

**EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2024**

**Firelands Regional Medical Center School of Nursing
Sandusky, Ohio**

Student:

Final Grade: Satisfactory/Unsatisfactory

Semester: Spring

Date of Completion:

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

Faculty eSignature:

Teaching Assistant: None

DIRECTIONS FOR USE:

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

METHODS OF EVALUATION:

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

ABSENCE (Refer to Attendance Policy)

| Date | Number of Hours | Comments | Make-up (/Date/Time) |
|---------|-----------------|-------------------------------------|----------------------|
| 2/2/24 | 1 hour | Late Team Leader CDG Post | 2/5/24, 1 hour |
| 2/28/24 | 0.5 hours | Incomplete Sim Handoff Report Sheet | 2/28/24 0.5 hours KA |
| | | | |
| | | | |

| 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 | Risk for Aspiration | S/RH | NA | NA |
| 2/10/24 | Impaired Gas Exchange | S/KA | NA | NA |

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

Objective

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

| Weeks of the Course | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | Midterm | 9 | 10 | 11 | 12 | 13 | Make Up | Make Up | Final |
|---|---|----------------------------------|----------------|------------------|---|--------------------------------------|--------------------------------------|----|---------|---------------------------|---|------------------|---------------------------|----|---------|---------|-------|
| Competencies: | | | NA | S | S | S | NA | NA | S | S | S | S | NA | | | | |
| a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting) | | | NA | S | S | S | NA | NA | S | S | S | S | NA | | | | |
| b. Correlate patient's symptoms with the patient's disease process. (Interpreting) | | | NA | S | S | S | NA | NA | S | S | S | S | NA | | | | |
| c. Correlate diagnostic tests with the patient's disease process. (Interpreting) | | | NA | S | S | S | NA | NA | S | S | S | S | NA | | | | |
| d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting) | | | NA | S | S | S | NA | NA | S | S | S | S | NA | | | | |
| e. Correlate medical treatment in relation to the patient's disease process. (Interpreting) | | | NA | S | S | S | NA | NA | S | S | S | S | NA | | | | |
| f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting) | | | NA | S | S | S | NA | NA | S | S | S | S | NA | | | | |
| g. Assess developmental stages of assigned patients. (Interpreting) | | | NA | S | S | S | NA | NA | S | S | S | S | NA | | | | |
| 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 | NA-NO CLINICAL | 5T - TEAM LEADER | 3T - 65, pneumonia, drug and alcohol abuse. | 4N - 78, mediastinal Lymphadenopathy | Infection Control & Digestive Health | NA | NA | 3T- 51, COPD Exacerbation | Rehab - 46, Sepsis, TSS, Fluid overload | 3T - Team Leader | Erie County Senior Center | | | | |
| Instructors Initials | KA | KA | HS | RH | KA | NS | DW | KA | KA | HS | MD | KA | | | | | |

Comments:

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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

Week 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. You also assisted your peers with their correlation of pharmacotherapy to diagnosis and treatment while acting as team leader. RH

Week 5 – 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 cared for with alcohol use disorder and potential overdose. You were able to discuss symptoms we were monitoring and managing in your patient as well as pertinent labs for your patient diagnosis. You also set a goal for your patient and were able to discuss your patient's work towards meeting that goal. KA

Week 5 – 1d – You did a nice job reviewing all your medications before you administered them to the patient. You were able to discuss the reason why the patient was taking the medication as well as what we were monitoring the patient for. You also were able to discuss what information was needed to determine if the medication should be administered (i.e. blood pressure, pulse). KA

Week 6 1(a-h) – Caitlin, you were presented with a challenging patient situation this week that I thought you handled very well. You provided thorough patient care and conducted further independent research to better understand what was occurring with your patient and the subsequent alterations to his health. You cared for a patient with a mediastinal mass that required a biopsy procedure and chest tube placement x2 for drainage. You reviewed his past medical history of lymphoma and conducted further research in understanding his most recent diagnosis after listening to the oncology consult. You correlated his symptoms of respiratory compromise and subcutaneous emphysema as a result of the procedures performed. You also noticed his decreased nutritional intake and correlated this to his fatigue and weakness. You noticed his diminished lung sounds on the side of the chest tubes. You closely monitored the chest tubes for complications, noticing increased bubbling and fluctuation during your time caring for him. On day two, you discussed his elevated d-dimer level and corresponding medical diagnostic treatments related to his episode of tachycardia and hypotension. Treatment was discussed related to weight-based enoxaparin. Overall good job in our discussions related to a complex medical patient. NS

Week 9 (1a-e)-Great job this week! You were able to identify the pathophysiology for your patient this week utilizing her history and the symptoms she was currently experiencing. You were also able to review the diagnostics that the patient had and discuss how they correlated with the patient's diagnosis. 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 11 – 1a, b, c, e– You did a nice job discussing on clinical your patient's disease process aspiration pneumonia 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 11 – 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

