

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

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

Student:

Final Grade: Satisfactory/Unsatisfactory

Semester: Spring

Date of Completion:

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

Faculty eSignature:

Teaching Assistant: None

DIRECTIONS FOR USE:

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

METHODS OF EVALUATION:

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

ABSENCE (Refer to Attendance Policy)

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

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

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

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

UNSATISFACTORY CLINICAL PERFORMANCE

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

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

OTHER

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

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

Date	Care Map Top Nursing Priority	Evaluation & Instructor Initials	Remediation & Instructor Initials	Remediation & Instructor Initials
2/1/2024	Impaired Walking	Satisfactory/MD	NA	NA
2/9/2024	Dysfunctional Gastrointestinal Motility	S/NS	NA	NA

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

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies:			N/A	S	S	S	S	N/A	S	S	N/A	S	N/A				
a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting)			N/A	S	S	S	S	N/A	S	S	N/A	S	N/A				
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			N/A	S	S	S	S	N/A	S	S	N/A	S	N/A				
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			N/A	S	S	S	S	N/A	S	S	N/A	S	S				
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			N/A	S	S	S	S	N/A	S	S	N/A	S	N/A				
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			N/A	S	S	S	S	N/A	S	S	N/A	S	N/A				
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			N/A	S	S	S	S	N/A	S	S	N/A	S	N/A				
g. Assess developmental stages of assigned patients. (Interpreting)			N/A	S	S	S	S	N/A	S	S	S	S	S				
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		N/A	S	S	S	S	N/A	S	S	S	S	S				
	Indicate your clinical site as well as your patient's age and primary medical diagnosis in this box weekly.	Meditech, FSBS, IV Pump Sessions	N/A	Rehab (78, Left TKA revision)	4N (69, Right Colectomy)	3T (41, PE to RLL)	5T (91, left wrist sprain)	N/A	MIDTERM	4N (75, L hip fracture)	Erie County Senior Center	5T (75, s/p L hip ORIF)	Digestive Health, Infection Control				
Instructors Initials	RH		DW	MD	NS	KA	RH	RH	RH	NS	DW	MD					

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

Rehab Clinical Objective 1 B-E-This week you were able to identify symptoms, medical treatments, pharmacotherapy, and diagnostic tests that were a part of the patient's stay on the Rehab unit. You did a great job in correlating all of these with the patient's diagnosis. Great job! MD

Week 5 1(a-h) – Andrea, you did a nice job in discussing the pathophysiology involved with your patient's admitting diagnosis of right colectomy. You identified the rationale behind the surgery related to the colon mass identified on the CT scan. You discussed the alterations in function of the colon and risk for altered absorption. You noticed symptoms of hyperactive bowel sounds, absence of flatus, and lack of BM after the surgery caring for her on day 1. You correlated her clear liquid diet prescription as being related to delayed return of bowel function post-operatively. You discussed the importance of monitoring for signs and symptoms of nausea/vomiting and evaluating for the return of peristalsis with flatulence and having a bowel movement. You educated the patient of tolerance of her diet to advance to a GI soft. On day two, you assessed for positive return of flatus and noted that she was able to have a BM. Her diet was advanced and you monitored for tolerance while also educating on the importance of maintaining a soft diet to prevent disruption of the healing colon. You reviewed her prescription for Entereg to promote bowel motility and identified the nursing implications for the medication. You also discussed the importance of IV hydration to maintain fluid balance post-operatively. Overall nice job in using clinical judgement to discuss your patient and develop an appropriate care map. NS

Week 6 – 1a, b, c, e– You did a nice job discussing on clinical your patient's disease process related to her PE 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 also set a goal for your patient and were able to discuss your patient's work towards meeting that goal. KA

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

Week 7: (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 9 1(a-h) – Good work this week making correlations between your patient's alterations in health and the pathophysiology involved. You cared for a patient s/p fall with a fracture to an existing prosthesis. You discussed the importance of assessing the 6Ps and prioritizing a circulatory assessment pre- and post-op. You discussed symptoms of severely limited mobility and pain prior to the procedure. You closely reviewed the diagnostics performed and viewed the x-ray post-operatively to note the new hardware that was placed. You were able to observe the surgical procedure performed (ORIF) and discussed nursing implications. Medication prescriptions were discussed and correlated with his current and past medical history. You did a great job noticing the numerous different orders for pain medications and questioned the appropriateness of what to administer and the safety concerns related to the multiple orders (mental status, vital signs, overdose). Good use of clinical judgment! You demonstrated preparedness for clinical by answering my questions and being actively involved in preparing your patient for surgery. Great job this week! NS

Objective

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

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

Comments:

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

Rehab Clinical Objective 2 A-This week you were able to perform a great head to toe assessment! You were able to translate all of your findings in documentation and while discussing your patient with me. You really did a great job putting the pieces together with the patient's assessment and what you would see with the diagnosis! MD

