear if a smoke detector is going off or even the tornado sirens. I am hopeful that with the cochlear implant his hearing will get a little better so he would be able to ear some of those major things. I was not able to ask him, but I also thought about his driving abilities, and if he was able to drive how he would adapt to certain things such as sirens in the distance, or maybe something that would be wrong with his vehicle that he may not hear while driving. While caring for him I noticed that his wife was fairly knowledgeable about what I was doing most of the time, and she later expressed that they have a daughter who is a nurse as well as a granddaughter in nursing school. This made me feel more comfortable in my patient's care because I knew that he would have the resources he would need to be able to help him out if he needed it. Great thoughts. This is a new chronic condition your patient will need to manage that will impact his overall ability to manage his health. KA

Week 9 – 6a – You did not complete a care map on your patient this week. KA

Week 10 6b – While talking with my patient this week I realized that she was not going to have much help once she got discharged to go home. I noticed that throughout the time I was there caring for her, she did not have any visitors, such as friends or family. She later stated to me that it was just her at home and her son is out of town working most of the time so she was going to have to take some extra time to make sure she was ready to go home and do things by herself. I think a good social determinant for this situation would be lack of support. She seemed pretty concerned about the fact that she may not be able to go into a rehabilitation facility and therefore have to go home and adapt to doing things with her limited mobility due to her recent surgery. I was able to comfort my patient in letting her know that whatever happens she does not have to go through all of this alone, as it is a very tough thing to go through. **Very nice reflection on SDOH for your patient. Witnessing her lack of mobility and continued pain, she certainly is going to have care needs at home. If she is unable to get into a rehab facility, her lack of social support is concerning regarding health outcomes. Hopefully she is able to get home health to come in; however, this does not help with daily needs. This would be something we could discuss with case management by advocating for her need to go to a rehab facility. Good thoughts! NS**

Week 11 6b – Finding a social determinant of health was hard for this week clinical since I did not directly have a patient that I was caring for. However, while I was do digestive health, I realized that most of the patients had someone there will them throughout the whole process. I think having a good support system is super important,

especially at a times like this because most of these patients have never had a colonoscopy done before so they seemed to be nervous for it. I noticed that during the admission process most of the patients seemed a little restless, but once they were able to have their support system there whether it was their mom, dad, husband, wife, etc. they seemed to have a sense of calmness as they were taken to the procedure. DW

Week 12 6b – A social determinant of health for my patient this week would be community support. While taking care of him on Wednesday, he seemed to enjoy talking about his family and I learned that he lives with his wife at home, but most of his family actually lives in Connecticut, which is where he is originally from. He moved here over 40 years ago with his wife because of his job and has been here ever since. When I was first listening to him talk about how it was just him and his wife at home since his family lived out of state and his two sons lived out of town, I was a little concerned about who else he was going to have to help him out besides his wife. However, he mentioned to me that he served in Vietnam for a while, and how he goes to the Veterans Association and spends time with friends, and everyone there is always willing to step in and help them out if needed. He actually received his rollator device from the VA, which I thought was pretty cool. Hearing that him and his wife had some other people to lean on when he gets out of the hospital made me feel a lot better, and I have no doubt that he will only continue to get better as time goes on.

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

****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: I think an area of strength I had this week was doing the IV dosage calculations that we learned. I enjoy doing math, so memorizing and understanding the formulas was fairly easy for me, which will definitely be beneficial when it comes to the clinical setting.

7b: An area of improvement would be looking at the IV sites and being able to correctly document them. To help me improve this I will look in my textbooks and use ATI to review the potential complications of an IV site as well as what a normal, intact, asymptomatic site should look like at least 2 times a week before clinicals start to make sure I know what to look for and what to document when the time comes. RH

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Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 3- 7f. In order to prevent myself from getting a "U" on further clinical tools I will put a reminder in my phone that will go off every week on Fridays to remind me to fill and turn in the evaluation tool. Great idea! Lesson learned! You've got this! Please also make sure you are submitting the correct version will all of the faculty's previous feedback. DW

