

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

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

Student: Presley Stang

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)
2/12/2024	2 hours	Late ECSC survey & sign. form	2/13/2024, 2 hours
3/2/2024	1 hour	Incomplete Reflection Journal	3/11/2024 1 hour

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	Impaired physical mobility r/t fracture	S/RH	NA	NA
2/17/24	Ineffective Airway Clearance	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:			S	S	NA	S	S	NA	S	S	NA	NA	S				
a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting)			S	S	NA	S	S	NA	S	S	NA	NA	S				
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			S	S	NA	S	S	NA	S	S	NA	NA	S				
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			S	S	NA	S	S	NA	S	S	NA	NA	S				
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			S	S	NA	S	S	NA	S	S	NA	NA	S				
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	S	NA	S	S	NA	S	S	NA	NA	S				
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			S	S	NA	S	S	NA	S	S	NA	NA	S				
g. Assess developmental stages of assigned patients. (Interpreting)			S	S	NA	S	S	NA	S	S	NA	NA	S				
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		S	S	NA	S	S	NA	S	S	NA	NA	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	Rehab, 69, Type 2 diabetes	Rehab, 71, Right Femur Fracture	ECSC	3T, 66, Exacerbation of COPD, Pneumonia	4N, 87 & 77, Right hip arthroplasty & percutaneous	NA	MIDTERM	3T, 80 & 71, Jaundice & malnourishment (80) and	NA	Infection Control & Digestive Health	Rehab, 41, CVA				
Instructors Initials	MD	MD	MD	RH	DW	KA	NS	MD	MD	HS	DW	DW	RH				

Comments:

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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

Week 3- 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 4 (1 c, d, e)- This week you did a great job discussing your patient's pathophysiology of their illness as well as had a great discussion of their medications and why they were relevant to their care. RH.

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

Week 6 – 1a, b, c, e– You did a nice job discussing on clinical your patient's disease process related to her exacerbation of COPD and what nursing was doing to help the patient. You were able to discuss symptoms we were monitoring and managing in your patient as well as pertinent labs for your patient diagnosis. You were able to discuss the different patients on your team and prioritize the patients according to their diagnosis and assessment. You utilized your knowledge and change in patient status to reprioritize the patients as the day went on. KA

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

Week 7 1(a-h) – You were assigned two different patient's this week with musculoskeletal alterations. I thought you did a great job of discussing the pathophysiology involved requiring surgery for hip fractures. You discussed the symptoms your patients were experiencing and the nursing considerations for each. You appropriately answered my questions regarding abnormal labs and diagnostics. You reviewed the procedures performed and the medical treatment required. You did a great job correlating prescribed medications and educating your patients on new medications related to healing. You demonstrated knowledge of the situations, identified priority assessments, and used clinical judgment in performing nursing care and answering my questions. Nice job! 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 did a nice job identifying the symptoms she was experiencing from her dementia and the issues that she was also experiencing based on the fact that she was not eating and drinking. However, you did a nice job getting her to eat and drink some while hospitalized. You were also able to review the diagnostics that the patient had and discuss how they correlated with the patients diagnosis. HS

Week 11- Please refer to the comments I made in week 5 for this objective. I wish you would have evaluated yourself in more competencies this week, in order to give you credit where credit it due. DW

Week 12: (1 c, d, e)- This week you identified symptoms, treatments, pharmacological therapies, and diagnostic testing that was relevant to your patient's care. RH

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

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

Week 6 – 2a, d – You did a nice job thoroughly assessing your patient and notifying your nurse of any pertinent information. You were also able to work with your team to keep up on the assessment changes occurring with all patients on the team. KA

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 6 – 2f – You utilized the EMR to research your patient and determine what care needed to be provided to your patient throughout the day. You also used the EMR to research all the patients on your team and to check your classmates charting for accuracy. KA

Week 7 2(a,e) – Good work with your assessments this week, noticing numerous deviations from normal which were accurately communicated within the EHR. You discussed your priority assessments related to pain, skin integrity, functional alignment, and circulation following a hip surgery. You closely monitored the dressing status and wound vac that was in place, ensuring skin integrity was maintained. Great job! NS

Week 9 (2a-f)- You did a nice job with your assessment as well as documenting it within the electronic medical record. You also did a nice job communicating your findings to your team leader and your primary nurse. You were also able to discuss your focused assessment and the reasoning behind your decision of focus. HS