Week 4 2(a,c,e) – Good work with your assessments this week. You noticed deviations from normal and communicated your findings within the EHR. You identified the priority assessments to be performed following a bowel operation and discussed symptoms to monitor for. You carefully assessed the skin around the incision site, monitoring for appropriate healing and signs of infection. NS

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

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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

Week 7: (2 a-f)- This week you did a good job of performing your head to toe when time was available to you due to the therapy scheduling. You worked around therapy schedules to get your head to toe as well as your reassessment done. You also were able to document and find other assessment pieces in the electronic health record. RH

Week 9 2(b) – Post-operatively your patient presented with limited mobility requiring assistance and education related to safe transferring following the ORIF. You conducted a fall/safety assessment and noted that he would required extra assistance this early in the post-operative period. You used appropriate safety measures, including the use of a gait belt, to safely transfer your patient to and from the bedside commode. Appropriate education was provided regarding weight-bearing status and avoiding abduction of the new hip prosthesis. NS

Objective

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

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

Comments:

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

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 5 3(b,c,d,h) – You did a great job this week performing new skills accurately and proficiently. You gained experience with reconstituting medications to administer via IVP. You demonstrated competence in IV skills, using aseptic technique, assessing for blood return, and performing a saline flush prior to administering the IVP medication. You also gained experience with administering a subQ injection accurately for DVT prophylaxis. Your prioritization and time management were an obvious strength of yours this week. Both days your assessments and documentation were performed in a timely manner, allowing you ample time to review and administer medication as scheduled. Additionally, by managing your time well, you were able to gain experience in additional interventions by helping your peers throughout the week. In each interaction you were prompt, detailed, and answered my questions appropriately. NS

Week 5 3(g) – This week you gained experience in discontinuing a foley catheter. You used appropriate aseptic technique in your approach and maintained patient comfort throughout. Nice job! NS

Week 6 – 3b – You did a nice job working with the nurse and observing the process and procedure around how to titrate heparin to help the patient be in therapeutic range before being switch to an oral anticoagulant. KA

Week 7: (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 9 3(h) – DVT prophylaxis was provided through the use of SCDs and subcutaneous Lovenox injection post-operatively. You discussed the risk factors related to post-op complications and identified the importance of preventing the risk of DVT. You safely and accurately administered the injection and used education to encourage the patient to maintain compliance. SCDs were maintained while in the bed. Great job! NS

Objective

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

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

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

Rehab Clinical Objective 3 K-M-This week you were able to identify the rights of medication administration and you were able to accurately administer medications to your patient. You identified safe practice and performed really well with administering your patient's medications! MD

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 5 3(k-r) – You were very thorough in reviewing and administering medications to your patient this week. You identified the 6 rights of medication administration and performed the 3 safety checks. You were able to administer PO, subQ, and IV medications, including reconstituting and administering an IVP medication per provider orders. I appreciated the extent of research put into reviewing your medications, including the classification, indications, side effects, and nursing implications for each. All medication dosage calculations were performed accurately. You gained experience in monitoring an IV site for complications, maintaining continuous infusions, performing a saline flush, and discontinuing an IV safely. Accurate intake of fluids was documented appropriately in the MAR. BMV scanning was utilized to promote patient safety. Good work! NS

Week 6 – 3k – You did a nice job administering your medications this week. You observed the rights of medication administration and was able to answer all questions about your medications. You had the opportunity to pass PO, IM, and IV medications this week. You had the opportunity to practice drawing up medication from a vial and administering an IM injection into the deltoid muscle. You performed the medication administration process with beginning dexterity. KA

Week 6 – 3n – You did a nice job priming your tubing and connecting your patient to the medication for the first time. You performed all IV skills with beginning dexterity. You documented all medication administration and line care appropriately in the EMR. Nice job! KA

Week 6 – 3p – You did a nice job flushing your patient’s IV this week and ensuring patency of the IV line. When the IV site was showing early signs of potential infiltration you stopped the infusion, assessed patency of the other IV site, and restarted the infusion in the patient other IV. Good job with your quick assessment and thinking after the patient’s reports of burning at the site. You were able to document this appropriately in the EMR. KA

Week 6 – 3r – You did a nice job monitoring your patient’s IV site this week and documenting your assessment in the EMR. KA

Week 7: (3 k, l, m)- You were well prepared for medication administration this week and you performed all checks well! You used the EMAR to look up medications that were due then used skyscape to further investigate each medication. You answered all my questions well and your medication pass went smoothly! You had so many medications and you did great going through them with me. RH

Week 9 3(k-s) – You were very thorough and demonstrated competence with medication administration this week. Numerous medication related skills were performed safely and accurately. You discussed the rationale behind administering certain medication pre-operatively despite the NPO order. You reviewed the physician’s orders and ensure his beta blocker was administered in a timely manner. A subcutaneous injection was performed using aseptic technique. You discussed the six rights and three safety checks to be performed. Dosage calculation was performed to identify the correct gtt rate for a manual infusion prior to surgery and successfully prepared the gtt rate as prescribed. NS