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: | | | NA | S | S | S | NA | NA | S | S | S | S | NA | | | | |
| a. Perform inspection, palpation, percussion, and auscultation in the physical assessment of assigned patient. (Noticing) | | | NA | S | S | S | NA | NA | S | S | S | S | NA | | | | |
| b. Conduct a fall assessment and implement appropriate precautions. (Noticing) | | | NA | S | S | S | NA | NA | S | S | S | S | NA | | | | |
| c. Conduct a skin assessment and implement appropriate precautions and care. (Noticing) | | | NA | S | S | S | NA | NA | S | S | S | S | NA | | | | |
| d. Communicate physical assessment. (Responding) | | | NA | S | S | S | NA | NA | S | S | S | S | NA | | | | |
| e. Analyze appropriate assessment skills for the patient's disease process. (Interpreting) | | | NA | S | S | S | NA | NA | S | S | S | S | NA | | | | |
| f. Demonstrate skill in accessing electronic information and documenting patient care. (Responding) | S | | NA | S | S | S | S | NA | S | S | S | S | NA | | | | |
| | KA | KA | HS | RH | KA | NS | DW | KA | KA | HS | MD | KA | | | | | |

Comments:

Week 1 (2f)- By attending the Meditech clinical update & providing your full, undivided attention during the demonstration of documenting insulin, IV solutions, and the Meditech 2.2 upgrades, you are satisfactory for this competency. NS

Week 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. You also checked documentation and assisted your peers in correcting their charting while acting as team leader. RH

Week 5 – 2a, d – You did a nice job thoroughly assessing your patient and notifying your nurse of any pertinent information. You were able to identify the focused assessment needing to be completed for your patient related to their diagnosis and monitored abnormal assessment findings. KA

Week 5 – 2f – You utilized the EMR to research your patient and determine what care needed to be provided to your patient throughout the day. You also utilized the EMR to research your patient's health history and information related to the patient's current hospital visit. KA

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 6 2(a,e) – You did well with your assessments this week. You demonstrated confidence in being presented with a challenging case and took on the challenge to enhance your nursing knowledge. You prioritized your assessments well and noticed numerous deviations from normal. You noticed subcutaneous emphysema at the chest tube site and monitored for worsening condition. You closely assessed the chest tube system noticing an air leak leading to bubbling in the chamber and fluctuation in the water level. You noticed increased bubbling and quickly alerted the instructor and bedside RN for follow-up assessment. You prioritized his respiratory status and analyzed appropriate assessment skills to help prevent complications from occurring. NS

Week 9 (2a-f)- You did a nice job with your assessment as well as documenting it within the electronic medical record. You did a nice job communicating with your team leaders this week as well as making sure that the primary nurse was aware of anything pertinent related to your patient. You were also able to discuss your focused assessment on your patient and the reasoning behind your decision of focus. 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 11 – 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 11 – 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: | S | | NA | S | S | S | S | NA | S | S | S | NA | | | | | |
| a. Perform standard precautions. (Responding) | S | | NA | S | S | S | NA | NA | S | S | S | NA | | | | | |
| b. Demonstrate nursing measures skillfully and safely. (Responding) | | | NA | S | S | S | NA | NA | S | S | S | NA | | | | | |
| c. Demonstrate promptness and ability to organize nursing care effectively. (Responding) | | | NA | S | S | S | NA | NA | S | S | S | NA | | | | | |
| d. Appropriately prioritizes nursing care. (Responding) | | | NA | S | S | S | NA | NA | S | S | S | NA | | | | | |
| e. Recognize the need for assistance. (Reflecting) | | | NA | S | S | S | S | NA | S | S | S | S | | | | | |
| f. Apply the principles of asepsis where indicated. (Responding) | S | | NA | S | S | S | NA | NA | S | S | S | NA | | | | | |
| g. Demonstrate appropriate skill with Foley catheter insertion, maintenance, & removal (Responding) | | | 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 | NA | NA | S | NA | NA | S | S | S | NA | | | | | |
| i. Identify the role of evidence in determining best nursing practice. (Interpreting) | S | | S | S | S | S | S | NA | S | S | S | NA | | | | | |
| j. Identify recommendations for change through team collaboration. (Reflecting) | | | NA | S | S | S | S | NA | S | S | S | NA | | | | | |
| | KA | KA | HS | RH | KA | NS | DW | KA | KA | HS | MD | KA | | | | | |

Comments:

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 through the dohoff NG tube, completing

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

your head to toe, and charting your findings while also participating in therapy with your patient throughout the day. You were not afraid to ask for assistance when needed. RH

Week 5 – 3b – You did a wonderful job performing compressions on the patient during the code. You were complimented by the director who reported you performed compressions with the appropriate depth and speed without the code. Terrific job! KA

Week 6 3(c,d,h) – Throughout the week you prioritized your care well ensuring all assessments were performed in a timely manner and administering medications as prescribed. You prioritized close attention to detail with his chest tubes and maintained communication with the assigned RN to promote positive outcomes. You gained experience with DVT prophylaxis for the first time by administering subQ enoxaparin demonstrated competence and confidence. You reviewed the lab work associated with administration of enoxaparin and discussed the rationale. NS

Week 9 (3 c, d)- You were able to prioritize your care for the day and adjust the plan when necessary based on changes that occurred throughout the day. You were available to help others when needed as well. HS

Week 10:

3.g. I did maintain an external catheter for my patient. I put NA as I'm unsure if that counts towards this competency because it's not a foley. I agree with your evaluation during this clinical experience. MD

