

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

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

Student: Kaden Troike

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:

ABSENCE (Refer to Attendance Policy)

Skills Lab Competency Tool & Skills Checklists

Simulation, Prebriefing, & Reflection Journals

Nursing Care Map Rubric

Meditech Documentation

Clinical Debriefing

Clinical Discussion Group Grading Rubric

| Date | Number of Hours | Comments | Make-up (/Date/Time) |
|-----------|-----------------|----------------|-------------------------|
| 2/9/2024 | 1 hour | Late ECSC CDG | 2/11/2024, 1 hour |
| 2/10/2024 | 1 hour | Late IC survey | 2/11/2024, 1 hour |
| | | | |
| | | | |
| | | | |

Evaluation of Clinical Performance Tool

Lasater's Clinical Judgment Rubric & Scoring Sheet

Virtual Simulation Scenarios

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

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

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

UNSATISFACTORY CLINICAL PERFORMANCE

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

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

OTHER

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

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

| Date | Care Map Top Nursing Priority | Evaluation & Instructor Initials | Remediation & Instructor Initials | Remediation & Instructor Initials |
|-----------|---------------------------------------|----------------------------------|-----------------------------------|-----------------------------------|
| 2/1/24 | Ineffective Cerebral Tissue Perfusion | S/NS | NA | NA |
| 2/15/2024 | Impaired Skin Integrity | S/HS | NA | NA |

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

Objective

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

| Weeks of the Course | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | Midterm | 9 | 10 | 11 | 12 | 13 | Make Up | Make Up | Final |
|---|-------------|---|-------------|-------------|-------------|-------------|-------------|--------|---------|-------------|-------------|--------|--------|----|---------|---------|-------|
| Competencies: | | | | | | | | | | | | | | | | | |
| a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting) | | | N/A | S | N/A | S | S | N/A | S | S | S | N/A | | | N/A | | |
| b. Correlate patient's symptoms with the patient's disease process. (Interpreting) | | | N/A | S | N/A | S | S | N/A | S | S | S | N/A | | | N/A | | |
| c. Correlate diagnostic tests with the patient's disease process. (Interpreting) | | | N/A | S | N/A | S | S | N/A | S | S | S | N/A | | | N/A | | |
| d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting) | | | N/A | S | N/A | S | S | N/A | S | S | S | N/A | | | N/A | | |
| e. Correlate medical treatment in relation to the patient's disease process. (Interpreting) | | | N/A | S | N/A | S | S | N/A | S | S | S | N/A | | | N/A | | |
| f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting) | | | N/A | S | N/A | S | S | N/A | S | S | S | N/A | | | N/A | | |
| g. Assess developmental stages of assigned patients. (Interpreting) | | | N/A | S | N/A | S | S | N/A | S | S | S | N/A | | | N/A | | |
| h. Demonstrate evidence of research in being prepared for clinical. (Noticing) | S | | N/A | S | N/A | S | S | N/A | S | S | S | N/A | | | N/A | | |
| Indicate your clinical site as well as your | M e d | | D i g | 4 N , | E C S | 3 T , | 5 T A | N / | M i | 5 T , | 3 T , | 4 N | N / | | N / | | |

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

| | | | | | | | | | | | | | | | | | |
|--|--------------------------------------|--|----------------------|--|-----------------------------|--|----------------------------------|----------|--------------|----------------------------------|--|--|----------|--|----------|--|--|
| <p>patient's age and primary medical diagnosis in this box weekly.</p> | <p>itech, FSBS, IV Pump Sessions</p> | | <p>estive Health</p> | <p>age 60 Ineffective Cerebral Tissue Infusion</p> | <p>C, Infection Control</p> | <p>age 88, impaired skin integrity</p> | <p>age 63, Impaired mobility</p> | <p>A</p> | <p>dterm</p> | <p>age 84, Impaired mobility</p> | <p>age 61, Impaired tissue perfusion</p> | <p>, age 78, dysfunctional gastrointestinal motility</p> | <p>A</p> | | <p>A</p> | | |
|--|--------------------------------------|--|----------------------|--|-----------------------------|--|----------------------------------|----------|--------------|----------------------------------|--|--|----------|--|----------|--|--|

| | | | | | | | | | | | | | | | | |
|----------------------|----|--|----|----|----|----|----|----|----|----|----|----------------------------|----|--|--|--|
| | | | | | | | | | | | | t i l i t y | | | | |
| Instructors Initials | NS | | DW | NS | DW | HS | MD | NS | NS | RH | KA | NS | DW | | | |