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies:			N/A	S	S	S	S	N/A	S	S	S	S	S				
a. Integrate professionally appropriate and therapeutic communication skills in interactions with patients, families, and significant others. (Responding)			N/A	S	S	S	S	N/A	S	S	S	S	S				
b. Communicate professionally and collaboratively with members of the healthcare team using hand-off communication techniques. (SBAR) (Responding)			N/A	S	S	S	S	N/A	S	N/A	S	N/A					
c. Report promptly and accurately any change in the status of the patient. (Responding)			N/A	S	S	S	S	N/A	S	N/A	S	N/A					
d. Maintain confidentiality of patient health and medical information. (Responding)			N/A	S	S	S	S	N/A	S	N/A	S	S					
e. Consistently and appropriately post comments in clinical discussion groups. (Reflecting)			N/A	S	S	S	S	N/A	S	S	S	S					
f. Obtain report, from previous care giver, at the beginning of the clinical day. (Noticing)			N/A	S	S	S	S	N/A	S	N/A	S	N/A					
g. Provide a clear, organized hand-off report to your patient's next provider of care. (Responding)			N/A	S	S	S	S	N/A	S	N/A	S	N/A					
			DW	MD	NS	KA	RH	RH	RH	NS	DW	MD					

Comments:

Rehab Clinical Objective 4 E-You had a wonderful CDG this week with response! You were able to turn in your CDG on time, have the adequate word count for both posts, and you were able to provide to the conversation with the information you gave! Both of your posts also included appropriate in-text citation and reference. Great job! MD

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 5 4(a,b) – Excellent communication this week with your patient, family members, and other members of the health care team. You made an instant connection with your patient through strong communication. She mentioned numerous times how great of a job you were doing and how much she enjoyed you being a part of her care. Nice job using therapeutic communication to positively impact your patient’s experience. You maintained communication with your assigned RN and provided collaborated with your peers for numerous experiences throughout the week. NS

Week 5 4(e) – Good work with your CDG this week. You identified an article relevant to your patient situation and explained the correlation well. APA formatting looked spot on. All criteria were met for a satisfactory evaluation according to the CDG grading rubric. NS

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

Week 6 – 4e – Andrea, you did a wonderful job completing the medication story on your patient this week in your CDG response. You made sure to thorough describe each medication and the reason your patient was taking it. You were thoughtful in your response to your classmate. Both posts were well written and added to the conversation on medications. You included both a reference and in-text citation with both of your posts. Remember only the first letter of the first word of the title and the first letter of the first word after a colon in the title are capitalized in your reference. You did an overall terrific job! Keep up the excellent work! KA

Week 7: (4 b, e, f, g) you upheld the professionalism standard while on the floor and interacting with staff and patients. You also did great with your discussion post and reply this week. You gave a good SBAR report prior to leaving for the day. RH

Week 9 4(b) – You were an integral part of the health care team in ensuring your patient was adequately prepared for surgery. You collaborated and communicated with the bedside RN to ensure consent forms were completed or placed on the chart, provided the surgical scrub bath to prevent infection, prepared IV fluids, administered medications, and completed the pre-procedure checklist to streamline communication between the floor and the OR. You collaborated with the OR staff in a professional manner and learned more about the pre-op and intra-op periods. Great job! NS

Week 9 4(e) – Overall good job with your CDG response this week related to SDOH. All criteria were met for a satisfactory evaluation. See my comments on your initial post for more details. A tip for APA formatting in the future: when providing an in-text citation for a reference with multiple authors, you want to follow APA guidelines. Instead of (Harding, 2023) you would state (Harding et al., 2023). When three or more authors are present for a given resource, the last name of the first author is separate by “et al.”, for one or two authors, you would include each of the last names. Otherwise, everything looked good! NS

Week 10 (4e)- According to the CDG Grading Rubric, you have earned an S for your participation in the Erie County Senior Center discussion this week. Your discussion was thoughtful and supported by evidence. Also, your APA is very close. I just have a few suggestions: 1. The in-text citation should include the full author or organizations name, as well as the page or paragraph number that the information can be found. This only applies when using a direct quote. Ex. (National Institute on Aging, 2020, para 17). 2. Scholarly writing utilizes paraphrasing of information whenever possible, as opposed to directly quoting. Please try to incorporate more paraphrasing with your citations in future writing. DW

Objective

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

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

****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.) Pt presents with more swelling/puffiness in right lower extremity than the left extremity that had the surgery. Educated the patient that this could be due to the DVT present in right leg. Utilized Skyscape to discuss with patient that anticoagulant medication and mild leg exercises can improve blood flow to lower extremities to aid with the swelling. **Awesome! MD**