Week 12: (2a-f) you completed a head to toe assessment as well as all required charting. You were able to organize your time with therapy in order to get all tasks done. You reported any abnormal findings to me and the nurse caring for your patient. RH

Objective

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

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

Comments:

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

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 6 – 3b – You did a nice job seeking out new learning experiences this week and helping assist with the care of the patient who needed nits removed from his body. Even though you were uncomfortable you tried not to show you nervousness and provided him with compassionate care. When caring for your patient you had the opportunity to practice many new skills and interacted well with her as you provided her with holistic care. KA

Week 7 3(a,b,f,g) – You did a great job with several nursing skills this week. Particularly, you maintained standard precautions, aseptic technique, and demonstrated competence in discontinuing a foley catheter for the first time. You appropriately measured the output prior to removal, making note of the urine characteristics. Upon removal, you allowed gravity to drain the catheter balloon and appropriately removed 30ml from the balloon. The catheter was removed without complications and was discarded appropriately. You also maintained a foley catheter for your patient on day 2, discussing the importance of providing catheter care to reduce the risk of CAUTI. Nice work! NS

Week 7 3(h) – This competency was changed to “S” because you maintained both SCDs and TED hose ordered for your patient’s post-operatively to prevent the risk of complications. NS

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

Week 9 (3h) You administered SQ enoxaparin for DVT prophylaxis, therefore I changed this to a satisfactory. HS

Week 12: (3c, d, e) you did a good job staying organized and on top of all tasks you needed to complete for the day. RH

Week 12: (3h) this was changed to “S” because you administered enoxaparin which is part of the DVT protocol at Firelands. RH

Objective

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

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

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 3- 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 4 (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 did great going through each medication with me. RH

Week 6 – 3k – You did a nice job administering your medications this week. You observed the rights of medication administration and was able to answer all questions about your medications. You had the opportunity to pass PO and IV medications this week. You performed the medication administration process with beginning dexterity. You also worked with your classmates on your team to determine appropriateness of medication administration for their patients and assist them with following the rights of the medication administration process. KA

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

Week 6 – 3p – You did a nice job flushing your patient’s IV this week and ensuring patency of the IV line. You were able to document this appropriately in the EMR. KA

Week 6 – 3q – You successfully DC’d an IV catheter this week you proper technique. You monitored the site for bleeding and dressed the site appropriately after discontinuation. Great job! 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-s) – Good work with medication administration this week, demonstrating competence and confidence in administering medications independently. You discussed the implications, side effects, and nursing considerations for each medication administered. You identified the 6 rights, performed the three safety checks, and utilized the BMV scanner for patient safety. Education was provided to your patients for each medication to be administered. Experience was gained with several PO medications. You considered safety interventions required to prevent negative outcomes. On day one you monitored the IV site closely for a continuous infusion. A saline flush was performed on day 2 to confirm patency using aseptic technique. All dosage calculations were performed accurately. 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. You were able to review the medications with the team leader prior to administration and answer all of the appropriate questions. You were able to discuss the rationale behind holding the patient’s beta blocker. Nice job with the SQ administration as well. HS

week 12: (3k, l, m) You did a good job with medication administration this week. You were well prepared and educated your patient on all medications you were administering. RH

Objective

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

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

Comments:

Week 3- 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! Awesome job with your reference and in-text citation in your initial response as well! For your reply to a peer you did not have an in-text citation. Please be sure to include this with all CDG submissions. MD

Week 4 (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 5 (4a,b)- How was your communication with the clientele at the ECSC? Did you engage with the other professionals running the organization? These would have been appropriate skills to evaluate yourself on following the ECSC clinical experience this week. Please be sure to thoroughly review the clinical tool and evaluate yourself accordingly. It's important to take credit where credit is due. (4e)- According to the CDG Grading Rubric, you have earned an S for your participation in the Erie County Senior Center discussion this week. Your discussion was thoughtful and supported by evidence. Additionally, I have one suggestion for future improvement with APA formatting. When you use a direct quote, the citation should include the author(s) last name, the year of publication and the page or paragraph number. This would be an example of an APA formatted citation- (Rank, 2023, para 2). Otherwise, keep up the good work! DW

Week 6 – 4b, g – You did a nice job keeping your nurse up-to-date on all pertinent information throughout the day. You completed the SBAR worksheet and provided your RN and Team Leader with handoff communication related to your patient utilizing the SBAR you developed. You did a nice job working with your team members to stay up-to-date with their patients and to ensure the nurse is notified as needed. KA