Comments:

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. NS

Week 3 (1h)- Kaden, please keep in mind that Digestive Health, Infection Control 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 review the procedures that were mentioned in the syllabus in order to prepare for the Digestive Health clinical this week? If yes, the evaluation could have been an S. If not, it would have been an NI or U. DW

Week 4 1(a-h) - Nice job this week discussing the pathophysiology involved with your patient admitted with stroke like symptoms. You identified his admitting symptoms of slurred speech unilateral weakness as being related to potential cerebral tissue perfusion alterations. You correlated his past medical history and recent heart procedure as potential risk factor for a stroke. We had a long discussion on plaque build up, including his history of hyperlipidemia, CAD, obesity, hypertension, and smoking as important risk factors to note. You identified his abnormal MRI results appropriately. Pharmacotherapy was discussed, including the importance of blood glucose control with insulin and anticoagulants such as Plavix to reduce the risk of further stroke like symptoms. NS

Week 5 (1h)- Kaden, 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-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

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 9: (1 c, d, e)- This week you did a great job discussing your patient’s pathophysiology of their illness as well as had a great discussion of their medications and why they were relevant to their care. You also assisted your peers with their correlation of pharmacotherapy to diagnosis and treatment while acting as team leader. RH.

Week 10 – 1a, b, c, e– You did a nice job discussing on clinical your patient’s disease process related to cellulitis and atrial fibrillation and what nursing was doing to help the patient. You were able to discuss symptoms we were monitoring and managing in your patient as well as pertinent labs for your patient diagnosis. You also set a goal for your patient and were able to discuss your patient’s work towards meeting that goal. KA

Week 10 – 1d – You did a nice job reviewing all your medications before you administered them to the patient. You were able to discuss the reason why the patient was taking the medication as well as what we were monitoring the patient for. You also were able to discuss what information was needed to determine if the medication should be administered (i.e. blood pressure, pulse). KA

Objective

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

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

Comments:

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

Week 4 2(a,e) – You were able to prioritize your assessments this week based on the patient’s admitting diagnosis and priority problems. You discussed the importance of focused neurological assessments to be performed frequently to monitor for worsening stroke like symptoms. You noticed improve in speech that was no longer slurred, but was delayed demonstrating aphasia in difficulty finding words at times. NS

Week 5 (2f)- Again, please be sure to review all competencies each week to reflect on whether or not you completed it during the experience. Typically, students are required to look at patient documentation and determine if the nurses are documenting the correct isolation precautions. If you did this, you could have evaluated yourself as S for 2f. DW

Week 6 (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

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

Week 10 – 2a, d – You did a nice job thoroughly assessing your patient and notifying your nurse of any pertinent information. You were able to identify the focused assessment needing to be completed for your patient related to their diagnosis and monitored abnormal assessment findings. KA

Week 10 – 2f – You utilized the EMR to research your patient and determine what care needed to be provided to your patient throughout the day. You also utilized the EMR to research your patient’s health history and information related to the patient’s current hospital visit. KA

Objective

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

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

| | | | | | | | | | | | | | | | | | |
|---|----|--|-----|----|-----|----|----|-----|----|----|----|----|-----|--|-----|--|--|
| j. Identify recommendations for change through team collaboration. (Reflecting) | | | N/A | S | N/A | S | S | N/A | S | S | S | S | N/A | | N/A | | |
| | NS | | DW | NS | DW | HS | MD | NS | NS | RH | KA | NS | DW | | | | |

Comments:

Week 4 3(b,c,d) – You did well managing your time this week, ensuring appropriate assessments were performed in a timely manner and findings were communicated in the chart effectively. You were prompt in being prepared for medication administration. Good time management allowed you the opportunity to assist your classmates as well as other patients on the unit. NS

Week 4 3(h) – DVT prevention was implemented in administering two separate anticoagulant/blood thinning medications. Your patient was already prescribed two medications to prevent thrombus formation due to his recent heart procedure and thrombus identified through imaging. NS

Week 6 (3a-e)- You were able to prioritize care for your patient throughout the day. You identified when assistance was needed as well assisting others when necessary. You were able to maintain your patients Foley by providing Foley, and peri care and emptying the urine from the Foley bag. HS

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 9: (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 10 – 3b – You did a great job caring for your patient and trying to keep him informed of the plan of care. You also allowed him opportunities to express his concerns as well as ask you questions about information provided to him by other team members. KA