Week 5 – 5a/b.) Educated patient on importance of routine colonoscopy due to personal history of colon polyps and family history of colon cancer. Utilizing Skyscape, informed patient that for individuals at high risk it is recommended to receive a colonoscopy every 3 years. Follow up with a gastroenterologist for most personalized plan of care. **Good! You identified her significant family history of colon cancer and correlated the risks for your patient. Due to her abnormal findings on CT and subsequent colectomy procedure, you noted the importance of following up with her provider frequently. Nice job reinforcing this education with your patient and using reputable resources to support your discussion. NS**

Week 6 – 5a/b.) It was important that my patient was aware of the need for ambulation. From reading a physician's note, it sounds like my patient was mostly in bed the days leading up to her hospital admission. Ambulation is important for her to maintain good circulation due to her current PE and risk for DVT. My patient was able to ambulate in the halls and to the restroom. I utilized Skyscape to research pertinent diagnoses, such as risk for thrombosis, that she would benefit from the teaching. **I am glad you were able to educate her on this and get her up and moving. This was a good goal for her since she was going to get discharged. KA**

Week 7 – 5a/b.) I educated my patient this week on the proper body mechanics to stand. Due to her left wrist sprain and mild memory lapses due to age, she needed redirected in her hand placement and footing. In addition, she needed reminded to lean forward when standing to prevent falling backwards. I used the education provided by the physical therapy department to assist my patient by keeping her safe and promoting her independence. **Good teaching topic! RH**

Week 9 – 5a/b.) On the second day of clinical this week I educated my patient on the importance of ambulating and sitting in the chair post-surgery. I could tell my patient preferred to lay in bed and also was ready to get out of the chair shortly after being in it. I explained to him that he should stay sitting for at least a half hour to improve his strength. I was able to utilize skyscape, particularly the nurses pocket guide, to find education ideas about impaired physical mobility. **Very good! Its understandable after surgery to be reluctant to move as a result of the pain and discomfort. However, the complications that can occur as a result of not moving may be far worse. Good job using education to support your discussion in promoting movement in the post-operative period. NS**

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 11 – 5a/b.) It was important for my patient to continue his progress in therapy. He has come a long way from the first time he ambulated post-surgery until now; he is able to stand with his walker with minimal to now assistance and walk some distance. I educated him on the importance of continuing therapy to regain his strength and independence so he can remain safe at home. **This is awesome education to provide your patient. Where did you get your information from? You mention you educated him on the importance of continuing therapy but do not mention where you obtained the information. MD** I got my education information from the impaired mobility section of Skyscape. In addition, I utilized information I learned from physical and occupational therapy during my clinicals on Rehab.

Objective

6. Implement patient-centered plans of care utilizing the nursing process, clinical judgment, and consideration for cultural, ethnic, and social diversity. (2,3,4,5)*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
a. Develop and implement a priority care map utilizing the nursing process and clinical judgment. (Noticing, Interpreting, Responding, Reflecting)			N/A	S	S	N/A	N/A	N/A	S	N/A	N/A	N/A	N/A				
b. Identify factors associated with Social Determinants of Health (SDOH) &/or cultural elements that have the potential to influence patient care.** (Noticing, Interpreting, Responding, Reflecting)			N/A	S	S	S	S	N/A	S	S	S	S	S				
			DW	MD	NS	KA	RH	RH	RH	NS	DW	MD					

****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.**

Comments:

See Care Map Grading Rubrics below.

Week 4 – 6b.) A factor that will play a role in my patient's care is her environment at home. Her home has steps without railings to enter; this poses a great problem for her accessing her home with her current limited mobility. It is going to take some consideration between her family, physical therapy, and possible case management to come up with a solution to this problem as she will not be able to enter her home without the stability from a railing or using a wheelchair with a ramp. **These are very important SDOH! MD**

Week 5 – 6b.) Due to my patient's family history of colon cancer and her recent diagnoses with a colon mass, it is very important that she gets routine colonoscopies. It is vital to determine any SDOH that could impede her ability to get her routine colonoscopies. This includes access to healthcare, her income to pay for the procedure, transportation to get her there, and the education for the need for the procedure. **Good! As health care providers, we often assume that patient's have the means and ability to pay for prescriptions, follow up with providers, and implement discharge instructions. Instead of deeming patients as "non-compliant", we have an obligation to review their social aspects of care to determine whether or not the discharge plan is appropriate for each patient. Also, patients at times may not be able to comprehend the complexity of instructions provided due to low educational status. It's important that we keep these concepts of SDOH in mind with each patient we care for. NS**