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 11 – 3b – You did a great job developing a rapport with all the patient's you interacted with including your patient. You helped encourage him to complete his ALDs and regain his independence since he was feeling better. 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: | | | NA | S | S | S | NA | NA | S | S | S | S | NA | | | | |
| k. Administer PO, SQ, IM, or ID medications observing the rights of medication administration. (Responding) | | | NA | S | S | S | NA | NA | S | S | S | S | NA | | | | |
| l. Ensure patient safety through proper use of EHR, IV flow sheet, and BMV. (Responding) | | | NA | S | S | S | NA | NA | S | S | S | S | NA | | | | |
| m. Calculate medication doses accurately. (Responding) | | | NA | S | S | S | NA | NA | S | S | S | S | NA | | | | |
| n. Administer IV therapy, piggybacks, IV push, and/or adding solution to a continuous infusion line. (Responding) | | | NA | NA | S | S | NA | NA | S | S | NA | NA | NA | | | | |
| o. Regulate IV flow rate. (Responding) | S | | NA | NA | S | S | NA | NA | S | NA | NA | NA | NA | | | | |
| p. Flush saline lock. (Responding) | | | NA | NA | NA | S | NA | NA | S | S | NA | NA | NA | | | | |
| q. D/C an IV. (Responding) | | | NA | NA | | | | |
| r. Monitor an IV. (Noticing) | S | | NA | NA | S | S | NA | NA | S | S | S | S | NA | | | | |
| s. Perform FSBS with appropriate interventions. (Responding) | S | | NA | NA | NA | NA | NA | NA | S | S | NA | NA | NA | | | | |
| | KA | KA | HS | RH | KA | NS | DW | KA | KA | HS | MD | KA | | | | | |

Comments:

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

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

Week 4 (3 k, l, m)- You were well prepared for medication administration this week and you performed all checks well! You were able to pass medications through the dohoff NG tube with correct technique. You used the EMAR to look up medications that were due then used skyscape to further investigate each medication. You

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

answered all my questions well and your medication pass went smoothly! You also did a great job looking up medications as team leader and asking your peers questions about their medications prior to med pass. RH

Week 5 – 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 did well documenting the patient’s refusal of the one medication and respecting her right to refuse. KA

Week 5 – 3n – You did a nice job monitoring the patient’s primary IV fluids and monitoring for continued patency of the IV line. You had the opportunity to practice drawing up medication from a vial 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 5 – 3r – You did a nice job monitoring your patient’s IV site this week and documenting your assessment in the EMR. KA

Week 6 3(k-s) – Great job this week with medication administration, gaining knowledge in several new skills. You discussed the 6 patient rights, performed the three safety checks, and utilized the BMV scanner for patient safety. You discussed the implications, side effects, and nursing consideration for each prescribed medication. All dosage calculation were performed accurately. Several PO medications were administered safely. You were required to understand nursing implications related to metoprolol. You noticed a decreased blood pressure, discussed the importance of re-assessing the blood pressure prior to med administration, and used clinical judgment in decision making to hold the Lopressor on day 2. You also gained experience with performing a saline flush to confirm patency of the IV site, and appropriately prepared IV tubing for intermittent iron infusion, accurately discussing infection control measures. The IV pump was programmed accurately according to provider orders and the IV site was monitored closely for potential complications. NS

Week 9 (3k,l,m)- You did a nice job with medication administration this week! You followed the rights of medication administration and completed all checks prior to administering. Nice job with the IV push of the Solumedrol and saline flush, and great job on the SQ administration. 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 11 – 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 practiced 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 11 – 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: | | | NA | S | S | S | NA | NA | S | S | S | S | NA | | | | |
| a. Integrate professionally appropriate and therapeutic communication skills in interactions with patients, families, and significant others. (Responding) | | | NA | S | S | S | NA | NA | S | S | S | S | NA | | | | |
| b. Communicate professionally and collaboratively with members of the healthcare team using hand-off communication techniques. (SBAR) (Responding) | | | NA | S | S | S | NA | NA | S | S | S | S | NA | | | | |
| c. Report promptly and accurately any change in the status of the patient. (Responding) | | | NA | S | S | S | NA | NA | S | S | S | S | NA | | | | |
| d. Maintain confidentiality of patient health and medical information. (Responding) | | | NA | S | S | S | S | NA | S | S | S | S | NA | | | | |
| e. Consistently and appropriately post comments in clinical discussion groups. (Reflecting) | | | NA | S U | S NI | S | S | NA | S | S | S U | S | S | | | | |
| f. Obtain report, from previous care giver, at the beginning of the clinical day. (Noticing) | | | NA | S | S | S | NA | NA | S | S | S | S | NA | | | | |
| g. Provide a clear, organized hand-off report to your patient's next provider of care. (Responding) | | | NA | S | S | S | NA | NA | S | S | S | S | NA | | | | |
| | KA | KA | HS | RH | KA | NS | DW | KA | KA | HS | MD | KA | | | | | |

Comments:

Week 4 (4 b, 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
 You were given a "U" for 4e due to turning in your CDG late. Please reply to this "U" stating how you will avoid getting another one in the future. You will continue getting a "U" until this is addressed. RH
 Week 5: 4e. In the future to prevent my CDG post from being turned in late, I will refresh the discussion page to make sure my initial post was posted. KA

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 5 – 4b – You completed the SBAR worksheet and provided your RN with handoff communication related to your patient utilizing the SBAR you developed. You made sure all pertinent information and changes in patient status were communicated to your nurse during hand-off report. KA

Week 5 – 4e – Caitlin, you did a great job responding to all the CDG questions on your EBP article about attitudes related to alcohol usage this week. Your response to your peer was well thought out and added to the discussion on their article. You included an in-text citation and reference in your post to your peer, however there was a reference without an in-text citation in your original post about your EBP article. Remember only the first letter of the first word of the title of the article is capitalized in your reference. Overall your posts were well done and brought up good discussion. Keep up the great work! KA

Week 6:

4.e. In the future to prevent myself from getting a NI, I will double check my APA formatted citation against Purdue Owl to ensure the citation is correct.