Week 6 – 4e – Presley, you did a nice job responding to the CDG questions on your team leading experience this week. You were thoughtful with your responses to the original questions as well as in your peer response. You included a reference and in-text citation for both. Remember to consistently include the author and year in your in-text citation. You should also include the page number or paragraph number if there are no page numbers when using a direct quote. Keep up the nice work! KA

Week 7 4(a) – I noticed on numerous occasions the strong therapeutic communication that you provided to your patients. Specifically, I noticed you sitting next to the patient, using good eye contact, and educating her. You also communicated with family members in the room and included them in your plan of care. Great job with your therapeutic communication this week! NS

Week 7 4(e) – Nice job with your CDG assignment this week related to patient education and knowledge deficit. You provided great detail in your discussion related to the education provided during your patient care experience. Medication education is so important for patient's to understand. We don't want patient's to be unaware of the implications and side effects for their medications. Providing education to help ensure understanding of new medications is essential. You did a great job to describe the new medications and ensure she was comfortable in receiving them. While she did say yes to acknowledge understanding, consider having the patient provide teach-back to ensure the information was fully retained. Your response post to Dylan provided additional insight to the conversation. Overall APA formatting looked pretty good. One suggestion for the future – when using Skyscape as your resource, be sure to credit the author(s) of the particular resource being utilized. Instead of the in-text citation stating (Skyscape, 2022) you would cite your reference as (Doenges et al., 2023). When three or more authors are present, you separate the first authors last name with “et al” if there is less than three authors, you would include each last name followed by the publishing year. Let me know if you have any questions! NS

Week 9 (4a, b, c, d)- You did a nice job communicating with your patient, team leader and primary nurse. You had great therapeutic communication with your patient this week, you were able to get her to complete several tasks that we were told in report that she had been refusing. You identified and notified the appropriate individuals when necessary. HS

Week 9 (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. Great job identifying the social determinants of health that were pertinent to her, she had several. Nice job! HS

Week 11 (4e)- Week 11 (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 in-text citation for a direct quote should also include a page or paragraph number. For example- (Mayo Clinic, 2023, para 2) or According to the Mayo Clinic, “Illness from C. difficile...medicines” (2023, para 2). 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

Week 12: (4b, e, f, g) you did a good job with communication between your peers and the staff on the unit. You were able to professionally communicate concerns about your patient as well as do a handoff to the nurse caring for the patient. Your CDG was well written. RH

Objective

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

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

****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 3: Patient education was provided when I was passing meds. I educated my patient on each medication that was ordered for him and the therapeutic use prior to administration. I utilized Skyscape to look up his medications and discussion when delivering the information. This was necessary so the patient knew what they were taking and why they were taking it. The patient showed understanding when he replied “okay” after I explained each medication. **Great job! MD**

Week 4: Patient education was provided when she asked me why I was doing what I was doing. I explained to my patient that performing a basic head-to-toe assessment is important to gather baseline data and helps to identify change in the patient’s status from the previous assessment. I did not utilize any resources as I knew this off the top of my head, but I did utilize appropriate terminology when explaining it to her, so she understood. The patient showed understanding of our discussion when she said, “I understand.” **You need to choose a topic of education that is relevant to patient care and include method of delivery as well as the materials used (including a resource). Explaining why a head to toe is a good educational topic if the patient has questions, but you should have followed up with a resource. Please address this “U” and how you will prevent from getting another “U” in the future. This competency will remain a “U” until it is addressed. RH**

I got a U because I did not educate my patient on something relevant. I put this because I thought it was a form of education and I didn’t think we could repeat something we have already educated our patient on. The only thing I educated my patient on was her medications and I didn’t think I could put that because I already put that for week 3. I will be sure to educate my patients on something that is relevant to their care. I will do this for my next clinical and each one following. **Thank you for sharing how you will improve, but I would like to help you reflect on this a little more deeply. Though I was not in clinical with you for week 4, just knowing the patients age and diagnosis, I’m guessing you may have talked to the patient about fall precautions and asking for help when wishing to be mobile. This is just one example of education you provided or could have provided that maybe you aren’t thinking of. It doesn’t always have to be something big like a new diagnosis or a procedure. Just something to think about. DW**

Week 6: Patient education was provided when I encouraged my patient to cough and deep breathe. I educated her that in doing so it would help mobilize secretions and promote oxygen diffusion. I utilized Skyscape to look up this information and discussion when educating her. This was necessary for the patients healing and respiratory status. **Great job providing this education. You could also use Lexicomp to find a handout for your patient related to this topic to help remind her to do the cough and deep breathing exercises at home. KA**