Objective

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

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

Comments:

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

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

Week 4 3(k-s) – You did well this week with medication administration. You were able to identify the 6 rights of med administration, practiced the three safety checks, and utilized the BMV scanner to safely administer medications to your patient. You gained experience with various PO medications in addition to insulin administration via subcutaneous injection. You discussed the rationale, side effects, and implications of each medication administered. You focused on the patients' risk for bleeding with multiple anticoagulant/blood thinning medications being prescribed. All dosage calculations were performed accurately, specifically with insulin administration based on the protocol prescribed by the provider. You also gained experience performing a FSBS for the first time, obtaining accurate results using appropriate technique. NS

Week 6 (3k, l, m, q ,r)-Great job with week with medication administration. You had a bit of a more challenging time this week, due to the fact that your patient was confused however you took time to review the medication and identify the indications for the medication and possible side effects. You successfully removed the saline lock prior to the patient being discharged. You took your time and ensured that the catheter was intact, and that the patient did not experience bleeding from the site upon removal and you documented the removal accordingly. Nice job! HS

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

Week 9: (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. RH

Week 10 – 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, SQ, and IV medications this week. You performed the medication administration process with practiced dexterity. KA

Week 10 – 3n –You had the opportunity to practice administer a slow IV push to your patient utilizing a prefilled medication syringe. You performed all IV skills with beginning dexterity. You documented all medication administration and line care appropriately in the EMR. Nice job! KA

Week 10 – 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 10 – 3r – You did a nice job monitoring your patient's IV site this week and documenting your assessment in the EMR. KA

Week 10 – 3s – You demonstrated proper technique when completing FSBS on your patient. You utilized the information received from the monitor to determine the need for insulin utilizing the patient's prescribed coverage scale. You documented all information correctly in the EMR. KA

Objective

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

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

| | | | | | | | | | | | | | | | | |
|----|--|----|----|----|----|----|----|----|----|----|----|----|--|--|--|--|
| NS | | DW | NS | DW | HS | MD | NS | NS | RH | KA | NS | DW | | | | |
|----|--|----|----|----|----|----|----|----|----|----|----|----|--|--|--|--|

Comments:

Week 3 (4a,b)- Again, please be sure to review all competencies and evaluate accordingly. Did you use any communication skills to talk with patients and/or the interdisciplinary team to during your Digestive Health observation experience? DW

-Comment I didn't get to talk to any patients because of the speed and efficiency of the DH department, it was right onto the next colonoscopy after one 15-20 minutes prior that we just watched and they had a lot scheduled that day. The nurses showed us what diverticula and hemorrhoids looked like.

Week 4 4(a,b) – This week you cared for a patient with a family member who was heavily involved in his care. This can be overwhelming as a student attempting to answer questions and reduce the fear/anxiety of those in the room. I think you handled the situation well and gained experience with providing therapeutic communication with both the patient and his wife. NS

Week 4 4(e) – Overall nice work with your CDG this week. You identified an article that was pertinent to your patient care experience. You summarized the article well to provide insight into current best practices for patient’s experiencing fatigue following a stroke. You noted how your patient kept stating he wanted to go home to sleep and didn’t feel he was getting adequate rest. This article emphasizes the importance of health care providers incorporating rest periods to help with physical and mental recovery. This is often difficult in the hospital setting with the business of each day. An in-text citation and reference were provided. Your response to Paige provided additional thought and insight with the use of a reputable resource to support your discussion. When using Skyscape resources as references, the in-text citation should include the author of the resource used, rather than stating “Skyscape states...” The correct in-text citation for your response post would be (Myers, 2023). All criteria were met for a satisfactory evaluation. NS

Week 5 (4e)- According to the CDG Grading Rubric, you have earned a U for your participation in the Erie County Senior Center and Infection Control discussions this week. While your ECSC and IC discussions were thoughtful and supported by evidence, your ECSC discussion was submitted late after being reminded by faculty. Also, 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- (Venes, 2021, para 4). DW

Week 6 (4e)-Kaden, you did not address the U from week 5, therefore it continues to be a U until you address it. You will need to address the U with the Week 7 submission, failure to address it will result in a continuation of the U until you address it. HS

You answered all of the questions with a thorough explanation for each one. You also provided an in-text citation with a reference. I would encourage you to read your post out loud prior to submitting. You have some grammar issues within your post that you may catch if you read out loud. I am also confused in your initial post as you state several times “they” when referring to your patient? I believe you were referring directly to him but stated they. You also stated that the sertraline could be given prn? I do not believe that medication is ordered prn, rather given on a scheduled basis because of its absorption and indications. Overall good job with the post just re-read prior to submitting. HS