Week 4 7a: An area of strength I think I had was doing my patient's IV infusion of iron. I was able to hang and spike the bag, prime the tubing, and flush out her IV. I was a little nervous when I first heard I was going to have to do it, but once I started to get things going, I thought it was so much fun to do. I think this will help in my future clinicals on the other floors because I might have a couple more opportunities to do that again. You did great with this! RH
Week 4 7b: An area of improvement this week would definitely be time management. With this being my first clinical on rehab, I wasn't exactly sure how fast things were going to have to be done, such as preparing to give the meds and getting the vitals and assessment done within the right time frame. In order to help improve this for my next clinical, I want to be more organized with my clinical documents, and knowing how to find certain things in the new charting system. In order to do this I was try to set out all my documents the night before in the order I need them, as well has review the documents we were given on where things are in the new charting system at least 3 times prior to my next clinical. This is a great goal! We are all struggling a little bit with the new charting system so reviewing it and having documents for pointers/tips and tricks will be helpful. RH

Week 5 – 7a – An area of strength for me this week was being able to go in and talk with the citizens that were at the senior center. I thought it was pretty fun to be able to interact with them and hear them all tell stories about themselves and their families. Also, I think I was pretty good at being able to adapt to the challenges we faced at this clinical, such as having to lead the Jackpot activity they did, as well as doing our activity for longer than we anticipated. RH
Week 5 7b – An area of improvement I noticed for this week would be to try to speak a little louder when talking to the citizens. I often find myself having a fairly quiet voice most of the time, and forget that when talking to the older adults I may need to speak up a little more in order for them to hear me better. In order to help fix this, every day before my next clinicals, I will try to recognize who I am talking to and adjust the volume of my voice according to what I feel would be appropriate. RH

Week 5 (7a,b)- Unfortunately, you have earned a U for these competencies due to no reflection on strengths and opportunities for improvement related to week 5. As discussed previously, as well as in the course syllabus and in the discussion, Erie County Senior Center, Infection Control and Digestive Health are all clinical. For this week, you had a clinical experience that may or may not be out of your comfort zone. Did you identify any strengths or opportunities for improvement related to communication, engaging the older adult, making accommodations for those with decline in their functional ability so they could still participate in the activity, etc. Every hands-on or observational experience you have in the nursing program provides you with an opportunity to reflect and make improvements for the future. Please be sure to address these U's with the week 6 clinical tool. Failure to do so will result in a continued you, regardless of your performance. I must also point out that all of the competencies in objective 7 could have been evaluated for clinical this week. I left them NA because I was not present in clinical with you. Please pay a little closer attention to each of the competencies in the tool each week, and really reflect on whether or not you've completed them from one week to the next. Let me know if you have any questions. I am happy to help. DW

Week 5 7a/b – In order to prevent myself from getting an unsatisfactory on these two competencies I will make reminders in my phone that will go off every week to remind me to do the highlighted competencies even if I do not have a clinical at the hospital. Additionally, in order to prevent myself from getting Us in future, I will have a faculty member look over my clinical tool every week after clinicals to make sure I have everything in place before turning it in. RH

Week 6 7a – I think a strength that I had for this week would be just being an emotional support for my patient. She has been through quite a bit these past few weeks, and during her therapy sessions she made comments that she was so glad I was there with her and helping her throughout the day. She was super excited when she passed her swallow test and according to PT and OT has made a lot of improvement. I think this was the first clinical where I was actually able to feel like I was there to support my patient and comfort them when they needed it. This is so great to hear! RH
Week 6 7b – A weakness this week was improper body mechanics. I was definitely bad at going into my patient's room and not raising the bed when doing certain things such as my assessment, vitals, and even pulling her up in bed with the blude pad. I know I need to fix this, because I do not want it to become a habit that will cause damage to my body down the road. In order to improve on this for future clinicals, I will be sure to look over my notes from foundations at least 3 times before my next clinical experience to remind me the proper body mechanics I should be using while working in the hospital. That is a great plan! Save your back! RH