Week 7: Patient education was provided when I encouraged my patients about early ambulation. I had different patients each day who were both post-operatives. One patient had a right hip arthroplasty and the other had a percutaneous screw of the left hip. I explained to them both that early ambulation is important to prevent DVTs and to promote circulation. I used Skyscape to look up this patient education and discussion when teaching them. **Very good! Early ambulation post-operatively is imperative to prevent complications. Even though they will experience pain and discomfort after a procedure, it is important to get up and moving to initiate progress. I am happy to hear that you incorporated this into your nursing care. Great job! NS**

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 9: A teaching need for my patient was educating her on why it would be beneficial to take the Enoxaparin. She was very hesitant at first, I think because she was afraid it was going to hurt, but with the help from Heather and her husband, we were able to talk her into getting it. We made sure she knew she had the right to refuse but told her it would be very beneficial to take it to prevent her from getting a blood clot and causing further complications. I used Skyscape when educating her on this medication. I told her this is an anticoagulant medication that it is used to prevent blood clots from forming. **Great job! HS**

Week 12: A teaching need for my patient was teaching her to move to promote venous return. She complained of numbness and tingling on her left side, so I educated her that she is at high risk for complications because she is unable to feel that side of her body. I educated her to turn and reposition every 2 hours, so a pressure injury doesn't develop or a DVT on her left side that is numb and cause more complications. I used Skyscape to look up this information and discussion when teaching her. **This will also help prevent her from developing a DVT in her legs if she is moving frequently. RH**

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
a. Develop and implement a priority care map utilizing the nursing process and clinical judgment. (Noticing, Interpreting, Responding, Reflecting)			NA	S	NA	S	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)			S	S	S	S	S	NA	S	S	NA	S	S				
	MD	MD	MD	RH	DW	KA	NS	MD	MD	HS	DW	DW	RH				

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

See Care Map Grading Rubrics below.

Comments:

Week 3- Social determinants of health that could potentially influence care for my patient might be his race. My patient was African American, and, in some countries, marginalized groups don't receive the same quality healthcare as dominants group do. This is very sad, but I feel as though my patient was treated with dignity and respect as he greatly deserves. I treated my patient the same way as I would any other patient I care for. **This is so true. You gave him great care! I am glad you had him as a patient this week! MD**

Week 4- Social determinants of health that could have potentially influenced care for my patient could have been her employment. My patient slipped and fell on the ice going into work. She is 71 which means she's at the age of retirement. If it wasn't covered under workers compensation, then she might not have had the funds to get the proper care she needed. **Good observations! This could have also caused financial strain if she did not have the funds to pay for this incident. RH**

Week 5- Social determinants of health that could potentially affect patient care for the seniors could be transportation. Some might rely on the senior transit bus for transportation because they are unable to drive or don't have family members around to take them to their doctor's appointments. The senior transit bus only drives to a select few places. This would make it hard for them to get to their appointments and get the care and treatment they need. **Excellent reflection here, Presley. DW**

Week 6- Social determinants of health that could potentially influence care for my patient could have been that she was homeless and lives at the shelter. This could influence her patient care because she might not be able to afford it. She might also not receive the same quality care as someone who does live in a home simply because she's homeless. **I agree your patient had several SDOH concerns that affected her overall ability to manage her current health crisis as well as her overall health and chronic conditions. KA**

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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

Week 7- Social determinants of health that could potentially influence care for my patient could be insurance. My patient I cared for the first day was an 87-year-old female who lived on her own. She expressed to the physician that she wanted to move up to the rehab unit so she could get the assistance she needed. The physician came into her room and asked her which insurance company she had and informed her that he would have to check to make sure that they would cover it. Luckily, she had Medicare and was able to be transferred up to 5T. If my patient didn't have an insurance company that would cover her going to the rehab floor, then she would have had to pay out of pocket. This would have put a lot of stress on my patient and could delay her healing process. Nice job, Presley! This is a good reflection on how financial constraints and insurance can impact health outcomes. When it comes to rehab, insurance dictates approval which can be very frustrating. Often patients would significantly benefit from acute rehab but unfortunately insurance doesn't approve, and they end up having to go to a long-term care facility for skilled rehab. After a hip surgery, participating in acute rehab can improve the healing process and ability to return to normal ADLs as soon as possible. Good thoughts. NS