Rehab Clinical Objective 4 E-You had a wonderful CDG this week with response! You were able to turn in your CDG on time, have the adequate word count for both posts, and you were able to provide to the conversation with the information you gave! For your initial post, you wrote an appropriate in-text citation. The reference for your initial post should follow: Author. (year). Title. *Journal*. Website. Let me know if you have further questions. MD

Week 9: (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 this week. You discussed gender/sexuality as your topic. You did a great job in your last question on how you would address a peer who was refusing to care for a patient if you were charge nurse. You said you would have the coworker imagine they were in the patient shoes and how they would feel if they were being refused care. Great job! You gave a good SBAR report prior to leaving for the day. RH

Week 10 – 4b – You completed the SBAR worksheet and provided your RN with handoff communication related to your patient utilizing the SBAR you developed. You made sure all pertinent information and changes in patient status were communicated to your nurse during hand-off report. KA

Week 10 – 4e – Kaden, you did a great job responding to all the CDG questions on your patient’s admitting diagnosis, medical history, medications, treatments, and assessment findings. You were thoughtful with your response and supported their information and pointed out similarities amongst your patients. You included an in-text citation and reference in both of your posts. Remember to include a page number or paragraph number if there are no page numbers in your in-text citation when using a direct quotation. Keep up the great work! KA

Objective

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

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

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

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

Comments:

Week 1: N/A
Week 2: N/A
Week 3: N/A

Week 4: I educated my patient on the cessation of smoking and prevention of obesity to lower the build-up of plaque in his heart vessels causing his hyperlipidemia and heart issues. I provided education from (2023) Skyscape *Davis’s diseases and disorders: A nursing therapeutics manual (7th ed)*. F. A. Davis Company: Skyscape Medpresso, Inc. My patient did not want a paper copy of the prevention tips and the teach-back method was used to validate the learning. **Very good! Your patient is at high risk for complications both cardiovascular and neurologically. His recent heart procedure showing cardiac damage and new stroke symptoms will be important to manage to prevent worsening problems. He has numerous risk factors that can be improved upon with lifestyle changes. Great job incorporating education into your clinical experience this week. NS**

Week 5: N/A

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Week 6: My patient was severely demented so I couldn't do any patient teaching that he was able to retain and teach back due to him being so confused. However, he had a lack of mouth sensation and would chew his delayed control cardizem so I tried to educate him the best I could about swallowing the pill whole and how he shouldn't be chewing it from (2023) Skyscape *Davis's drug guide: A nursing therapeutics manual* (7th ed). F. A. Davis Company: Skyscape Medpresso, Inc. He couldn't perform a teach back but I informed the nurse to give him his medicine with applesauce to help him swallow it. **Due to his confusion a teach back would not be appropriate. You did a nice job attempting to get him to just swallow the medication with the applesauce. If he continues to have issues with chewing the medication they may need to consider speaking with the doctor to see if there would be an alternative for the medication. HS**

Week 7: I educated my patient on the cessation of smoking and ROM exercises to promote circulation and muscle strength. What she can do at home to build her strength like walking around the house, ROM, and strength-building exercises. I provided education from (2023) Skyscape *Davis's diseases and disorders: A nursing therapeutics manual* (7th ed). F. A. Davis Company: Skyscape Medpresso, Inc. My patient didn't want a paper copy of any at-home easy exercises due to doing so well in physical therapy. The teach-back method was used to validate the learning. **Awesome! MD**

Week 8: N/A

Week 9: I educated my patient on the importance of early ambulation, attending PT/OT, ROM, and resistance exercises to improve the strength of repaired hip and leg muscles using (2023) Skyscape *Davis's drug guide: A nursing therapeutics manual* (7th ed). F. A. Davis Company: Skyscape Medpresso, Inc. She didn't want a paper copy of exercises or stretches to improve her strength due to her being on the Rehab floor for around 20 days and going home on Friday. The teach-back method was used to validate learning although she didn't want to perform the exercises due to just coming back from therapy. Patient still verbal taught the information back upon request. **Great job! RH**

