EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Leah McNeely

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)
1/26/2024	1 hour	Late vSim Assignment – Vincent Brody	1/29/2024, 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
2/14/2024	Impaired mobility	S/RH	NA	NA
2/21/2024	Nutrition: less than body requirements imbalance	S/HS	HS	HS

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

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies: a. Analyze the involved patho-physiology of the patient's disease process. (Interpreting)			S	S	S	S	S	NA	S	S	S	NA	S				
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			S	S	S	S	S	NA	S	S	S	NA	S				
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			S	S	S	S	S	NA	S	S	S	NA	S				
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			S	S	NA	S	S	NA	S	NA	S	NA	S				
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	S	NA	S	S	NA	S	NA	S	NA	S				
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			S	S	NA	S	S	NA	S	NA	S	NA	S				
g. Assess developmental stages of assigned patients. (Interpreting)			S	S	NA	S	S	NA	S	S	S	NA	S				
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		S	S	S	S	S	NA	S	S	S	NA	S				
Indicate your clinical site as well as your patient's age and primary medical diagnosis in this box weekly.	Medi tech, FSBS, IV Pump Sessions		5T, 91, Bowel Obstruction	4N, TEAM LEADER & 57, N	Infection Control	5T, 68, Stroke	3T, 58, seizures & chest			Digestive health/ Erie County Senior Ce	4N, 89 & 91, Fall/rib fracture	NA	5T, 59 Stroke				

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

					eu tr ao en ia			p ai n			nt er	& le ft a b o v e th e k n ee a m p ut at io n						
	Instructors Initials	**HS**		**RH**	**NS**	**DW**	**RH**	**HS**	**HS**	**HS**	**DW**	**NS**	**DW**					

Comments:

Week 1 (1h)- I added an evaluation of an S for this competency, be sure to self-evaluate for all competencies that are not grayed out. 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

Week 3: (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 4 1(a-h) – Nice job this week discussing the pathophysiology inovled in the alterations to each patient you cared for as team leader this week. You demonstrated excellent knowledge on diabetes and used good clinical judgment in discussing insulin administration for each assigned patient related to their nutitional status. You discussed alterations in a patient admitted with a stroke, colitis, and cellulitis. You discussed the pharmacotherapy prescribed for each patient, making correlations between their current disease processes and past medical history. During the care for your patient on day 2, you discussed the medical treatments required such as dialysis and speicals procedure to insert a tunneled dialysis catheter. Through observation you learned about the nursing implications for each. You demonstrated a desire to learn and asked appropriate questions throughout each experience. Great job! NS

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

Week 7 (1a-e)-Great job this week! You were able to identify the pathophysiology for your patient this week utilizing his history and the symptoms he was experiencing. You were also able to review the diagnostics that the patient had and discuss how they correlated with the patients history. HS

Week 10 1(a-h) – Leah, I appreciated your concerted efforts this week in identifying abnormalities with your patient and following up with them promptly. You were very observant in your assessment skills this week and made strong correlations between the symptoms your patient was experiencing and the pathophysiology involved with the alterations to their health. On day one, you noticed tachypnea and shallow respirations during your assessment. You correlated these findings with her rib fractures and reluctance to breath deeply due to pain. You discussed the potential complications that could arise and focused your assessment on her respiratory status. You discussed nursing measures that could be taken, such as educating on splitning when coughing and deep breathing. You provided good patient education on the importance of taking deep breaths despite the pain to prevent complicaitons such as pneumonia. You were also very observant of the skin discoloration to her hands and fingers and closely

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monitored for worsening conditions. Furthermore, you identified an IV site that had been bleeding and discussed your concern for functionality and possible infection. This was promptly addressed with assessing the site for patency and perofrming a dressing change to clean the site and prevent infection. You also noticed that your patient's blood pressure cuff was too large for her size and promptly obtained the correct size. You noticed that your patient was experiencing hypertension, which was a more accurate representation of her overall status. Your prompt action in this helped to ensure adequate antihypertensive treatment was provided. I was impressed with your assessment abilities and correlations made to promote better outcomes for your patient! NS

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Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

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

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

Comments:

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

Week 3: (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 4 2(a,c,e) – You did well discussing the priority focused assessments for each patient assigned to you as team leader. During the care for your patient on day 2, you were able to perform the necessary assessments prior to her being transferred to dialysis, demonstrating good time management. During your assessment you noticed increased redness to her groin and abdominal folds. You noticed an area of concern that was beginning to scap over to the left groin. You implemented appropriate skin care with the use of Theraworx products and advocated for your patient's need for nystatin powder. Great job with skin care and assessment to promote positive outcomes. NS