Week 9- A social determinant of health that could influence care for my patient could be her dementia. She was very forgetful and dependent on me for help. This can influence patient care as often nurses are tied up with patients in more critical condition than what she was in. Because of this, the nurses will spend more time with patients requiring a higher level of care involving the ABCs. In addition to this, her dementia could cause her to disagree with the plan of care that would promote positive patient outcomes simply because of the mood she is in from her dementia. I would agree, her mental health could impact her care. She did become frustrated at times when there was a lot going on in her room. She then wanted to refuse care, but between her husband and the time that you spent talking with her allowed her to calm down and you were then able to provide the care. Nice job! HS

Week 10- A social determinant of health that could influence care for my patient could be age. Kids don't typically need colorectal cancer screening but the as you age and the older you get its recommended. This can affect patient care as some might be diagnosed with something that can put a financial strain on these individuals. DW

Week 12- A social determinant of health for my patient this week could be economic status. My patient told me she has 4 kids and a boyfriend. I'm not sure what the situation is but having a stroke at a young age and being in the hospital while raising 4 children is difficult. Having to pay for medical expenses and trying to figure out arrangements for the kids at home can be very overwhelming. RH

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	NA	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	NA	S	S				
c. Demonstrate evidence of growth, initiative, and self-confidence. (Responding)	S		S	S	NA	S	S	NA	S	S	NA	S	S				
d. Follow the standards outlined in the FRMCSN Student Code of Conduct Policy. (Responding)	S		S	S	NA	S	S	NA	S	S	NA	S	S				
e. Incorporate the core values of caring, diversity, excellence, integrity, and “ACE”- attitude, commitment, and enthusiasm during all clinical interactions. (Responding)	S		S	S	NA	S	S	NA	S	S	NA	S	S				
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (Responding)	S		S	S	NA U	S	S	NA	S	S	NA	S	U				
g. Demonstrate the ability to give and receive constructive feedback. (Responding)	S		S	S	NA	S	S	NA	S	S	NA	NA	S				
h. Actively engage in self-reflection. (Reflecting)	S		S	S	NA	S	S	NA	S	S	NA	S	S				
	MD	MD	MD	RH	DW	KA	NS	MD	MD	HS	DW	DW	RH				

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

Comments:

Week 1- 7a. I think an area of strength was the IV math we learned. I really seemed to understand it and get the hang of it. I will continue to practice this by reviewing the calculations and doing practice problems, so this becomes second nature. **Wonderful! MD**

7b. I need to work on counting the drip rate when an IV pump is not available. I seemed to struggle with trying to find the right balance of unclamping the roller clamp while also trying to get the correct number of drips after fifteen seconds and one minute. I can work on this by going to the open labs and watching the videos in the lessons tab. I plan on attending each open lab to work on this and plan on watching the videos once each week. **It will come with more practice! Practice makes progress! MD**

Week 3- 7a. An area of strength this clinical was my medication administration. I think I did a good job looking up my meds, educating my patient, and then safely administering them. I was also very happy with myself after giving my patient a subcutaneous injection in his left lower abdomen. I remember last semester I had to give my patient a flu vaccine and as I was going to give it, I hesitated and pulled back. This time I just went for it and did it on the very first try. Go me! **You did fantastic! I am so proud of you! MD**

7b. I need to work on locating my patients dorsalis pedis and posterior tibialis pulses. I have a very hard time finding them. I can work on this by practicing on two different family members before my next clinical. **Great goal! MD**

Week 4- 7a. I think an area of strength this week was adjusting and working around my patient's therapy schedule. She had an early tray each day caring for her which made it difficult to get my assessment and vitals done with her eating and before therapy would come get her. Although this was hard, I was flexible and did the best I could to get everything done when I could.

Good job with being flexible while caring for your patient. RH

7b. An area for improvement would be my documenting. There were a few times I noticed I documented something differently one day than the other and nothing changed with my patient. I did end up going back in the chart and editing it. I can work on this by slowing down and reading each section and not getting click happy. I will be sure to do this next time I have clinical and each time after that. **Documentation is time consuming and when we rush sometimes we can skip things accidentally or click on the wrong assessment finding. Slowing down is a good goal so you can be more attentive to the chart. RH**

Week 5- 7a. An area of strength was talking with the seniors and making puppy chow. A lot of them never tried it or even heard of it and were pleased with the results. It was nice getting to interact with them and do an activity that a lot of them have never done before. Playing bingo and eating lunch with them was also fun. It is nice they have a facility like that where seniors can go to keep them engaged and give them a sense of belonging. **DW**