Week 6 4(a) – I thought you provided strong therapeutic communication this week during a difficult patient situation. During your time caring for him, he discussed his treatment options with the oncologist. You identified his lack of family to provide support, and used a therapeutic approach in communicating throughout your time caring for him. You did notice his social support from neighbors, which was great to see. From the care provider stand point, this can be difficult to navigate. However, it seemed like he felt very comfortable in your care. NS

Week 6 4(e) – You did a great job with your CDG requirements this week. Your initial post related to the medication story was very detailed and you made good correlations between the medications prescribed and your patient’s medical problems. I appreciate the time spent in researching and understanding the medications that were administered. See my comments on your post for further details. Your response post to Andrea added to the conversation and posed additional thought-provoking questions. You supplemented your response with the use of a reputable resource, including both an in-text citation and a reference. When inserting an in-text citation, be sure to use the author(s) last name(s) and publishing year, rather than stating “According to the New England Journal of Medicine....”. The in-text citation should credit the authors that published the article within that particular journal. Correct APA formatting for your response post in-text citation would be as follows (Goldhaber et al., 2021). Since there were three or more authors, you would use the “et al”. Let me know if I can be of assistance with APA formatting in the future! These are just tips for future success. NS

Week 7 (4e)- According to the CDG Grading Rubric, you have earned an S for your participation in the Infection Control discussion this week. Your discussion was thoughtful and supported by evidence. Also, your APA is very close. I just have a few suggestions: 1. The citation for a direct quote should also include the year of publication and the page or paragraph number that the information can be found in the resource. 2. If there is a specific author, the citation should include that, not the organization. 3. I’m not sure where you got the McComas author or the 2020 publication date, but when I went to the article, I found different information. The correct citation would be- (Brodine & Kellogg, 2011, para 6). 4. 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. 5. When you utilize other resources to support your discussion, make sure the material is up-to-date; in most cases, within 5 years or less. 6. As for the reference, the authors first name does not get spelled out, only the initial is used. 5. When there is a hyphenated title, the first word after the colon should be capitalized. The correct reference would be- Brodine, J., & Kellogg, A. (2011, December 15). *Clostridium difficile infection: What nurses need to know*. Johns Hopkins Nursing Magazine. <https://magazine.nursing.jhu.edu/2011/12/clostridium-difficile-infection-what-nurses-need-to-know/>. DW

Week 9 (4a, b, c, d)- You did a nice job communicating with your patient, team leader and primary nurse. You identified and notified the appropriate individuals when necessary. HS

(4e)-You had a great CDG this week! You were able to turn in your CDG on time, have the adequate word count for both posts, and you were able to provide to the conversation with the information you gave! You also had a reference and an in-text citation for both your initial post and peer response. The only suggestion that I have is you should have an in-text citation with the direct quote that you had within your initial post. HS

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! Please be sure that references are within 5 years. You had a reference for both initial and peer response. However, you did not have an in-text citation for either of your posts you completed this week. This leads to an unsatisfactory rating at this time. Be sure to respond with how you will ensure this does not happen in future postings. MD

Week 11:

4.e. To prevent myself from getting a U in the future, I will have an example of an intext citation to compare and fix my citation as necessary. KA

Week 11 – 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 11 – 4e – Caitlin, you did a nice job completing the CDG questions related to reflecting on your implicit bias results. You thoughtfully reflected on the findings and discussed how to address concerns with others. You included an in-text citation and reference. Remember to include the page number or the paragraph number if there are no page numbers when in-text citing a direct quotation. Keep up the nice work! KA

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

****5a & b- You must address this competency in the comments below for all clinicals on 3T, 4N, or Rehab- describe the patient education you provided; be specific- include the topic, method of delivery, reason for teaching need, materials to support learning through above resources (if applicable), and method used to validate learning.**

Example: Education related to orthostatic hypotension (changing positions slowly by sitting at the side of the bed or chair for a few minutes before moving to another position, utilizing the walker when ambulating) was provided to my patient through discussion and demonstration. This was necessary to maintain patient safety as he/she was experiencing a drop-in blood pressure and dizziness when getting out of bed. A patient education sheet was printed from Lexicomp and given to the patient. The teach back method was used to validate learning.

Comments:

Week 4:

5.a. A teaching need of my patient this week was knowledge on Nasogastric tubes. She didn't quite understand why we had to flush the tube with water in between giving her crushed medication with water. **RH**

5.b. The resources I utilized with my patient teaching was skyscape. I used skyscape to do some more research on NG tubes and why they need to have a water bolus in between medication administration. I was then able to relay that information in a way my patient would understand. **This is such an important teaching topic for those with NG tubes, great choice of education! RH**

Week 5:

5.a. A teaching need of my patient this week was the effects drug and alcohol abuse can have on the body.

5.b. The resources I utilized with my patient this week was Lexicomp. I used Lexicomp to research any and all possible side effects and adverse reactions to drug and alcohol abuse, and complications that can occur later in life. **I imagine Lexicomp had some excellent handouts as well you could have provided to your patient as well related to the signs and symptoms. KA**

Week 6:

5.a. A teaching need of my patient this week was for his moist, productive cough. The education presented to my patient was how to splint with a pillow to help relieve some pain he has with coughing.