Week 7 7a – I think an area of strength for me this clinical was being able to put in the foley catheter on a female patient. I have never had the opportunity to do that yet throughout all my clinicals and we pretty excited to get the chance this week! I was definitely a little nervous since I have never done it on a real patient before, but I was able to overcome that and go in with the attitude that I knew what I was doing and with confidence. This will definitely help me out in the future if I get the opportunity to put another one in, since I had the experience of doing one already. Awesome strength to note this week! I truly appreciated your willingness to stay extra at clinical to gain valuable experience in placing a foley catheter. This was a challenging patient to insert a foley on for the first time. However, you approached the skill with confidence and communicated well with the patient to promote comfort. You did an excellent job maintaining sterility and successfully placing the catheter on your first try! Certainly a strength to be proud of. Nice job! NS

Week 7 7b – An area of weakness for this week would be being too self-critical of myself. Although I may have a really good and informative week at clinical, I seem to always remember the things I did wrong, and what I should've done differently to help correct those things. In order to help change this for the future, and keep things more balanced on the good and the bad, I will try to keep a small notebook in my car, and after at least one day of clinical each week, I will write down a list of all the things I did well for that day or week, so that way when I start to feel down on myself, I can go back and remind myself of all the important things I've done. I will start writing in the notebook today with the positive things I did this week and continue to do so for the rest of the semester. I love this reflection! As a student, it can be hard to feel confidence in your nursing care. You are learning a lot and it can be overwhelming. The use of reflection to learn and grow plays an important role in developing clinical judgement. Furthermore, reflecting on your experiences helps you to grow confidence. While it is good to be critical of yourself at times as a way to learn, you also want to always highlight the positives because you are doing a lot of great things. Great thoughts in this reflection! NS

Midterm comment: good job throughout the first half of the medical-surgical course! It appears you have had the opportunity to perform various skills, enhance your clinical judgment, provide patient care, and reflect of your experiences. You are satisfactory in most competencies at this point of the semester, great job! You have a skill that is an "NA." it appears you have not had the opportunity to demonstrate discontinuing an IV (competency 3q). Please seek out opportunities to meet this competency during the second half of the semester. Let your clinical faculty know at the beginning of clinical of this need so they can help you find opportunities to meet this competency. You have satisfactorily completed both care maps required for this semester, great time management! Continue to work hard as we enter the second half of the semester, you're doing great! RH

Week 9 7a – This week an area of strength I think I demonstrated was being able to adapt to my patient's needs. My patient was very hard of hearing, and throughout all of my clinical experiences, I've never really had a patient that was not able to hear very well. I think I did a pretty good job at realizing he couldn't hear me very well, and therefore I made sure I sed my hands a lot when talking to him as well as making sure I look at him while speaking to him. Having this experience will definitely help me in the future because I know I will have more patients that are hearing impaired and it allows me to be a little more prepared and a sense of confidence going into the room on what I need to do to make sure I give them the best care. You did a very nice job caring for him and ensuring his needs were met. KA
Week 9 7b – An area of weakness for this week would be not giving one of my patients his medications with all the rest because I completely missed it when grabbing it out of the cupboard in his room. Due to him washing himself up, we pulled all of his medications but were not able to give them to him until he was finished so we locked them up in his cupboard, and when I went to pull them all out, I left one in there. I want to make sure I review the six rights of medications at least twice before the next clinical. Moving forward, I learned to double check and make sure I have scanned all of the meds I need to give before exiting the MAR rather than thinking that I did. I will double check the MAR to make sure I don't miss any medications every week at clinical throughout the remaining of the semester and whenever I am giving meds to patients, because although the medication this time was not emergent, it might be in future experiences. Great idea. I know his medication administration process was all thrown off by the timing of him completing his personal care. You handled the situation well and corrected the error quickly and efficiently once it was found. KA