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 6 – 6b.) Toward the end of the second clinical day, my patient was up for discharge. Upon hearing this she expressed concern that the Eliquis she needed to continue at home may not be covered under her insurance. In addition, she mentioned how she was going to lose her current insurance in a few months and be placed on Medicare. This poses a great concern for my patient’s health as she takes many medications for her current diagnosis and her comorbidities. Without access to her medications at an affordable cost, her health could take a great decline. **These are great thoughts. I agree that Eliquis is a very expensive medication and would not be cost effective for a patient to maintain without insurance. I agree this change in the status of her having healthcare coverage affects the overall potential for her to manage her health and chronic conditions effectively. KA**

Week 7 – 6b.) My patient’s social determinants of health are influenced by the social relationships she has. She has a neighbor who regularly checks in on her and a friend who helps her out as well. These friendships greatly benefit her health, both physically and socially as these friends will get her groceries and prevent her from feeling isolated. During my time with her I could see how thankful she was to have these people in her life. **That is so great that she has that support system in place. RH**

Week 9 – 6b.) Safety was a major social determinant of health for my patient. It was a concern before my patient entered the hospital and will be a concern once he leaves. He had suffered a stroke previously and used a cane to help ambulate; while leaving an establishment his cane got caught on a railing, causing him to fall and fracture his hip. With his history, it was important to place him on fall precautions while in the hospital due to his many risk factors. Safety will be a concern after he leaves the hospital due to his recovery from hip surgery and having increased impaired physical mobility. **NS**

Week 10 – 6b.) Social inclusion is a social determinant of health of the older population. The senior center is a great resource for seniors to socialize, make friends and have a sense of belonging. The activities give them something to look forward to in the week and the meals make sure that they have a hot lunch. **DW**

Week 11 – 6b.) A social determinant of health I noticed for my patient this week is access to food. As an older widower he does not often cook for himself as he finds it to be too much food for one person. Due to this he often goes to the VFW for dinner, however, he may not be able to make it there while he is still recovering. Luckily, his daughter will cook meals for him that he can reheat in the microwave. This will ensure that he still has access to food while he is unable to take part in his normal routine. **Good SDOH! MD**

Week 12 – 6b.) A social determinant of health that affects individuals going for a colonoscopy is social relationships. Patients receiving a colonoscopy must have an adult that is able to drive them home after the procedure due to the sedation. That individual needs to present themselves before the procedure starts and sign a form. This can be a problem and barrier to health for patients who don’t have close friends or family that can give them a ride home. Patients should be directed to case management who can provide options for the patient so they can still receive proper health screenings.

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		N/A	S	S	S	S	N/A	S	S	S	S	S				
b. Reflect on an area for improvement and set a goal to meet this need.** (Reflecting)	S		N/A	S	S	S	S	N/A	S	S	S	S	S				
c. Demonstrate evidence of growth, initiative, and self-confidence. (Responding)	S		N/A	S	S	S	S	N/A	S	S	S	S	S				
d. Follow the standards outlined in the FRMCSN Student Code of Conduct Policy. (Responding)	S		N/A	S	S	S	S	N/A	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		N/A	S	S	S	S	N/A	S	S	S	S	S				
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (Responding)	S		N/A	S	S	S	S	N/A	S	S	S	S	S				
g. Demonstrate the ability to give and receive constructive feedback. (Responding)	S		N/A	S	S	S	S	N/A	S	S	S	S	S				
h. Actively engage in self-reflection. (Reflecting)	S		N/A	S	S	S	S	N/A	S	S	S	S	S				
	RH		DW	MD	NS	KA	RH	RH	RH	NS	DW	MD					

****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.) My strength for this week was coming prepared to lab. I completed the lessons and watched the videos which made me understand the skills before I had to perform them in lab.

Week 1 - 7b.) An area for improvement can be priming IV lines. While I did a pretty good job at it, I had quite a few bubbles that took me some time sitting at my desk to remove from the line. This is something I can work on improving by practicing at the school during an open lab potentially; also, during clinical by taking any opportunity to prime a line. **You should have ample opportunity in clinical this year to practice this skill!** RH

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 4 – 7a.) I felt confident during my first med pass of the semester. I was able to research and understand the medications I was giving. I look forward to additional med passes to gain more confidence with the computer aspect of the process. **You did awesome with medication administration this week! MD**

Week 4 – 7b.) The flow of the rehab floor through me off this week. I'm so used to getting right to my assessment/vitals right at 0700 that delaying it for an early tray or therapy gets me stressed and feeling behind. In addition, I did not like the stress of needing to pass medications before therapy as to not disrupt their schedule. Although it made me stressed, it was a good lesson of time management skills and being flexible. The next time I have clinicals on the rehab floor I will try not to stress about the flow of the unit by planning my tasks around therapy, even if that means breaking my tasks up and doing them in two different sittings. **The first time on the floor is full of uncertainties with how the floor works. I am glad you were able to identify the stress of the floor! I know next time you will be fully prepared and ready for the experience! MD**