5.b. The resources I utilized with my patient this week was skyscape to teach my patient some techniques and positions to help relieve pain when coughing up any mucus or phlegm he had. I also used Lexicomp to research the type of cancer he has so he could have more information on it as the oncologist didn't give him any written information. **Nice job, Caitlin! I noticed you using Lexicomp to better understand for yourself and to provide supplemental resources for your patient during a difficult time. The education provided related to splinting to help clear secretions was a great thought with him having multiple chest tubes in place. Good reflection! NS**

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 9:

5.a. A teaching need of my patient this week was for her hygiene. When she was admitted to the hospital, I was told she was covered in feces. To improve her hygiene in and out of the hospital I spoke to her about how to clean her folds, because she was a bigger woman, to eliminate and reduce the number of bacteria therefore lowering the risk of infection. **Hygiene is an important topic!**

5.b. The resources I utilized this week was Lexicomp. I used Lexicomp to help explain to my patient the difference between pitting and non-pitting edema. My patient had asked me about the swelling in her legs to I told her my findings and she asked what I meant that's when I used Lexicomp to find some information on the subject for her. **HS**

Week 10:

5.a. A teaching need of my patient this week was for medications. He didn't understand why his legs were so edematous, so I explained to him that it was abnormal and that he was being given Lasix in order to reduce the edema, which is why he was urinating so much. **Great! MD**

5.b. The resources I utilized this week was skyscape. I used skyscape in order to see the possible side effects and adverse reaction to monitor my patient for after his medications were administered to him, like watching his serum potassium levels. **Skyscape is a great resource! MD**

Week 11:

5.a. A teaching need of my patient this week was DVT prophylaxis. My patient was okay with wearing SCDs but was curious as to why they helped prevent blood clots from forming. I explained that it keeps circulation going so the blood doesn't sit in one spot and start to clot. **Great job! KA**

5.b. The resources I utilized this week was skyscape. I researched SCDs and DVT prophylaxis just to make sure I was telling him all the information he wanted/needed and the correct information. **Nice job using your resources! KA**

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 | S | NA | NA | NA | S | NA | NA | NA | NA | | | | |
| b. Identify factors associated with Social Determinants of Health (SDOH) &/or cultural elements that have the potential to influence patient care.** (Noticing, Interpreting, Responding, Reflecting) | | | NA | S | S | S | S | NA | S | S | S | S | S | | | | |
| | KA | KA | HS | RH | KA | NS | DW | KA | KA | HS | MD | KA | | | | | |

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

See Care Map Grading Rubrics below.

Comments:

Week 4:

6.b. A SDOH that can potentially influence my patients care is social and community context. This SDOH can potentially influence my patients care because her support system motivates patient to continue doing well with her treatments and her physical therapy so she can soon go home. **RH**

Week 5:

6.b. A SDOH that has the potential to influence my patients care is healthcare access and quality. This SDOH can potentially influence my patients care because my patient did not have transportation from the hospital to home. **This was a major concern as well as the fact that your patient wanted to leave against medical advice which can potential cause financial strain if the insurance/Medicare refuses to pay for the hospital stay. KA**

Week 5 – 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 6:

6.b. A SDOH that has the potential to influence my patients care is social and community context. My patient, as far as I know, doesn't have any family that lives close by, but he does have a sister that lives in Florida and has power of attorney. However, his neighbors care for him very much and they were in and out of his room while I had the privilege of caring for him. **Good recognition of how his social support could potentially impact his health status. His lack of family support nearby and reoccurring cancer can make it difficult for him to manage his health conditions, attend follow up appointments, etc. Its great that his neighbors were providing such great emotional support. NS**

Week 7:

6b: A SDOH that has the potential to influence patient care is economic stability. When a patient is put into isolation the cost of their hospital care is increased due to the equipment and PPE that is used. The cost of the care can potentially be detrimental to the financial stability of a patient and cause negative consequences. **DW**

Week 9:

6.b. An SDOH that has the potential to influence my patients care is safety. My patient is unable to care for herself safely because of using a assistive device to ambulate and it is hard for her to ambulate by herself and even with assistance from another person. **There were definitely some safety concerns for your patient. Hopefully she is able to get some assistance upon discharge either into a facility that can assist her or help within the home. HS**

Week 10:

6.b. An SDOH that has the potential to influence my patients care is social and community context. My patient has the potential to be discriminated against due to his cognitive disability, he has however been seen biking around Sandusky by many of the caregivers at Firelands who speak with him like he has no disability at all. **This is a very difficult SDOH. It is important to be a patient advocate! MD**

Week 11:

6.b. An SDOH that has the potential to influence my patients care is economic stability. When I gave my patient a bag bath, I had noticed in some of his clothes like his underwear, he had holes in multiple places. He may be unable to afford new clothing or lack the ability to mend them. He also had an extensive history of multiple types of cancers and care for cancer can be expensive. So, there may be a possibility he cannot afford new clothes due to repayment of cancer care costs. **Financial instability can also cause concerns with paying for medications and other healthcare costs. KA**

Week 12:

6.b. An SDOH that has the potential to influence my patients care is transportation. Most of the seniors that come to the center take the Erie County transportation bus. They take this route of transportation because a lot of the seniors cannot drive due to health issues/concerns.