Week 6 (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

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Week 7 (2b)- I gave myself an NI on my fall assessment because on the first day of clinical I did ot wrong and missed that my ptient should have been a fall risk. I realize that this was a huge mistake because it put my patient at a huge risk for falls and injury because the proper percautions were not implemented. I appreciate you acknowledging the importance of conducting a thorough fall risk assessment, and correcting for the second day. HS
Week 7 (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 10 2(a,e) – See my comments above related to assessments performed for patient on day 1. On day two, you cared for a patient with PVD s/p above the knee amputation. You prioritized a focused assessment on the affected extremity, pain, and limited mobility. You ensured his skin was protected by frequently repositioning his for comfort and to offload pressure on dependent areas. Throughout the week you identified priority assessments to be performed and discussed possible complicaitons that could occur and to monitor for. NS

Week 10 2(b) – During your clinical experience on day 1 your patient began to experience dizziness when sitting in the chair. You promptly performed a focused assessment and obtained vital signs to determine your next course of action. Although your patinet's blood pressure was within normal limits, you discussed the significant drop from your previous assessment as a result of the antihypertensives administered as well as the narcotics. You ensured her safety was maintained and made strong correlations to what was occurring. 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: a. Perform standard precautions. (Responding)	S		S	S	S	S	S	NA	S	S	S	NA	S				
b. Demonstrate nursing measures skillfully and safely. (Responding)	S		S	S	NA	S	S	NA	S	NA	S	NA	S				
c. Demonstrate promptness and ability to organize nursing care effectively. (Responding)			S	S	NA	S	S	NA	S	NA	S	NA	S				
d. Appropriately prioritizes nursing care. (Responding)			S	S	NA	S	S	NA	S	NA	S	NA	S				
e. Recognize the need for assistance. (Reflecting)			S	S	NA	S	S	NA	S	S	S	NA	S				
f. Apply the principles of asepsis where indicated. (Responding)	S		S	S	NA	S	S	NA	S	S	S	NA	S				
g. Demonstrate appropriate skill with Foley catheter insertion, maintenance, & removal (Responding)			S	NA	NA	NA	NA	NA	S	NA	NA	NA	S				
h. Implement DVT prophylaxis (early ambulation, SCDs, ted hose, administer enoxaparin or heparin) based on assessment and physicians' orders (Responding)			~~NA~~ S	S	NA	S	S	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	NA	S	NA	S				
j. Identify recommendations for change through team collaboration. (Reflecting)			S	S	NA	S	S	NA	S	NA	S	NA	S				
	HS		**RH**	**NS**	**DW**	**RH**	**HS**	**HS**	**HS**	**DW**	**NS**	**DW**					

Comments:

Week 3: (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 3: (3h) This was changed to "S" due to your appropriate administration of enoxaparin. RH

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Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 4 3(c,d) – You did an excellent job this week as team leader. You were assigned three patient's to oversee the care being provided by your peers. You appropriately identified the patient admitted with stroke like symptoms the night before to perform a focused neurological assessment. You then prioritized the patient admitted with cellulitis that underwent a procedure the day before, focusing on risk of infection and pain control. Lastly, you prioritized the patient admitted with syncope two days prior with a diagnosis of colitis and fluid defecit who had been stablilized. You used good clinical judgment in discussing your priorities for the day and ensuring care needs were met at an apprpraite time. Furthermore, you did a great job using clinical judgment to prioritize medication administration with each patient. You were tasked with making nursing judgment decisions regarding insulin administration with alterations in nutrition status. Overall great work as team leader in organizing your care and prioritizing appropriately. NS

Week 6 (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. You were a great advocate for your patient in realizing he had not urinated in some time and was having some difficulty. You were able to bladder scan him and get an order for a straight catheter and educated him on the procedure and encouraged him to urinate one more time prior to our attempt. Great job. RH

Week 7 (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 had two very busy clinical days. You were able to identify the plan but also adjust the plan when needed such as the different challenges we faced when attempting to administer medications. Your patient was very busy with the different disciples coming in to also provide care. You were able to provide the necessary care in a timely manor so that therapy could work with your patient. You also faced challenges on day 1 when your patient was very drowsy and it was more challenging to complete the care. HS

Week 10 3(c,d,e) – As discussed under objective one, you did a great job prioritizing your nursing care and reporting your findings promptly. You correlated your findings with apporpaite nursing interventions to be performed and appropriately prioritized your care for the day. Great job reporting your abnormal respiratory findings and ensuring an RN followed up with the abnormal findings. Good prioritization throughout the week! NS

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Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

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

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

Comments:

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

(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: (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

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 4 3(k-s) – Great job with medication administration this week as team leader. You discussed the 6 rights of medication administration, performed the three safety checks, and utilized the BMV scanner for patient safety. You gained experience in assisting with PO medications, subQ injections, and applying a transdermal patch. You discussed and prompted your classmates regarding the use of each medication, side effects to monitor for, and nursing implications for each. Dosages were calculated accurately, particularly related to insulin administration with the use of the prescribed protocols. You provided strong peer support in medication administration and patient education with each experience. You also gained experience in performing a FSBS and monitoring IV sites. Nice work! NS