7b. An area for improvement would be bringing bowls to mix all the ingredients together. We used a bowl to mix the Chex, chocolate, and peanut butter together, but once that was all mixed in, we poured it into plastic bags with some powdered sugar and mixed that in using the bag. This got messy as we missed the bag a few times and the chocolate and peanut butter got stuck to the bag. If we decide to do this activity in the future, we should bring bowls to mix everything all together and then put it in the plastics bags when everything's mixed in. **DW**

Week 5 (7f)- Due to the late submission of your Erie County Senior Center survey and signature form, you have earned a U for professionalism and accountability, as well as 2 hours of missed clinical time. This was made up with the submission of the requirements. Please be sure to address your U with the week 6 tool to explain how you have made a change and will prevent this from happening in the future. Failure to comment on your improvement will result in a continued rating of U regardless of your performance. Let me know if you have any questions about future clinical requirements. DW

I got a U for turning in my ECSC paper in late. I made a change by turning it in when Rachel addressed me. I will prevent this from happening in the future by writing it down in my planner, so I know when it is due, and I don't forget. **KA**

Week 6- 7a. An area of strength was getting to administer an IV piggyback, flush the saline lock, and discontinue the IV. This was my first time doing all of it. I was nervous at first but in the end, I was glad I got to experience it all for the first time. My patient was understanding and patient with me and because of that I couldn't have been more grateful that she was my patient I got to do it on for the first time. **You did a great job for this being the first time doing these IV skills and even had the opportunity to DC her IV. KA**

7b. An area for improvement would be watching the skills videos prior to clinical. When I found out I was going to administer IV piggyback meds I got nervous and drew a blank when I primed the tubing. This was because it was my very first time and I was nervous. If I would have watched the videos prior to this clinical experience I would have been more prepared for this scenario and would have felt more comfortable doing it. I can improve on this by watching the skills videos prior to each clinical experience. **I agree sometimes prepping for clinical by reviewing possible skills you may perform can both decrease your nervousness and increase your confidence in your abilities. KA**

Week 7- 7a. An area of strength this week was I got to take out a chronic foley so a new one could be placed. This was something I have never gotten the experience to do. I am so glad I stuck around after our clinical to get this experience. I discontinued the old one and Karli placed the new one. Awesome strength to note! I thought you exhibited numerous strengths throughout the week that I want to make mention of. I was proud of your willingness and desire to jump into all learning opportunities. Your eagerness to learn was awesome to see. You took feedback from previous clinical experiences and wanted to put yourself in new situations to gain confidence and comfort. I truly appreciated your willingness to stay late at clinical on day one to gain valuable experience with foley catheters. I was impressed with your thought process and desire to learn throughout the week! NS

7b. An area for improvement would be body mechanics. I struggled trying to transfer my patients from the bed to up the chair or from the bed up to the bedside commode. I was worried about hurting my patients and putting them in more pain than they already were. I can work on this by reviewing the mobility lesson from nursing foundations before my next clinical experience. **This is certainly something that takes practice and experience, especially if you have had limited opportunities in the past. Navigating safe transfers while also promoting comfort is not always easy. However, I think you were able to learn a lot of mobility for patient's with musculoskeletal alterations. Good plan for improvement! NS**

MIDTERM-Presley-Great job this first half of the semester! You are doing great things! Please be sure to continue to seek out skill opportunities during clinical. MD

Week 9- 7a. An area of strength was not leaving my patient alone after sitting her down when she felt lightheaded and dizzy. In this moment, I was kind of freaking out as I thought she was going to pass out on me. I instantly wanted to run and get Heather to help me as she would have made me feel more comfortable in this situation, but I pulled the cord in the bathroom and waited for the PCT to get there instead of leaving her by herself. **Great job! You do not want to leave the patient alone you want to either use the call light or yell for help to get help quickly into the room. HS**

7b. An area for improvement would be just having confidence in myself and my abilities. I was very nervous when I was assigned the lady I cared for the first day. She was the most critical patient I have cared for thus far. After hearing she had jaundice, I was kind of nervous to see what she looked like because this was something I never seen in person before. Additionally, I heard in report that she is withering away because she won't eat and that her husband changed her code status to a DNR. This made me think her chances of dying on me were very high. I have never seen this before and was very nervous this was going to happen to me for the first time that day. Also, she had an order for Enoxaparin and didn't want to take it at first. I could tell she was angry so I asked Heather if she wanted to administer it, so she didn't get mad at me. I can work on this by believing in myself and knowing that I do have the skills to care for a patient involving more critical care. I will be more confident in myself and my abilities for the next clinical and each one following. **The level of confidence will continue to increase with each experience that you have however, no two patients will be the same so often times you may have a type of patient that you have not previously cared for and therefore just need to think of the knowledge that you have to best care for that patient. You must remember you can always ask questions and look up information that you may not know to assist you. HS**