Week 5 – 7a.) A strength I'm proud of this week is the relationship I established with my patient. We discovered a mutual liking for each other; she was a great, friendly patient and she appreciated the care I gave her. I was able to make this connection with her by talking about her family and pets, providing her professional care, and having a few laughs too. **I am glad you noted this as a strength this week. Your patient made a point to note how much she enjoyed having you as a part of her care and noted how good you were in caring for her on multiple occasions. It was evident she appreciated the communication and care that you provided and felt safe with you as her student nurse. This is what nursing is all about, making a positive impact on our patients, not only with your knowledge, but with your kindness and compassion. Excellent job this week connecting the science and art of nursing to promote positive outcomes for your patient. NS**

Week 5 – 7b.) A weakness I had this week that I plan on improving on is looking at the routes on the MAR. I did not realize one of the meds I was giving was IV push until I was getting it out of the pyxis and it was in a vial. It was the first time I had medications other than PO and the medication was pantoprazole so I must have just assumed it was PO. In future clinicals I will be sure to check the routes on all the medications I give and mark it in my list of medications for the patient. **Nice reflection! This is why we do three safety checks prior to administering medications. You noted the route of administration prior to entering your patient's room so there was no harm. This will be a reminder to ensure you note the route of administration when looking your medications up. However, you were observant when removing the medications and followed the six rights of safe medication administration. Keep up the hard work! NS**

Week 6 – 7a.) My patient had a few conditions I had never heard of before and I took the time during clinical to research those conditions. First, my patient mentioned how she had candy cane syndrome. Looking this up, I saw that it was a complication of her gastric bypass surgery where a small pouch forms and food and medications can get stuck. I was able to visualize this condition better after my research and understand how it could be a problem for my patient. In addition, I researched how her vitamin B12 deficiency played a major role in her chronic anemia. I found it interesting that a risk factor for vitamin B12 deficiency is gastric bypass surgery. I'm not sure if that is what is causing hers, but it is interesting to think about. **I am glad you were able to learn some new things from this patient. You did well caring for her and you did a great job not just researching her medical conditions but also her many medications that you administered. KA**

Week 6 – 7b.) This week I had the opportunity to hang my first IV medication. It was a great learning opportunity as it takes a hands-on situation for me to feel comfortable in a skill. I learned the importance of clamping and unclamping the line at certain points in the process. In addition, I learned how to read the pharmacy label on the bag. To improve on this skill, I will take opportunities in clinical such as hanging IV medications for my patient and accompanying other students when they have an IV med to hang. **You did a nice job completing this task for the first time. You will get better with this skill with time. You can also practice IV skills in the open lab this week or in the mandatory lab coming up in March if you would like. KA**

Week 7 – 7a.) A strength I had this week was communicating with my patient. She was severely hard of hearing so I had to adjust the way I would typically communicate with a patient. I had to speak loudly and clearly; also, I made sure to be facing her when I was speaking or speak into her ear. Sometimes I needed to repeat myself, however, I never felt frustrated with her. I thoroughly enjoyed the conversations we had and was happy to care for her this week. **You did so well communicating with her despite her hearing issues.**

Week 7 – 7b.) A lapse I had this week was not further investigating my patient's tachycardia initially. Due to her atrial fibrillation, her heart rate can fluctuate between normal and the low 100s. When the vitals machine was reading 130 bpm I should have automatically taken a radial or apical pulse for a full 1 minute. In the future I will make sure to do that whenever a patient has an elevated heart rate. **Good goal! RH**

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 all competencies at this point of the semester, great job! Continue to seek out opportunities in competency 3 regarding IV care and discontinuing an IV for further practice. 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.) I am proud of my professionalism and communication skills during my field trip down to surgery. I was able to meet and communicate with multiple members of the healthcare team. I had good conversations with a few pre-op nurses, meet the OR team, and even conversed with a couple of the doctors. While in the OR I made sure to follow the instructions of the circulating nurse to ensure safety and maintain sterility during the surgery. This was definitely one of the best experiences I have had during clinical and was glad I could represent our school well while there. **That's awesome to hear! Maintaining that professionalism and eagerness to learn in an unfamiliar environment goes a long way. Collaborating with other departments and learning their roles helps you to understand a different side of health care and I hope this was a beneficial learning experience for you. Thank you for positively representing yourself and our school, I am glad you enjoyed the experience! NS**

Week 9 – 7b.) A skill I could practice is regulating an IV drip rate. I was able to do this once during this week's clinical and I feel I did a decent job. It was the first time I had the opportunity to do this skill so I would prefer to do it a few more times to feel confident with it. To improve, I can practice this skill in an open lab; also, I can observe my classmates in clinical if their patient has an IV med by drip rate and I don't. **Good plan to gain more experience! You did a great job with your dosage calculation and discussing and implementing the steps of preparing a manual drip rate. NS**