Week 6 (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 listed great assessments you would perform prior to and after administration of the 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 7 (3 n, p, q)- I gave myself an NI for these objectives because I struggled with my IV medications, flush and when discontinuing my patient's IV. As for the insertion of IV medications, I could have done a better job at making sure that I didn't touch anything this the open tubing end. This would prevent risk of infection greatly. As for flushing, I could have done a better job at not breaking the seal of it on the floor and creating a fall risk for anyone coming into the room. Also, I can improve on not touching the exposed end of the flush. Finally, I can do better at removing an IV by making sure that while stabilizing the catheter when removing the tape that I do not touch the insertion site because this also increases the risk for injection. Leah I think overall you did a good job especially since this was a first time experience for these skills other than in skills lab. You have clearly learned what to change for the future and how you can do things differently. HS

Midterm (3p, q)- You did receive NI's for these competencies based on your self-evaluation from week 7. You will need to practice these skills next week in the skills lab day. I believe with a little practice you will be able to confidently perform these skills in your future clinical days. HS

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Objective

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

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

Comments:

Week 3: (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 4 4(a,b) – I thought you did a great job this week with your communication. You provided education to family members and patients throughout the day to help promote understanding. You dealth with some family members anxiety regarding the hospital environment and medications to be administered using therapeutic

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communication. You also related well to your peers and communicated well to ensure all aspects of care were met in a timely manner. I appreciated the thought-provoking questions you asked each student when reviewing medications. In this role, it can be challenging to work as a team leader while also building rapport with your team members. Overall, I thought this was a great strength of yours this week! NS
Week 4 4(e) – Nice job with your CDG requirements this week. You discussed your team leading experience well, referencing your prioritization of each patient and what led to the decision making. You utilized TEAMStepps to identify the task assistance role during your time as team leader. Good thoughts provided regarding the family member that was speaking for the patient during your care experience. You provided good insight in your response post to Abbi, adding to the discussion and supporting your thoughts with a reputable source. Overall your APA formatting looked good, with one suggestion for improvement: when doing an in-text citation, it should include the author(s) last name(s) and publishing year, but not their first initial. Correct in-text citation in APA formatting for your initial post would be (Sawyer-Sommers, 2023). Purdue OWL for APA formatting is a great resource to utilize. All criteria were met for a satisfactory evaluation. NS

Week 5 (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. With that said, please be sure to check your spelling before submitting written work (ex- bowl vs. bowel). 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. Additionally, you do not include the authors first initial in the citation. This would be an example of an APA formatted citation- (Sawyer-Sommers, 2023, para 2). Keep up the good work! DW

Week 6: I gave myself an NI for this weeks CDG because I did poorly on the initial post. In that post, I forgot to use a citation and to list the whole medication list. I was to focused on writing mine based of the example rather then reading what was actually required. For next time, I will make sure to carefully read all directions and double check that I have met all the requirements of the assignment. Good catch and thank you for addressing it! The rest of your CDG post was very well written. RH
Week 6 (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 7 (4a, b, c, d)- You did a nice job communicating with your patient, team leader and primary nurse. You identified and notified the appropriate individuals when necessary. HS
(4e)-You had a great CDG this week! You were able to turn in your CDG on time, have the adequate word count for both posts, and you were able to provide to the conversation with the information you gave! You also had a reference and an in-text citation for both your initial post and peer response. Nice job! HS

Week 9 (4e)- Accordjng 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. Your intext citation should include an author, year of publication and page or paragraph number that the direct quote can be found. An example of the correct formatting would be: According to MYA Care, "naturally, with age…grip strength." (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. 3. The publisher of the blog should be italicized. 4. The order in which the reference is laid out should be author or organization, date of publication, title of post, publisher, and url. The correct reference would be: MYA Care. (2023, March 24). The importance of grip strength as we age. *MYA Care*. https://myacare.com/blog/the-importance-of-grip-strength-as-we-age. DW

Week 10 4(e) – Nice job with your CDG assignment this week. You provided sufficient detail in making correlations with your patient's condition.Your response to Nadia added additional thought with support from a reputable resource. It appears you took feedback from the previous week to make improvements with APA formatting as it looked good overall! NS

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

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

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

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

Comments:
Week 3- 5A & B. A teaching need from my patient would be the side effects associated with her Parkinson's disease medication and the signs and symptoms of bowl obstruction. The medication main side effect was constipation and bowl obstruction. She was admitted to the hospital for bowl obstruction and required surgery for this. If education was provided it is possible that she could have been able to identify constipation sooner and implement treatment to prevent surgery. If she is unaware of symptoms of constipation and bowl obstruction teaching may be needed for this also. Skyscape was used in finding out the side effects of the medication. Good job making these connections with your patients! RH