Week 11 7a. A strength this clinical was getting to experience things I have never gotten to before. For my infection control clinical experience I got to go to different floors in the hospital that I have not been to before including the ICU and 4P. This was a cool experience getting to see what the setting is like for the highest level of care. Another strength from my digestive health clinical experience was getting to see a handful of colonoscopies for the first time. This was kind of cool but also a different experience. **DW**

7b. An area for improvement would be to ask more questions. I did a lot of standing around and observing because I did not want to be in the way. If we were to do the digestive health experience again, I would ask more questions and engage myself more to get the most of my experience. I did enjoy what I got to see though. This was a cool experience. If we were to do this again I would ask more questions. **DW**

Week 12 7a. A strength this clinical was my communication. I thought I communicated well with my patient and created conversations with her to get her mind off the situation and bring some light into her life. She talked about her kids, and I talked about my siblings. **You did spend a lot of time with your patient, I am glad you had a lot of conversation with her and kept her busy. RH**

7b. An area for improvement would be to review the student handbook prior to coming to clinical if there is something I am unsure of, so I don't get sent home. I didn't even think to check the uniform policy because so many people wear crocs at the hospital, I didn't think anything of it. I can do this before the next clinical. **RH**

I rated myself a U in this competency because I did not follow the student uniform guidelines in the student handbook. I made a change by going home. I will prevent this from happening in the future by looking at the student handbook before the next clinical to clarify anything I am unsure of. **Thank you for evaluating yourself with a "U" and taking accountability! RH**

Student Name: Presley Stang		Course Objective: MSN					
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	3	5. how is the pulse related to this patient's mobility? I do agree it is an abnormal finding, but I do not think it needs to be highlighted. 7. Great list of potential complications!!
	5. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	6. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	3	
	7. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	3	
Responding	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	8. Any other educational topics you would include? What about pain management Healthy bowel habits? Use of assistive devices?
	9. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	10. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	11. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	12. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
Refl	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	2	13. You need to re-evaluate all items that are highlighted here. This means there should be a surgery update, xray update,

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	plantar flexion update, ROM update. Just saying that ROM is assessed in PT is not enough, you should also reassess it.
<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: Very good job! See comments for improvements. I would recommend keeping this for your senior portfolio because it was very well done.</p>						<p>Total Points: 41/42 Satisfactory</p>	<p>Faculty/Teaching Assistant Initials: RH</p>

Student Name: Presley Stang		Course Objective:					
Date or Clinical Week: 6							
Criteria		3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)	3	You did a nice job listing the pertinent assessment findings, lab/diagnostics, and risk factors for your patient this week. KA
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)	3	
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	You did a nice job listing relevant nursing priorities and highlighting the most important priority. You highlighted related data in the noticing section. You would also want to highlight the patient being on O2 and her SpO2 since it relates to your nursing priority. You did a great job listing complications related to your nursing priority and signs and symptoms the nurse would assess the patient for related to them. 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 including pertinent nursing interventions related to your nursing priority and making sure they were prioritized, individualized, realistic, and included rationale. The majority of your interventions had frequencies. When you are timing education they can be done on admission, before discharge, or daily and all can be reinforced PRN. You would also want to include an intervention related to reviewing labs and diagnostics as available since you had related labs and diagnostics. KA
	9. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	10. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	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	Great job reassessing all related data in the noticing section for your nursing priority. KA

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: Presley, you satisfactorily completed your second care map. Congratulations! Please see comments above on areas to improve on in the future when you are creating your care maps. Terrific job!</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: Presley Stang								
Skills Lab Competency Evaluation	Lab Skills							
	Week 1	Week 1	Week 1	Week 1	Week 1	Week 2	Week 2	Week 9
	Insulin (2,3,5,7)*	Assessment (2,3,4,5,7)*	IV Math Application (3,7)*	Lab Day (1,2,3,4,5,6,7)*	IV Skills (2,3,5,7)*	Trach (1,2,3,4,5,6,7)*	EBP (3,7)*	Lab Day (1,2,3,4,5,6,7)*
	Date: 1/9/24	Date: 1/9/24	Date: 1/10/24	Date: 1/10/24	Date: 1/12/24	Date: 1/17 or 1/18/24	Date: 1/17 or 1/18/24	Date: 3/11 or 3/12/24
	Evaluation:	S	S	S	S	S	S	S
Faculty/Teaching Assistant Initials	MD	MD	MD	MD	MD	MD	MD	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. MD