Week 10 – 7a.) I am not a fan of public speaking so I was a little nervous to play trivia with the seniors, however, I did a good job and felt comfortable while doing our activity. This was great practice for the projects I have to present at school and at the hospital. **Excellent! I love that you see this as an opportunity to increase your comfort with public speaking..kind of like a trial run for the EBP poster presentations. ☺ DW**

Week 10 – 7b.) I wanted to the week before the clinical experience to finalize our activity so I should improve on my procrastination. Waiting until the last minute gave me some anxiety, especially because I also had to finish 2 other projects. I will try to keep up on my projects and not wait until the last minute to complete them. **This is the start to a great reflection, Andrea, but how can you tie this to your clinical performance and actively work to improve this in the clinical setting? Is there something you plan to do with the way you organize or manage your time? I'm just encouraging you to think a little deeper and be sure to include an actual goal that includes what you will do, how often you will do it and when you will do it by. These items are needed to show actual improvement, not just saying you will do better in the future. The will to do better is very important and I appreciate that. I am confident in you! DW** I can utilize a calendar to plan accordingly for projects. I will write down the due dates and pick out specific dates to work on the projects to ensure they are done in a timely manner rather than last minute. This will help my stress levels as well as allot for time to make the projects the best they can be and not feel rushed. **MD**

Week 11 – 7a.) My strength for the week was the wound care I did on my patient's skin tear to his right arm. I have done wound care many times at my job, but I enjoy learning about other supplies that the hospital utilizes and the protocols they have for different types of wounds. In addition, I did very similar wound care the other week at clinical and during this second experience I felt much more confident. **Awesome! MD**

Week 11 – 7b.) My weakness for the week was my charting. I overall did good with it, however, I missed a few sections in the physical assessment and wound assessment and had to make the most corrections I have had to in a while. To work on my charting in the future I will go through it more thoroughly while in the patient's room, making sure I have gone through each body system and account for any wound that is on my patient. In addition, I will proofread through my charting outside of my patient's room to catch any missed parts. **Great goal! MD**

Week 12 – 7a.) One strength I had this week was confidence and communication. During the infection control clinical, one of the patients on isolation that we need to check on was on the OB floor. As this is a locked unit, I knew I was going to have to ring the bell and explain what we had to do. I was a bit nervous for this and we saved this room for last, however, when the time came, I relayed my message professionally

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Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

with confidence and the nurse was accepting. It was helpful that the nurse on the other side of the speaker was very nice and friendly.

Week 12 – 7b.) Something I can improve on in the future is my time management. During digestive health I wanted to be sure I saw the post op phase, however, I was in a procedure until almost 0945 so I only saw about 10-15 minutes worth of the post op phase. In the future I will determine what time I need begin a task so I can be sure it gets accomplished in a timely manner. I can practice this skill in future clinicals as it is important when working on the floor and giving medications or doing a bedside procedure. It is not enough to know when something needs to be finished but what time to begin so you can stay on time.

Student Name: Andrea Pulizzi		Course Objective:					
Date or Clinical Week: 2/1/2024							
Criteria		3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)	3	You did a great job with noticing the patient's assessments, labs/diagnostics, and risk factors! MD
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)	3	
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	You did a great job with interpreting the data you collected and coming up with an appropriate nursing priority! MD
	5. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	6. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	3	
	7. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	3	
Responding	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	Overall, you did a nice job with all of your interventions. However, not all of your interventions had frequencies. It does not matter if the intervention is a one-time order/intervention it still needs a frequency. Let me know if you have questions. MD
	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	2	
	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	Awesome evaluation! MD

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	
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: 41/42 Satisfactory MD	
						Faculty/Teaching Assistant Initials: MD	

Student Name: Andrea Pulizzi		Course Objective: 6a					
Date or Clinical Week: Week 5							
Criteria		3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)	3	Nice job listing all of your abnormal assessment findings during the care of your patient this week. Consider including her clear liquid diet as a potential assessment finding that would support the dysfunctional gastrointestinal motility. All abnormal labs/diagnostics from the chart were listed in the diagnostics section. Risk factors were identified based on the patient's past medical and social history. Consider highlighting her history of smoking as a risk factor related to potential colon cancer diagnosis.
	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	Six nursing priorities were identified, each pertinent to the patient situation. The priority problem of dysfunctional gastrointestinal motility was appropriately identified related to her colectomy from an identified colon mass and colon stricture. All relevant data were highlighted from the noticing section to support the priority problem. Three pertinent potential complications were listed, each including specific signs and symptoms to monitor for.
	5. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	6. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	3	
	7. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	3	
Responding	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	A thorough list of interventions were provided related to the priority problem. The intervention list was prioritized appropriately with assessments taking highest priority. Each listed intervention included an appropriate frequency. One point was deducted from interventions being "individualized" due to medication dosages and routes not being included. When including medications in your intervention list, be sure to be specific with the dosages and routes prescribed to show the individualized plan of care. Each intervention included an appropriate rationale.
	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	2	
	12. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	