5A & B – Week 4: A teaching need for one of the patient this week was about the diet and medication is regards to his diabetes. Specifcally, he was inquiring about drinks that were appropriate for diabetics. I educated him that diet or zero sugar soda was okay in moderation, but water was the best choice. I also educated him about flavored waters that would be sugar free for him, if he needed something flavored. When asked about medications, skyscape was used. Specific education given about medication was about Jardiance and why he was taking this medication since he hadn't been on it prior to hospitalization. Very good! You were able to use your prior knowledge of diabetes management to help promote positive outcomes for your patient in regards to optimal nutrition related to diabetes. I think you provided some great recommendations for your patient! Consider using Lexicomp to print out education resources that the patient can use at home to reinforce what was learned. Good thoughts! NS

5A & B: - Week 6: A teaching need for my patient was the importance of medication compliance at home. Specifically, he was noncompliant at home. With hypertension and prior stroke, his decision of not taking the medications for either of those is what lead to him having another stroke. I educated the patient on all his medications, their purpose and why he was taking them using Skyscape. Good job! Your patient may need educated on this more than once as it was a reason the stroke happened as they stopped taking their medication for at least 3 months. RH

5 A & B –Week 7 A teaching need for my patient was the signs, symptoms and prevention of GERD. She came to the hospital for seizures and chest pain. It seems as if her chest pain was from her GERD. In addition she continuiously complained of nausea and vomiting which is also possibly from GERD. When educating my patient, I used Lexicomp to print off an education packet. I also used skyscape to educate myself then my patient on the medication she was taking her GERD. The doctors had changed her medication for it during her stay and I had to educate her on that. Great job on identifying an appropriate teaching topic and utilizing a handout so that the patient and her husband can take it with them and refer to it at their conviencnce. HS

5A & B – Week 10: I educated the patient I cared for on Wednesday about a lot of different items. The very first thing I taught her about was the appropriate way to get out of bed, using the walker and not moving until her dizziness subsided. I then taught her about deep breathing and coughing to prevent pneumonia. My patient needed this

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

education incredible bad because she came in for a fall and had three broke ribs. In addition, I taught my patient's family from Thursday about the two different pain medications he was on and supplied them with print outs from Lexicomp about both. Good education topics to prioritize this week! Due to your patient's condition on day one and risk for safety concerns, you did well to provide education on possible complications and ways to prevent further injury. Her safety at home will certainly be a concern. Due to your respiratory findings, I appreciate your focus on preventing complications such as pneumonia. Job well done! NS

5A & B: - Week 12: I educated my patient about the risk of getting up by herself and why we use the chair alarm for her safety. She was very upset with the fact that she could get up to the bathroom by herself, but I made sure to tell her that if she was to fall then she could hurt herself and she would then possibly have to stay in the hospital longer. I also educated my patient on her medications using Skyscape.

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

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	NA	NA	S	S	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	S	NA	S				
			RH	NS	DW	RH	HS	HS	HS	DW	NS	DW					

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

See Care Map Grading Rubrics below.

Comments:

Week 3- 6B. Factors associated with SDOH and cultural elements that have the potential to influence patient care would be her increased age as she was 91 and her being catholic. With increased age, patient's may not understand education as easy during their care. Also, being catholic may have been lead her to the decision of being a DNRCCA with no tube. She may have leaned on her faith when deciding. These are both good observations. RH

6B – Week 4: One SDOH of my patient this week was that she was retired. This may influence the patient's care by waiting longer then normal to go see the doctor due to the lack of insuance or the quality of insurance. In addition, my patient was spiritual, but was not part of a church. This influenced her care by giving her something ot lean on when going through difficult times like now with her having cancer. Good thoughts! Financial constraints play a major role in influencing health outcomes. A lot of times, patient are deemed "non-complaint" when they don't pick up their prescriptions or attend follow up visits. We as nurses need to understand the social aspect of these findings, and whether or not patient's have the means to manage their health conditions, which often relates to insurance. NS

6B – Week 5: This week a social determinants of health would be the age of the patient's with covid that were on droplet plus percautions. These patient's are more likely to be admitted for covid and having more complications from the virus because of their lowered immune systems. Good observation, Leah! What types of interventions would you add to an older adults care plan to help reduce health risk associated with age and COVID? Just something to help you reflect a little further. DW

6B – Week 6: A social determinate of health for my patient this week would be low income. While I do not have exact knowledge of his income statues, I could tell by observation of his personal belongings that they were not in the best condition. This could play a large role in my patient not being medication compliant at home. If he is having issues with income then he may not be able to pay for his medication. He is on a decent amount of medications and all are very important in the prevention of him having another stroke. What resources can we provide your patient to encourage cheaper medications or financial assistance? RH