Week 2

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

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

Week 9-(IV skills and Foley)- You satisfactorily completed the lab day skills review on 3/11/2024. You practiced both IV skills and Foley's in order to gain confidence in these skills. HS

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

<u>Simulation Evaluation</u>	Student Name: Presley Stang							
	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: 2/29/24	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	MD	KA	NS	MD				
Remediation: Date/Evaluation/Initials	NA	NA	NA	3/11/24 S HS				

* Course Objectives

Comments:

Simulation 1-Please review the comments placed o the Simulation scoring sheet below. In addition, review the individual faculty feedback placed within the Simulation #1 Prebrief and Reflection Journal Dropboxes. You are receiving an unsatisfactory rating for this simulation due to having an incomplete Reflection Journal. Once this journal is complete you will be rated in the Remediation section of this table. MD

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Baum (M) Stang (A)

GROUP #: 1

SCENARIO: MSN Scenario #1 – Musculoskeletal/Respiratory

OBSERVATION DATE/TIME(S): 2/29/24 0945-1145

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>Gather name/DOB</p> <p>Pain assessment: rating, description</p> <p>Notice pain, paresthesia, pulselessness (3 total)</p> <p>Does not get vitals until after calling healthcare provider</p> <p>Notifies paralysis while doing head to toe assessment. Notices pallor when doing head to toe assessment</p> <p>Prioritizes asking about tDap vaccine</p> <p>Reassess pain and respiratory assessment after morphine administration</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</p> <p>Starts to remove sock but stops due to patient pain. Removes ice to evaluate leg but replaces after done with assessment</p> <p>Identifies compartment syndrome and emergency and calls healthcare provider</p> <p>Return to head to toe assessment while medication nurse is preparing medications rather than assisting</p> <p>Removes pillow during head to toe assessment</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>Attempt to clarify pronouns with off going nurse report</p> <p>Tells patient leg could fall off if not addressed quickly, patient panics</p> <p>Call healthcare provider: SBAR- does not have name or background. No vitals. No complete assessment</p> <p>Leave room with bed elevated, not in lowest position</p> <p>Medication administration: explains medications to patient, name/DOB, check allergies, do checks with BMV. Ask patient preference with IM injection site. Gather pain rating before administration. Administers 10mL (20 mg) rather than 4 mg, incorrect dosage calculation. Use of proper needle size.</p>

	<p>Utilize needle safety. This initially puts the group at “B” however we discussed this situation in debriefing. During debriefing medication math was discussed and the medication dose was corrected. The student states she believed the syringe was only filled with 1 mL so that medication math was correct, however, the syringe was filled with 5 mL and this was explained and discussed in debriefing.</p> <p>Flush IV and check placement prior to starting IV fluids</p> <p>Call patient partner, remains calm during conversation</p> <p>Hand antibiotic properly above primary fluid. Program pump correctly with secondary fluids</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. Brought up importance of reading back orders from healthcare providers when receiving verbal orders.</p> <p>All members of group performed medication math for proper morphine administration per the order and concentration provided during simulation. Correct answer was found and discussion had about how decision making was done in simulation and how to prevent errors in future.</p> <p>Review of proper IV pump programing and how to program secondary fluids with smart pump.</p> <p>Some prompting needed throughout discussion.</p> <p>Most members listed a goal/improvement for next simulation, others did not want to participate.</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: Attempts to monitor a variety of subjective and objective data but is overwhelmed by the array of data; focuses on the most obvious data, missing some important information. Identifies obvious patterns and deviations, missing some important information; unsure how to continue the assessment. Assertively seeks information to plan intervention; carefully collects useful subjective data from observing and interacting with the patient and family.</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. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. Is hesitant or ineffective in using nursing skills.</p> <p>Reflecting: Even when prompted, briefly verbalizes the most obvious evaluations; has difficulty imagining alternative choices; is self-protective in evaluating personal choices. Demonstrates awareness of the need for ongoing improvement and makes some effort to learn from experience and improve performance but tends to state the obvious and needs external evaluation.</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