Week 10 7a – An area of strength for me this week would be assessing my patient's wound vac that she had on, as well as properly using the SCD on her right leg. I have never had the experience of working with a patient with a wound vac before so it was cool for me to get a new experience with that and learn a little bit about how to read the drainage if there was any. I also have not had a patient that has worn their SCDs at all so I think I did good at remembering how to use those and make sure they were working correctly. Very good! I am glad you were able to learn from your experience this week. We were able to discuss the various type of wound vacs and what to expect with the Prevena vac that was in place over your patient's knee incision. You demonstrated a strong desire to learn throughout the week! Her SCD compliance was very important in the post-op period, especially considering her pain levels and limited mobility. Good thoughts! NS
Week 10 7b – A weakness for this week would be doubting my patients pain level. Although I never said anything to my patient or made it aware to her, I was not always believing her when she said her pain was a 7/10 all of the time even after giving her a total of 10mg of Oxycodone. I think I have to do better at not assuming things especially when it comes to pain, because I know everyone's pain perception is different in regards to severity. In order to help with this, I will review my notes regarding pain and patient advocacy at least twice before my next clinical experience, because pain is a very serious matter that needs to be taken seriously at all times, even if you may not agree with it. Good reflection, Karli! This is a challenge in the healthcare environment. We are taught that pain is subjective, and that we should always respect the patient's description of their pain. However, in our assessments, often times their pain level doesn't coincide with what we are seeing. While we never want to cast judgment, we do want to use our assessment skills to identify possible discrepancies in order to provide patient education regarding pain management. Strong plan for improvement moving forward! NS

Week 11 7a – An area of strength I had for this week at clinical was being able to watch colonoscopies and offer help in any way that I could to the nurses during digestive health. I really enjoyed this clinical experience because it gave me an insight into what it is like to work with doctors and CRNAs in an OR. I feel like I gained so much knowledge just listening to them all talk while performing the procedure on the patient, and I was able to put some of the stuff together since we are learning about the GI system right now. Excellent timing. You are definitely at an advantage being able to apply what you are currently learning in class to what you are experiencing in clinical. DW
Week 11 7b – An area of weakness would be forgetting what some of the isolation types were during infection control. I was familiar with the ones that are used pretty commonly, but ones such as environmental and enteric precautions I forgot about. I want to make sure I go over my notes from foundations regarding infection control and safety at least three times a week before my next clinical so I can make sure I understand and know the appropriate PPE to wear if I need to go into a room with precautions like these. Great idea, Karli! One thing I will add is that you should never feel bad about using your available resources. The badge backer was created to provide all of nursing with a quick and easily accessible reference related to isolation precautions. Since you have this information, as a nurse, you can fill those extra brain cells with some other knowledge that's not at your fingertips 😊. DW

*End-of-Program Student Learning Outcomes

Week 12 7a – A strength for me this week was being able to learn a little bit about the discharge process. Since almost all of our clinicals are inpatient, I feel like we do not get too many patients that we get to watch go through the discharge process. I was lucky to be able to watch my nurse go over the paperwork with my patient, help get all of his things together in bags, and help get him loaded up into his car with his wife. It was really cool to be able to see him go home, because although I only took care of him for a day and a half, I knew how much he was wanting to go home to be with his wife and get back to his normal life a little bit.

Week 12 7b – A weakness for this week would be missing the opportunity to educate my patient on maybe not taking so many pills all at once due to the possibly of it being a choking hazard. Although I asked my patient prior to giving him his medications if he was able to take them all at once, I think it would have been a better decision to use my judgement, and divide it up into at least two med cups so it would make it a little easier for him to swallow. To help improve this, during my next clinical experience, and every clinical from here on out, I will use better judgement, and encourage my patient that sometimes it can be better to split the medications up into two separate cups in order to help reduce the risk of choking.

Student Name: Karli Schnellinger				**Course Objective:**			
Date or Clinical Week: 1/31/24							
	Criteria	**3**	**2**	**1**	**0**	**Points Earned**	**Comments**
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	**(lists at least 7*) *provides explanation if < 7**	**(lists 5-6)**	**(lists 5-7 but no specific patient data included)**	**(lists < 5 or gives no explanation)**	3	1. Was your patient in a sling? This could be an assessment finding.
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	**(lists at least 3*) *provides explanation if < 3**		**(lists 3 but no specific patient data included)**	**(lists < 3 or gives no explanation)**	3	
	3. Identify all risk factors relevant to the patient.	**(lists at least 5*) *provides explanation if < 5**	**(lists 4)**	**(lists 3)**	**(lists < 3 or gives no explanation)**	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	4. Great list! 5. Puffiness could be highlighted to relate to your priority problem as well 6. Great list here as well! Chronic pain can be a risk if the acute pain is not addressed or managed well. Great job putting that together
	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	8. "Medications as ordered" is very broad. What medications would you specifically give your patient for your priority problem?
	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**	2	13. Here you did not re-evaluate all items that were highlighted. This includes xrays and a surgery update. This could