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

6B – Week 7: A social determinate of health from my patient this week would be stress, family dynamic and low income. My patient and her husband expressed to me that they have had custody of their grandson since he was born and he is now almost 9 years old. Taking care of a young child at a older age can be very stressful. In addition, the situation behind why they have custody of him would cause extra stress. My patient is also dependent of alcohol which could be related to stress also. Another social determinates would be an issue with income. She doesn't work, but her husband does. With her increase in hospital stays, her medical bills are likely piling up and with only her husbands income this can cause added stress. I would agree, your patient had many factors that could not only impact her care but also her husband if he is not taking care of himself as well. HS

6B. – Week 9: This week a social determinate of health would be the age of the participates at the Erie County Senior Center. The age of the people determined a lot about each of them. Some examples include, the ability to drive to the senior center or needing a ride, the capability to do our craft that we provided, and the need for assistance in getting into the senior center and getting their lunch. One lady specifically that I communicated with quite a bit was telling me how she would possible be moving to Chicago with her daughter so she could help her. This has to do with her age because she is beginning to have trouble doing activities of daily living on her own. DW

6B – Week 10: One SDOH of both my patient's was age. My patient from Wednesday was 89 and from Thursday was 91. Their age caused them both issues with mobility. These patient's were on different levels for issues with mobility, but both declining. The 89 year old was having frequent falls and used a walker. The 91 year old was completely immobile and was moved by hoyer lift. In addition my patient from Thursday had a social determinate of health of being a prior smoking. This caused worsening in his medical condition including peripherial artery disease. Both patient's certainly have concerns regarding their health outcomes upon discharge. Age and safety are the primary concerns. Good reflection! NS

6B - Week 12: One SDOH of my patient this week would be her alcohol abuse and smoking. These two social determinate of health influenced my patients care because she was acting very hyperactive and I correlated that with her feeling of withdraw. With her hyperactivity, this was the reason I made sure to activate her chair alarm and walk with her closely when she was talking to the bathroom. In addition, these could have been factors that caused her stroke and other health issues like hypertension.

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

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

****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:I see that you added a comment for a strength and a weakness however, you did not self-evaluate the competency its self be sure to always also self-evaluate unless grayed out. HS

A. My strength this week was insulin and finger sticks. With experience in my personal life and as a PCT, I am very confident in my skills when it pertains to these two topics. HS

B. My weakness this week would be IV math. I will do practice problems daily before the quiz and clinicals. Additionally, I will work on application of IV math with the physical bags of medication and tubing. Practice will most definitely help to improve your IV math skills. HS

Week 3.

A. My strength this week would be my ability to identify the correlation of the side effects of my patient's Parkinson's disease medication and her reason for being admitted to the hospital. This was a great connection you made. RH

B. My weakness this week would be time management. I felt as if I was running behind and having issues with the business schedule of the rehab floor. I will practice my head to toe assessment and time myself when practicing to get my time down once a week prior to clinical. We briefly discussed this is debriefing as the head to toe does not always need to be done from head to toe but this does take practice. RH

Week 4.

A. My strength this week was the knowledge of diabetes. With this knowledge, I was able to give great education to patient's and administer insulin with the other student nurses well. This was a great strength to note! I was impressed with your knowledge of diabetes and thought process as we discussed insulin administration for a variety of patients. I thought you did a great job of using your experience in managing diabetes to help educate your peers and their patients. Great work! NS

B. My weakness this week would be finding information in the chart when using the new Meditech system. I was looking for the information on my patient to fill out the patient database paper and struggled to find what I was looking for. To improve this for next clinicl, I will go to the computer lab once a week and play with finding information in the Test Meditech system before my next inpatient clinical. Good reflection and plan for improvement! This will be a work in progress for all of us during the transition to the new meditech. Don't hesitate to ask questions or use the "search" function to locate information. With more practice and experience you will find it easier to locate things. Your plan for improvement will certainly help. Keep up the hard work! NS

Week 5.

A. My strength this week would be my ability to answer the CDG questions. I felt like I knew the knowledge about C-diff very well off the top of my head! That's great to hear. Considering a little deeper reflection on your strength, what do you think contributed to this confidence in C-diff knowledge? DW

B. My weakness this week would be knowing what percatuion was needed for which diagnosis a patient was given. I will improve this by reviewing and studying the material from foundations and the card on the back of our badges one a day until I have the common ones memorized. Great idea! A general knowledge of isolation precautions is important. With that said, the badge backer is always there to assist you and saves you from having to remember every detail. There is no shame in utilizing available resources when in the clinical environment. DW

Week 5 (Obj. 7)- Unfortunately, you have earned a U for these competencies due to leaving them blank and not evaluating yourself. This was a simple mistake, so don't beat yourself up about it. In the future, be sure to double or even triple check your tool for completeness prior to submitting it. Additionally, please be sure to comment on how you have improved in this area when you submit your tool for week 6. Please know that failure to comment on improvements will result in a continued rating of U. Please let me know if you have any questions. DW

To improve in the area of not evaluating myself in this page of competencies, I made sure to triple check that all appropriate boxes were filed in prior to submission and I took my time rather than rushing through my evaluation. RH

Week 6.