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 | NA | 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 | NA | S | S | S | S | | | | | |
| c. Demonstrate evidence of growth, initiative, and self-confidence. (Responding) | S | | S NA | 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 NA | 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 NA | S | S | S | S | NA | S | S | S | S | | | | | |
| f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (Responding) | S | | S NA | S U | S | S | S | NA | S | S | S | S | | | | | |
| g. Demonstrate the ability to give and receive constructive feedback. (Responding) | S | | S NA | S | S | S | S | NA | S | S | S | S | | | | | |
| h. Actively engage in self-reflection. (Reflecting) | S | | S NA | S | S | S | S | NA | S | S | S | S | | | | | |
| | KA | KA | HS | RH | KA | NS | DW | KA | KA | HS | MD | KA | | | | | |

****7a and 7b: You must address these competencies in the comments section on a weekly basis. Please write a different comment each week. Remember that a goal includes what you will do to improve, how often you will do it, and when you will do it by (example- "I had trouble remembering to do the three checks of the six medication rights prior to administering medications. I will review the six rights and medication administration content in the textbook twice before the next clinical. Additionally, I will request to meet with my clinical faculty member to practice preparing and administering at least three medications before the next clinical.")**

Comments:

Week 1:

7a: An area of strength this week was with the IV lab as I have had previous experiences and practice. **Great job! KA**

7b: An area of weakness this week was on my dosage calculations and not reading the question in its entirety. On my dosage calculation quiz, I would have gotten a 100% if I had read the one question I missed carefully. **Take your time in the future and read the questions with intention in the future to help ensure you answer all questions correctly. Remember to include a goal and make your goal measurable (i.e. I will practice ten dosage calculation problems before taking the lab quiz.). KA**

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 3:

7a: An area of strength this week was being knowledgeable about infection control and confirming what I already knew about precautions at Firelands. HS

7b: An area of weakness this week was having a hard time being able to pay attention during the globalization project presentations due to a lot of the same general information about TB was being presented multiple times. I will pay attention more by taking notes about each individual presentation as if being presented this information for the first time. Caitlin, I appreciate you taking the time to self-reflect this week, however reflections are to be clinical specific and therefore you are not required to self-evaluate when you do not have a clinical for the week you can just fill in NA's into the boxes. HS

Week 4:

7a: An area of strength in this week's clinical was my prior knowledge of medications that my patient and my groups patients from previous clinical experiences. RH

7b: An area of weakness for this week's clinical would be connecting emotionally with my patients. I tend to have a blank look on my face, and it appears that I'm just ignoring them or not acknowledging how a patient feels. To work on this, I am going to work on being more aware of how the look on my face reads to patients and try to put on a more appropriate face that shows how I feel on the inside. This comes with practice! RH

You were given a "U" for 6f due to turning in your CDG late. Please reply to this "U" stating how you will avoid getting another one in the future. You will continue getting a "U" until this is addressed. RH

I will prevent getting a "U" in the future by making sure the post was posted and writing in my planner to make sure it's done on time. KA

Week 5:

7a: An area of strength in this week's clinical was being able to do effective CPR and switching out when my arms were becoming fatigued. Great job give yourself a pat on the back for the compliments you and your classmates received. KA

7b: An area of weakness in this week's clinical was attempting to calm my patient down when she began to raise her voice. She unfortunately would not lower her voice and threatened to rip out her IV, strip her clothes off, and run down the hall if she did not get the medication she wanted. Remember to set a goal on how you will improve this weakness in the future. Therapeutic communication will be discussed more in Psych and you will have multiple opportunity to practice this skill to help learn how to deescalate a situation. KA

Week 6:

7a: An area of strength this week was during medication administration. I was able to hang IVPB and prime the tubing by myself (did need some help getting the last of the bubbles out though) and gave PO meds and a subcutaneous injection as well. Good strengths to note this week, Caitlin! I felt confident in your ability to administer medication based on your thorough assessments and research of the medications to be administered. I thought you did well with several new skills related to medications and demonstrated confidence and competence. Great job this week! NS

7b: An area of weakness this week was with my knowledge of chest tubes. We had gone over chest tubes in class and were shown how they work, however in the future when I have a patient with a chest tube, I will look over information on how to care for a chest tube before doing chest tube care of documentation. Chest tube related care is not something students get to experience often. Although you did discuss them early in the semester in class, caring for them takes experience. You asked appropriate questions, paid close attention to detail when discussing the set-up, and demonstrated a desire to learn. What I liked most was your desire to take on the challenge of this patient assignment without hesitancy. I hope you learned from your care of a chest tube this week! Keep up the hard work. NS

Week 7:

7a: An area of strength this week was asking about what I was seeing in digestive health. Sarah was an awesome preceptor! Glad to hear it! DW

7b: An area of weakness this week was remembering every single isolation precaution. So, to improve I will look over my isolation precautions quick reference guide card whenever I am unsure of a isolation precaution and will look at my reference card before any clinical and especially before caring for a patient who is in isolation. Good idea to better familiarize yourself with this content. With that said, you have the quick reference card for a reason...so you don't have to remember every little detail, but will have a resource to reference when needed. The same goes for all of nursing. DW

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

Week 9:

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

7.a. An area of strength this week was patient communication. I was able to so to speak crack her exterior blunt, flat affect. Once I was able to get her talking and opened up a little bit we had easy conversations and we laughed and talked about the show she was watching. **Nice job! HS**