Reflecting	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	Re-assessment findings were provided for each abnormal assessment finding listed in the noticing section to evaluate the effectiveness of the care provided. Based on her improvements, increased bowel function, and discharge during day 2 of your care, you appropriately determined that the plan of care can be terminated as all goals were met.
	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* *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: Andrea, great work with your care map based on the priority problem of dysfunctional gastrointestinal motility related to your patient's diagnosis of s/p right colectomy. You used good clinical judgement in developing your care map and discussing the patient situation during the clinical week. You received 41/42 points for a satisfactory evaluation. Review the comments provided for continued success with care map assignments. You have now completed both required care map submissions with satisfactory evaluations for the semester. Kudos to you and your time management in completing both requirements prior to midterm. This will allow you to focus your attention on other aspects of the class. Job well done. Keep up the hard work! NS</p>							<p>Total Points: 41/42 – Satisfactory</p> <hr/> <p>Faculty/Teaching Assistant Initials: NS</p>

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

Student name: Andrea Pulizzi								
Skills Lab Competency Evaluation	Lab Skills							
	Week 1	Week 1	Week 1	Week 1	Week 1	Week 2	Week 2	Week 9
Performance Codes: S: Satisfactory U: Unsatisfactory	Insulin (2,3,5,7)*	Assessment (2,3,4,5,7)*	IV Math Application (3,7)*	Lab Day (1,2,3,4,5,6,7)*	IV Skills (2,3,5,7)*	Trach (1,2,3,4,5,6,7)*	EBP (3,7)*	Lab Day (1,2,3,4,5,6,7)*
	Date: 1/9/24	Date: 1/9/24	Date: 1/11/24	Date: 1/11/24	Date: 1/12/24	Date: 1/18/24	Date: 1/17/24	Date: 3/12/24
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	N/A	N/A	N/A	N/A	N/A	N/A	N/A	NA

*Course Objectives

Comments:

Week 1

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

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

(IV Math)-You satisfactorily participated in the IV Math learning session on 1/9/24 as well as the assigned IV Math practice questions and the IV Math Application lab on 1/11/24. KA/DW

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

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

Week 2

(Trach care and suctioning 1/18/24)- 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 answered my questions regarding knowledge and competence of both procedures. Great job! 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

Lab day – Satisfactory demonstration in practicing IV fluid skills and foley catheter skills. KA

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

<u>Simulation Evaluation</u>	Student Name: Andrea Pulizzi							
	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	S				
Faculty/Teaching Assistant Initials	MD	NS	RH	RH				
Remediation: Date/Evaluation/Initials	NA	NA	N/A	N/A				

* 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): Baker (M) Pulizzi (A)

GROUP #: 2

SCENARIO: MSN Scenario #1 – Musculoskeletal/Respiratory

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

CLINICAL JUDGMENT COMPONENTS	<u>OBSERVATION NOTES</u>
<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>Pain assessment done first: location, rating</p> <p>Notice redness and swelling/heat to right lower leg</p> <p>Notices it is not surgical leg</p> <p>Check pulses/cap refill</p> <p>Vitals: notice low oxygenation and elevated pulse</p> <p>Refers to patient in appropriate pronouns</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: rating and location</p> <p>Respiratory assessment second: full respiratory assessment</p> <p>Did a lot of messing with oxygen before calling healthcare provider but after not seeing improvements does call HCP</p> <p>Connection made between lack of ambulation, DVT, and PE</p> <p>Correct ABG interpretation!</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>Elevated head of bed to assist with shortness of breath</p> <p>Apply oxygen to help with SpO2</p> <p>Call healthcare provider when SpO2 not improving</p> <p>SBAR: good job! Very organized, all data present</p> <p>Receives new verbal orders, read back orders for confirmation</p> <p>Teamwork: medication nurse is medicating while assessment nurse continues assessment</p> <p>Education on SCDs while patient is anxious from low oxygen levels; stops education and continues to fix anxiety</p>

	<p>Interprofessional communication: communicates well with lab, respiratory, and radiology departments</p> <p>Call HCP with results: gets another verbal order and does read back order. Correct medication math done at this time.</p> <p>Medication administration: correct dosage calculation for morphine. Correct IM technique, check name/DOB, does all checks with BMV. Needle safety engaged. Waste morphine with witness prior to administration. Enoxaparin: correct technique and needle size for subcutaneous injection.</p> <p>Attempt to re-educate patient on SCD use and offers TED hose instead. Explains how lack of mobility impacted DVT and PE. Ensures patient understands importance of ambulation.</p>
<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. Actively seeks subjective information about the patient’s situation from the patient and family to support planning interventions; occasionally does not pursue important leads.</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. 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.</p> <p>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. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. Displays proficiency in the use of most nursing skills; could improve speed or accuracy.</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