A. My strength this week would be time management and personal confidence. My improvement from week 3 on 5T to this week was a huge change. I was able to get my assessment, vital signs and medication administration done within the tight time frame of my patient's PT, therapeutic dinning and OT schedule. I believe that getting back into a routine of clinicals and practicing my head to toe assessment has helped me tremendously. Additionally, my personal confidence was a strength because my patient wasn't the friendliest person and I didn't let that affect me. I also didn't take it personally or let it bother me during clinicals or after. I could tell your confidence was better this time and you were able to better manage your time this week. Great job! RH

B. My weakness this week would be vial and needle administration of heparin. I struggled with getting all the medication into the needle from the vial. I believe that a big issue for me during this was my confidence. I wasn't confident in the exact steps, which made me hesitate and question if I was doing it correctly. I will rewatch the videos on injections once a week until I have done it in clinicals successfully. You still did a good job even though it was unfamiliar to you. Practice will make it easier and allow you to be more comfortable. RH

Week 7:

A. My strength this week would be going into my patient's room confident and with an open mind. During report, the nurses were talking negatively about my patient. They were saying how she was faking seizures, how she was an alcoholic and a frequent flier. After hearing all this information, I was very worried about taking care of my patient. I was anxious about if she had a seizure what I would do, but also if I should take the report from the nurses seriously. I was able to talk through my fears and rationalize what I should do for this situation. I was able to form my own opinions about my patient and not let me fear of her having a seizure affect my care for her and ability to do my assessments. Great job! It is important to listen to the information, but then to assess the patient yourself to determine the plan of care. Unfortunately at times personal feelings and opinions can impact the report that you receive. Keeping an open mind is key and treating everyone fairly is a must HS.
B. My weakness this week would be IV medication administration. This was the first time I was working with an IV on a real patient. I struggled with using both my hands in attaching the lines, the iv flush and stabilizing the IV line inserted into the patient. I touched the end of the line and the end of the flush by accident when I should have been more careful. I recognized the error and cleaned it with alcohol to decrease risk of infection. This will become easier with the more medications that you administer. I did change this to an NI since you did not set a goal with a plan on how you will improve upon this in the future. HS
I will clearly read the instructions and double check that I have completed all the parts of each question on the next clinical evaluation that I have to identify a weakness on.

Midterm- Leah- Great job this semester! You have shown growth in confidence and in your ability to use clinical judegement while at clinical. You are able to have a nice discussion on the individual patient and communicate your thoughts behind the priority problem. You do a nice job communicating with your patients and the other team members during clinical. You have identified an area of weakness that you need improvement in which is IV flushes and discontinued IV's please make your clinical instructor aware of this in the upcoming weeks so that we are able to increase your exposure to these skills. I do think with a little more practice and walking through the process you wil gain confidence in these skills. HS

Week 9:

A. My strength this week would be my ability to prep items for our senior center activity and come prepared. I was responsible for getting all the items and making sure everything was prepared and ready for the craft. I didn't realize how much was going to be required for it. When I was stressed and overwhelmed with everything that needed done, I didn't give up. I pushed through it and made it happen. I also came prepared to the senior center with all our supplies and extra of everything we could possible need while we were there. In addition, I was able to come prepared with my pink papers that needed signed for digestive health and the senior center. Yesss! Do your best to keep that mindset going. DW
B. My weakness this week would be my ability to relate to the seniors during our senior center clinical. I felt very uncomfortable and had a hard time continuing conversations with them because I didn't know what to talk about. To improve this, I plan to volunteer with senior citizens once a month and join my grandma in her get togethers with friends whenever I am welcome and able. More experience and interaction with older adults will help in knowing what to say and what may be things to talk about with them. What a great goal for improvement, Leah! I would love to hear a follow up on this at some point if you think of it. DW

Week 9 (7f)- Unfortunately, there was an oversight in your tool and the wrong version was submitted. Thank you for resubmitting with the correct version. We discussed the issue and this should be resolved moving forward, so don't beat yourself up about it. Please be sure to comment on how you will correct and avoid U's for the remainder of the semester in this competency. DW

I will correct and avoid a U for not turning in the correct clinical evaluation by triple checking that the correct one was being used, stop rushing through filling it out and turning it in and removing distractions when turning it in. NS

Week 10:

A. My strength this week would be education my patient's. I have not had a patient that needed a ton of education like my patient's this week needed. I felt very confident when educationing my patient and I had the knowledge necessary to do so. I was even able to answer questions my patient had about preventing falls. It was very rewarding that she was receptive of my education and to see her preform the tasks was amazing. I hope that she retained the information and that it can help her prevent falls at home. I overheard on numerous occasions the education that you were providing. You had a great approach and ensured understanding of the education provided. This is something that often lacks in nursing care due to the business of the day. However, our goal is to prevent patient's from having to return to the hospital, and education is our best way to help ensure that. Taking the time to discuss these important points with your patient will certainly be beneficial to her overall health. I appreciate the time spent focusing on education. I am glad to hear that you were confident in yourself, I thought you did a great job! NS
B. My weakness this week would moving and turning my patient this week. He needed turned and repositioned ever two hours, but with his pain and amputation, I had a hard time repositioning him, being confident in my care and knowing what positions to place him in. To improve this, I will do research about moving patient's with different amputations

and work in the lab or with a volunteer at home once a week until I am able to move and reposition a patient with an amputation confidently. Good reflection and plan for improvement! I think his anxiety was playing a major role in his discomfort in addition to the procedure that was performed. You did well to ensure he was repositioned throughout the day to prevent skin breakdown. I think your plan for improvement should suit you well for future experiences! NS

Week 12:

A. My strength this week was communication when I was clinical leader. I felt I was able to effectively make sure that they weren't in need of help and I was able to tell them what parts of their documentation needed to be corrected. I normally am timid when telling people what they need to fix, but I knew that I needed to be the leader and have them fix certain things. I was able to confirm what was incorrect with my instructor to be even more confident in my approach.
B. My weakness this week would be time management. I was having trouble finishing my documentation because my patient wanted to talk to me a lot. In addition when removing a patient's foley, I felt like I took too long and was late giving medications to patients while I was team leader. To improve on this, I will practice multitasking once a week in the test meditech by documenting and having a conversation with someone else. I believe that practicing doing tasks and having a conversation with someone will be helpful because patients want to talk to you and you still need to get your work done.

Student Name: Leah	Course Objective:
Date or Clinical Week: 2/14-15/24	

	Criteria	3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	**(lists at least 7*) *provides explanation if < 7**	**(lists 5-6)**	**(lists 5-7 but no specific patient data included)**	**(lists < 5 or gives no explanation)**	3	Good list of findings
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	**(lists at least 3*) *provides explanation if < 3**		**(lists 3 but no specific patient data included)**	**(lists < 3 or gives no explanation)**	3	
	3. Identify all risk factors relevant to the patient.	**(lists at least 5*) *provides explanation if < 5**	**(lists 4)**	**(lists 3)**	**(lists < 3 or gives no explanation)**	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	4. detailed list of nursing problems 6. good thought process for 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	10. intervention 7: "administer aspirin every 8 hours" was this ordered every 8 hours or every 12 hours? Just not sure I have seen it every 8 hours before. 11. Medication compliance is a GREAT personalized intervention for this patient!!
	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. no re-evaluation of labs/diagnosistics or medical history. This still needs to be re-evaluated even if there is no change or no new orders.
	14. Evaluation includes one of	**Complete**			**Not complete**	3	

e c ti n g	the following statements: ● Continue plan of care ● Modify plan of care ● Terminate plan of care						

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

Faculty/Teaching Assistant Initials: RH

Student Name: Leah McNeely	Course Objective: 6a
Date or Clinical Week: 2/21/2024	

	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	Great list of assessment, lab findings, and risk factors!
	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 included a very nice list of nursing priorities for this patient. You could also consider risk of falls for her. Nice job on identifying the potential complications as well as the 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	Your interventions are very specific to this patient and are realistic, and prioritized with a set frequency for each intervention.
	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	
Reflec	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 with the reassessment findings. One thing to remember for the future any lab values that were initially assessed and relate to the priority nursing problem should also be reassessed when evaluating.
	14. Evaluation includes one of the following statements:	**Complete**			**Not complete**	3	

c ti n g	● Continue plan of care ● Modify plan of care ● Terminate plan of care						

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:** Leah, great job on your care map! You have painted a very clear picture of the nursing priority problem for this patient. I am able to understand the care that would be provided to the patient based on the problem you identified. HS	**Total Points:**42/42 **Faculty/Teaching Assistant Initials:** HS

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

Student name: Leah McNeely								
Skills Lab Competency Evaluation	**Lab Skills**							
	Week 1	**Week 1**	**Week 1**	**Week 1**	**Week 1**	**Week 2**	**Week 2**	**Week 9**
Performance Codes:	**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)*
S: Satisfactory **U**:Unsatisfactory	**Date:** 1/9/24	**Date:** 1/9/24	**Date:** 1/10 or 1/11/24	**Date:** 1/10 or 1/11/24	**Date:** 1/12/24	**Date:** 1/17 or 1/18/24	**Date:** 1/17 or 1/18/24	**Date:** 3/11 or 3/12/24
Evaluation:	S	S	S	S	S	S	S	S
Faculty/Teaching Assistant Initials	HS	HS	HS	HS	HS	HS	HS	DW
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 1/11/2024. 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. HS