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	something like “no new xrays” or “no new xrays ordered”
Total Possible Points= 42 points 42-33 points = Satisfactory 32-21 points = Needs Improvement* < 21 points = Unsatisfactory* ***Total points adding up to less than or equal to 32 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.** **Faculty/Teaching Assistant Comments: This shows good thought process while caring for your patient! You did a good job developing a list of potential problems and complications from the priority problem. I would definitely save this for your senior portfolio!**						**Total Points: 41/42 Satisfactory** **Faculty/Teaching Assistant Initials: RH**	

Student Name: Karli Schnellinger				**Course Objective:**			
Date or Clinical Week: 2/15/24							
	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. would anxiety and pain contribute to your nursing problem? 7. a sign and symptom of skin breakdown/skin ulcers would be *nonblanchable* redness.
	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	
	9. Interventions are prioritized	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	10. All interventions include a frequency	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	11. All interventions are individualized and realistic	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	12. An appropriate rationale is included for each intervention	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
Refl	13. List all of the highlighted reassessment findings for the top nursing priority.	**>75% complete**	**50-75% complete**	**<50% complete**	**0% complete**	3	

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

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

Faculty/Teaching Assistant Comments:

Total Points: 42/42
Satisfactory

Faculty/Teaching Assistant Initials: RH

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

Student name: Karli Schnellinger								
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:** 1/10/24	**Date:** 1/10/24	**Date:** 1/12/24	**Date:** 1/17/24	**Date:** 1/18/24	**Date:** 3/11 or 3/12/24
Evaluation:	**S**	**S**	**S**	**S**	**S**	**S**	**S**	**S**
Faculty/Teaching Assistant Initials	RH	RH	RH	RH	RH	RH	RH	KA
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA

*Course Objectives

Comments:
Week 1
(Insulin)- You were able to correctly prepare an insulin pen and administer subcutaneous insulin. Insulin requirements were accurately identified and calculated through the corrective scale and carbohydrate coverage orders. MD
(Assessment)- You were able to satisfactorily demonstrate the Basic Head to Toe Assessment during lab. KA/RH
(IV Math)-You satisfactorily participated in the IV Math learning session on 1/9/24 as well as the assigned IV Math practice questions and the IV Math Application lab on 1/10/24. KA/DW
(Lab Day)- You satisfactorily completed the mandatory lab review of nursing foundational skills. This was achieved through simulating care for a patient in a scenario requiring competency in assessment, communication, medication administration (including PO and IM injection), nasogastric tube insertion and maintenance, patient mobility and hygiene, use of PPE for Contact Isolation, wound care, foley insertion, and development of nursing notes. NS/MD
(IV Skills)- You have satisfactorily completed IV lab including a saline flush, IV push medication administration, priming and hanging a primary and secondary IV solution, adjusting a flow rate to run by gravity, discontinuing IV solution, and monitoring the IV site for infiltration, phlebitis, and signs of complication. RH

Week 2
(Trach Care & Suctioning 1/17/2024) - During this lab, you satisfactorily demonstrated competence with tracheal airway suctioning and tracheostomy care. Although you stated that this was the most nerve-wracking check-off you have done, you were able to remain composed and demonstrate preparedness for each skill. During the tracheal suctioning procedure, you were able to remind yourself to flush the catheter and suction the oropharynx prior to discarding the suction catheter. You were conscientious of

your sterile field throughout. During tracheostomy care, you identified potential sterile field contamination from your stethoscope and verbalized the appropriate steps to move forward. Because you were able to identify and remind yourself, no prompts were needed for either skill. You answered my questions appropriately demonstrating knowledge and competence of each procedure. Keep up the hard work! NS

(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 – You did a nice job utilizing your lab time to practice skills you may not have utilized in clinical yet or may not have had the opportunity to do recently. You practiced NG insertion and IV skills including flushing an IV and programing primary and secondary infusions on the IV pump. You demonstrated all skills with proficiency and collaborated with your classmates to share knowledge throughout the lab time. Nice job! KA