7.b. An area of weakness this week was IV pushes. I had a medication that was to be given via IVP and the flushes had to be given at the same rate as the medication. I did not know that this medication had to be given at a certain rate until we went over medications, and I believe when I was administering the medication, I felt like I gave it too fast. To work on this weakness, I will practice on the fake hand in the lab on controlling how fast I do an IV push. **That is why it is always important to review the medication prior to administering it. Great plan! HS**

Week 10:

7.a. An area of strength this week was doing a bladder scan. I had never performed one before, so it was interesting to learn and perform one. **You completed this skill well! MD**

7.b. An area of weakness this week was being unable to perform a focused assessment due to therapy schedules and patient care items that took time to do. To remedy this weakness, I will plan my patient care around the therapy schedule and perform the tasks quickly and accurately to make time for unexpected patient care tasks or new physician orders. **I do not feel this was a huge weakness. Sometimes schedules do not align with how the day is supposed to flow. More importantly would be learning how to adjust with when things change throughout the day. There was nothing you could have done to change his schedule; however, you could figure out different ways to complete things that need done in a different way. That should be your goal for this week-learning how to adjust when things do not go as planned. MD**

Week 11:

7.a. An area of strength this week was helping my fellow classmates as a team leader. They came to me with questions about anything they were doing with their patients, and I was able to answer their questions quickly and effectively. **You did a nice job managing your team and ensuring all the patient's received the care they needed. KA**

7.b. An area of weakness this week was during a stroke alert on the floor. I attempted to see if they needed help, and my brain went blank about what to do during a stroke alert. So, to ensure that I am better prepared for emergencies like this, I will review the stroke section of notes, the reading in the book, and the Firelands procedure/policy for stroke. **Great idea! Reviewing information that you haven't used in a while is important to ensure we are always prepared to provide the best care. KA**

Week 12:

7.a. An area of strength this week was interacting with seniors. Most of them were so nice and willing to participate in the activity so we all painted and just chit chatted with them, and they loved it.

7.b. An area of weakness this week was waiting till almost last minute to get /order supplies for the senior center activity. To be better prepared for the activities for the future I will get/order the supplies needed at least 2 weeks ahead of the planned activity date to make sure we have adequate time to get extra supplies if needed.

| Student Name: Caitlin Gresh | | 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 | |
| | 2. Identify all abnormal lab findings/diagnostic tests; include specific patient data. | (lists at least 3*) *provides explanation if < 3 | | (lists 3 but no specific patient data included) | (lists < 3 or gives no explanation) | 3 | |
| | 3. Identify all risk factors relevant to the patient. | (lists at least 5*) *provides explanation if < 5 | (lists 4) | (lists 3) | (lists < 3 or gives no explanation) | 3 | |
| Interpreting | 4. List all nursing priorities and highlight the top priority problem. | > 75% complete | 50-75% complete | < 50% complete | 0% complete | 2 | 4. What other priority problems could your patient have had? She had vision issues, she was a fall risk, risk for contractures or muscle deterioration? 5. Thick secretions could be related to an aspiration risk |
| | 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 | 1 | 8. what about checking her vitals (HR, RR, etc) rather than just respiratory status? She had a lot of opportunities for education related to pain, PT/OT, NPO status, aspiration risk, tube feeding. Think of any nursing intervention you could do and it should be on this list. |
| | 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: <ul style="list-style-type: none"> • Continue plan of care • Modify plan of care • Terminate plan of care | Complete | | | Not complete | 3 | |
| <p>Total Possible Points= 42 points 42-33 points = Satisfactory 32-21 points = Needs Improvement* < 21 points = Unsatisfactory*</p> <p>*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.</p> <p>Faculty/Teaching Assistant Comments: See comments for areas for improvement. Overall you did great, but a little more information in the interventions would be better!</p> | | | | | | Total Points: 39/42 Satisfactory | |
| | | | | | | Faculty/Teaching Assistant Initials: RH | |

| Student Name: Caitlin Gresh | | Course Objective: | | | | | |
|-----------------------------|--|---|-----------------|---|-------------------------------------|---------------|--|
| Date or Clinical 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 | You did a nice job listing all pertinent assessment, lab/diagnostic findings, and risk factors for your patient his week. KA |
| | 2. Identify all abnormal lab findings/diagnostic tests; include specific patient data. | (lists at least 3*) *provides explanation if < 3 | | (lists 3 but no specific patient data included) | (lists < 3 or gives no explanation) | 3 | |
| | 3. Identify all risk factors relevant to the patient. | (lists at least 5*) *provides explanation if < 5 | (lists 4) | (lists 3) | (lists < 3 or gives no explanation) | 3 | |
| Interpreting | 4. List all nursing priorities and highlight the top priority problem. | > 75% complete | 50-75% complete | < 50% complete | 0% complete | 3 | You did a nice job listing relevant nursing priorities and selecting the highest of the priorities to focus on for your patient. You highlighted the relevant information from the noticing section that related to your nursing priority. You also did a good job listing 3 complications for impaired gas exchange and signs and symptoms to assess for each. KA |
| | 5. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem. | > 75% complete | 50-75% complete | < 50% complete | 0% complete | 3 | |
| | 6. Identify all potential complications for the top nursing priority problem. | (lists at least 3) | (lists 2) | | (lists < 2) | 3 | |
| | 7. Identify signs and symptoms to monitor for each complication. | (lists at least 3) | (lists 2) | | (lists < 2) | 3 | |
| Responding | 8. List all nursing interventions relevant to the top nursing priority. | > 75% complete | 50-75% complete | < 50% complete | 0% complete | 3 | You did a nice job writing pertinent interventions that included frequencies, were individualized, realistic, and included rationale. Most of your interventions were prioritized however 8 and 9 should be before 6 and 7. All other interventions appropriately prioritized. KA |
| | 9. Interventions are prioritized | > 75% complete | 50-75% complete | < 50% complete | 0% complete | 2 | |
| | 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 | Good job reassessing your highlighted assessment and lab/diagnostic findings. You also identified discontinuing the plan |