Week 2
(Trach Care & Suctioning)-During this lab, you satisfactorily demonstrate competence with tracheostomy care and tracheostomy suctioning. Nice job with both skills overall. For tracheal suctioning, be sure to auscultate the lungs under the gown. During trach care, you applied your sterile gloves before removing the inner cannula and old dressing, but recognized this on your own and corrected the situation. One prompt was needed to replace the new trach dressing at the site following cleaning. Continue to review the trach care checklist and video to feel more confident in the process. Otherwise, keep up the good work! DW

(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- Skills Review)- You satisfactorily participated in lab on 3/12/2024 by practicing NG skills and navigating the IV pump. Additionally, you satisfactorily demonstrated the IV skills as a method to show improvement for the previous clinical evaluations, considering no other opportunities have surfaced. DW

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

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

* Course Objectives

Comments:

Vincent Brody vSim assignment – Late completion of the vSim assignment. Remediation completed when submitted on 1/29/2024. NS

Simulation #1- Please review the comments placed on the Simulation scoring sheet below. In addition, review the individual faculty feedback placed within the Simulation #1 Prebrief and Reflection Journal dropboxes.

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Gresh (A) McNeely (M)
GROUP #: 1
SCENARIO: MSN Scenario #1 – Musculoskeletal/Respiratory
OBSERVATION DATE/TIME(S): 2/28/24 1230-1430

CLINICAL JUDGMENT COMPONENTS					OBSERVATION NOTES
NOTICING: (2) *					Gather name/DOB
●Focused Observation:	E	A	D	B	Obtain vitals
●Recognizing Deviations from Expected Patterns:	E	A	D	B	Pain assessment: description, rating notice 3 "P" before calling healthcare provider
●Information Seeking:	E	A	D	B	notice paralysis after calling healthcare provider does not confirm proper pronouns until after phone call with healthcare provider
INTERPRETING: (1) *					Prioritize pain assessment over head to toe
●Prioritizing Data:	E	A	D	B	Removes ice but keeps pillow in place
●Making Sense of Data:	E	A	D	B	Removes sock Prioritize calling healthcare provider due to cyanotic foot Prioritize fluid over pain medication
RESPONDING: (2,3,4,5,6) *					Communicate with each other well, good close loop communication
●Calm, Confident Manner:	E	A	D	B	SBAR to HCP: uses correct pronouns, minimal information given, no vitals or background information until prompted
●Clear Communication:	E	A	D	B	Redback verbal orders
●Well-Planned Intervention/ Flexibility:	E	A	D	B	Report to OR: organized Witness waste of morphine
●Being Skillful:	E	A	D	B	Medication administration: morphine was correct dose, correct IM technique, correct use of needle safety. Does all checks with BMV. Good review/education about medications to patient. Hang IV fluid and antibiotic correctly. Checks IV placement prior to starting fluids. Updates patient partner about situation and able to keep them calm

	Reassess pain prior to leaving for surgery
REFLECTING: (7) * ●Evaluation/Self-Analysis: E A D B ●Commitment to Improvement: E A D B	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. All members listed a goal/improvement for next simulation.
SUMMARY COMMENTS: * = Course Objectives **Satisfactory completion of the simulation scenario is a score of "Developing" or higher in all areas of the rubric.** **E= Exemplary** **A= Accomplished** **D= Developing** **B= Beginning** **Scenario Objectives:** 1. Select focused physical assessment priorities based on individual patient needs. (2)* 2. Implement appropriate nursing interventions based on patient's assessment. (1,3,6)* 3. Communicate appropriately with the patient, family, team members, and healthcare providers incorporating elements of clinical judgment and conflict resolution. (4,7)* 4. Provide patient-centered care with consideration to cultural, ethnic, and social diversity. (2,3,6)* 5. Provide appropriate patient education based on diagnosis. (5)* * Course Objectives	Lasater Clinical Judgement Rubric Comments: Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Makes limited efforts to seek additional information from the patient and family; often seems not to know what information to seek and/or pursues unrelated information. 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. Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Shows some communication ability (e.g., giving directions); communication with patients, families, and team members is only partly successful; displays caring but not competence. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. Shows mastery of necessary nursing skills. Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.

EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

I was given the opportunity to review my final clinical ratings in each course competency. I was given the opportunity to ask questions about my clinical performance. I have the following comments to make about my clinical performance/final clinical evaluation:

Student eSignature and Date:
-

`12/27/2023