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

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

* Course Objectives

Comments:
Simulation 1: please review the comments placed on the simulation scoring sheet blow. In addition, review the individual faculty feedback placed within the Simulation #1 Prebrief and Reflection journal dropboxes. RH

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Karli Schnellinger (A) & Tylie Dauch (M)
GROUP #: 1
SCENARIO: MSN Scenario #1 – Musculoskeletal/Respiratory
OBSERVATION DATE/TIME(S): 2/28/2024 1000-1200

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:** Full vital sign assessment obtained. Pain assessment performed (numerical rating only). Be sure to focus on additional subjective data (full pain assessment). Focused neurovascular assessment performed. **Recognizing deviations from normal:** Noticed pallor. Noticed absent pulse. Noticed paralysis. Noticed pain. Noticed absent sensation. Did not ask about pressure (5/6 Ps). Noticed NPO order, noticed aspirin home medication. Noticed abnormal vital signs (hypertension, tachycardia, tachypnea). **Information seeking:** Asked about allergies prior to medication administration. Consider asking about injection location preference Remember to ask about patient allergies prior to med administration. Consider asking about last tetanus shot. Sought information on pronouns during report. Sought information on preferred pronouns with the patient. Sought preferred name.
INTERPRETING: (1) * • Prioritizing Data: E A D B • Making Sense of Data: E A D B	**Prioritizing data:** Prioritized vital signs when entering the room. Prioritized focused pain assessment. Prioritized looking at the affected extremity. Prioritized focused neurovascular assessment. Prioritized removing sock for focused assessment. Prioritized bilateral extremity assessment. Prioritized pain medication administration. Prioritized antibiotics and fluids prior to surgery. Prioritized removing sock and pillow when recognizing complication occurring. **Making sense of data:** Made sense of potential compartment syndrome. Prioritized contacting the provider for compartment syndrome. Prioritized collection of all data prior to contacting provider. Made sense of dosage calculation for morphine order. Made sense of antibiotic order 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. Calm communication with significant other to avoid distress. Confident demeanor in interactions with health care team members. Good teamwork and collaboration for focused assessment. **Clear communication:** Good communication among team members with closed-loop communication. Interventions explained to patient throughout the scenario. Appropriate pronouns used in communications. Discussed conflict resolution with off-going shift. Updated significant other on change in patient status and need to move surgery up. Updated patient on communication with significant other. Good SBAR communication with the provider. Assessment information provided. Described interventions performed. Vitals communicated. Great SBAR communication to the OR nurse. Good detail in assessment and interventions performed. **Well-planned intervention/flexibility:** Pain medications and fluids/antibiotics administered in a timely manner. NPO order maintained. Removed pillow and ice after recognizing complication. Excess narcotic wasted with a witness. Education provided regarding compartment syndrome (increased pressure causing decreased circulation). Patient re-assessed after pain medication administered. **Being Skillful:** Good dosage calculation. Remember correct needle size administered with blunt tip needle (recognized and discussed in debriefing). Good technique with injection. Never recap after injection. Remember needle safety. Confirmed patency of IV with saline flush using aseptic technique. IV tubing primed accurately. Good teamwork and collaboration with IV medications. Remember to always clamp the tubing first to avoid loss of medication when spiking.
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: Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful information. Recognizes subtle patterns and deviations from expected patterns in data and uses these to guide the assessment. Actively seeks subjective information about the patient's situation from the patient and family to support planning interventions; occasionally does not pursue important leads.

Interpreting: Focuses on the most relevant and important data useful for explaining the patient's condition. Even when facing complex, conflicting, or confusing data, is able to (a) note and make sense of patterns in the patient's data, (b) compare these with known patterns (from the nursing knowledge base, research, personal experience, and intuition), and (c) develop plans for interventions that can be justified in terms of their likelihood of success.

Responding: Assumes responsibility; delegates team assignments; assesses patients and reassures them and their families. Communicates effectively; explains interventions; calms and reassures patients and families; directs and involves team members, explaining and giving directions; checks for understanding. Interventions are tailored for the individual patient; monitors patient progress closely and is able to adjust treatment as indicated by patient 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:

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`12/27/2023