| | | | | | | | |
|---|---|----------|--|--|--------------|---|---|
| ecting | 14. Evaluation includes one of the following statements: <ul style="list-style-type: none"> • Continue plan of care • Modify plan of care • Terminate plan of care | Complete | | | Not complete | 3 | of care related to patient being discharged. KA |
| <p>Total Possible Points= 42 points 42-33 points = Satisfactory 32-21 points = Needs Improvement* < 21 points = Unsatisfactory*</p> <p>*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.</p> <p>Faculty/Teaching Assistant Comments: Great job satisfactorily completing your second care map. Please see comments above for areas to consider in the future. Keep up the excellent work! KA</p> | | | | | | | <p>Total Points: 41/42</p> |
| | | | | | | | <p>Faculty/Teaching Assistant Initials: KA</p> |

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

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

*Course Objectives

Comments:

Week 1

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

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

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

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

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

Week 2

(Trach care and suctioning 1/17/24)- During this lab you satisfactorily demonstrated competence with tracheal airway suctioning and tracheostomy care. You were able to maintain sterile field when necessary and you did not need any prompts for either skill. You were very precise with your actions and did a great job! You answered my questions regarding knowledge and competence of both procedures. RH

(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- You satisfactorily completed the lab day. You participated in the lab day skills review and practiced IV pump and trach care skills. HS

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

| <u>Simulation Evaluation</u> | Student Name: Caitlin Gresh | | | | | | | |
|--|---|---|--|--|--|--|--|--|
| | 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) |
| Performance Codes: S: Satisfactory U: Unsatisfactory | | | | | | | | |
| | 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 | U | | | | |
| Faculty/Teaching Assistant Initials | RH | KA | KA | KA | | | | |
| Remediation: Date/Evaluation/Initials | N/A | NA | NA | S | | | | |

* Course Objectives

Comments:

Simulation # 1 – Your Simulation # 1 Handoff Report Sheet was not completed before the start of the simulation. You received an unsatisfactory due to an incomplete prebrief assignment. You completed the assignment making you a satisfactory for the simulation. Please review the comments placed on the Simulation scoring sheet below. In addition, review the individual faculty feedback placed within the Simulation # 1 Prebrief and Reflection Journal dropboxes KA

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Gresh (A) McNeely (M)

GROUP #: 1

SCENARIO: MSN Scenario #1 – Musculoskeletal/Respiratory

OBSERVATION DATE/TIME(S): 2/28/24 1230-1430

| CLINICAL JUDGMENT COMPONENTS | OBSERVATION NOTES |
|--|--|
| <p>NOTICING: (2) *</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B | <p>Gather name/DOB</p> <p>Obtain vitals</p> <p>Pain assessment: description, rating</p> <p>notice 3 “P” before calling healthcare provider</p> <p>notice paralysis after calling healthcare provider</p> <p>does not confirm proper pronouns until after phone call with healthcare provider</p> |
| <p>INTERPRETING: (1) *</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B | <p>Prioritize pain assessment over head to toe</p> <p>Removes ice but keeps pillow in place</p> <p>Removes sock</p> <p>Prioritize calling healthcare provider due to cyanotic foot</p> <p>Prioritize fluid over pain medication</p> |
| <p>RESPONDING: (2,3,4,5,6) *</p> <ul style="list-style-type: none"> • 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 | <p>Communicate with each other well, good close loop communication</p> <p>SBAR to HCP: uses correct pronouns, minimal information given, no vitals or background information until prompted</p> <p>Redback verbal orders</p> <p>Report to OR: organized</p> <p>Witness waste of morphine</p> <p>Medication administration: morphine was correct dose, correct IM technique, correct use of needle safety. Does all checks with BMV. Good review/education about medications to patient.</p> <p>Hang IV fluid and antibiotic correctly. Checks IV placement prior to starting fluids.</p> <p>Updates patient partner about situation and able to keep them calm</p> |

| | |
|---|--|
| | Reassess pain prior to leaving for surgery |
| <p>REFLECTING: (7) *</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B | <p>Good group discussion regarding a refresher of all 6 “P”s as well as discussion of proper SBAR. Discussion of how to improve SBAR and how to organize all important data. Group led discussion about teamwork and how teamwork could have been improved and communication could have influenced decision making in the simulation. Minimal prompting needed throughout discussion.</p> <p>All members listed a goal/improvement for next simulation.</p> |
| <p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p> <p>Scenario Objectives:</p> <ol style="list-style-type: none"> 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)* <p>* Course Objectives</p> | <p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes most obvious patterns and deviations in data and uses these to continually assess. 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.</p> <p>Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent 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.</p> <p>Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Shows some communication ability (e.g., giving directions); communication with patients, families, and team members is only partly successful; displays caring but not competence. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. Shows mastery of necessary nursing skills.</p> <p>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.</p> |

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