Week 10: I educated my patient on the importance of cessation of smoking, taking medications promptly, and signs of symptoms of infection to be aware of in his wound by his groin using (2023) Skyscape *Davis's drug guide: A nursing therapeutics manual* (7th ed). F. A. Davis Company: Skyscape Medpresso, Inc. He did not want a paper copy due to the doctor not wanting to send him home yet so he'll be monitored. The teach-back method was used to validate the learning of education provided and the patient was cooperative. **Great job! KA**

Week 11: I educated my patient on the importance of cessation of smoking, medications, and diet modifications that would allow for easier consumption and not worsen intestinal inflammation using (2023) Skyscape *Davis's drug guide: A nursing therapeutics manual* (7th ed). F. A. Davis Company: Skyscape Medpresso, Inc. He didn't participate in the teach-back due to being in so much pain and trying to sleep. He also didn't want any printed-out resources because he felt like he was going to surgery and wasn't leaving until we fixed him. **Good! As we learned in class this week, educating on risk factors and lifestyle modifications are important to prevent worsening complications. In addition to smoking cessation, his over-use of NSAIDs to treat his pain at home played a role in the complications he experienced. It would be ideal for him to avoid NSAIDs in the future now that he has had a perforated ulcer resulting in peritonitis. NS**

Week 12: N/A DW

Objective

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

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

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

Comments:

See Care Map Grading Rubrics below.

Week 1: N/A

Week 2: N/A

Week 3: Financial strain, food insecurity, and transportation to appointments. Although I didn't have a personal patient this week to care for, all the patients had the same procedure done. Depending on the patient's situation a colonoscopy could be very expensive and it could cause them to put off help treatment. Patients knowing they have bowel issues could lead them to become insecure about the foods that they eat, also if they're able to make it to their appointments. **Great reflection here! DW**

Week 4: Access to medications, transportation to appointments, lack of knowledge, financial strain. The only reason I mention lack of knowledge is because my patient's spouse was in there a lot when I was doing my interventions and would answer the questions for him because she knows he didn't care about what each med does etc. He is on short and long-acting insulin for his type 2 DM so insurance might not cover everything causing them to pay more out of their pocket. Also just being able to make it to

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all the different specialists and doctors appointments. Nice job, Kaden! These are all pertinent and relevant SDOH related to your patient experience this week. His new prescriptions and complexity of follow up care will certainly be something he will have to manage. Financial constraints can prevent people from being able to effectively manage disease processes when expensive treatment is involved. You did a nice job reflecting on your patient's social history and discussing factors to note upon discharge. NS

Week 5: Transportation to ECSC and appointments, access to healthcare, and lacking support system and mental health status. Most of the seniors I talked to took the bus to the ECSC, but a couple of them had a taxi service of some kind. Access to healthcare because they don't have the energy to go to a hospital or outpatient clinic. Lastly, I say lacking a support system and mental status is because lots of residents or gerontological people don't have visitors, and with that comes loneliness and depression, and decreased mental health. Great reflection here, Kaden! Thank goodness the ECSC assists with both SDOH. DW

Week 6: Lack of understanding, financial strain, hospice denial, and lack of support system. My patient had severe dementia so asking certain things at certain times and places or even just talking in a higher pitch he couldn't understand. In report, I heard the nurses mention how the family couldn't afford a good care center that can give him the 24-hour care that he needs. He was denied hospice because he was technically not sick enough to take, he is 88 years old and fully incontinent, with severe dementia, subdural hematoma, lots of chronic illness history, and for the most part immobile with weakness. Lastly, lacks of support system because most of his family is deceased and the nursing home he lives at has a lot of malpractice and neglect. I think there may be a bit of confusion here. He is at a nursing home however the family was attempting to get him into inpatient hospice which he doesn't qualify for at this time, and the family would have to pay out of pocket for since he does not meet the requirements. There were definitely some concerns due to the fact that he is at risk of falling again once he goes back to the facility. HS

Week 7: Transportation to appointments, financial strain, and access to healthcare. I mention access to healthcare because she had just recently moved to Willard, Ohio which is a rural area with no major hospitals besides neighboring cities like Sandusky and Milan. Financial strain due to her being retired, having hospital bills, and having to pay for medications. She is still working on getting in and out of the car due to her general weakness, but also she cannot drive due to her recent stroke. Her son lives in Columbus, Ohio, and will have to rely on her sisters who live in neighboring cities as well all work full time and have their own health issues. Very good SDOH! MD

Week 9: Transportation to appointments, financial strain, career strain, and living alone. My patient was 84 years old didn't drive and has to rely on her daughter to transport her to appointments or needed places when she works full time. Financial strain because she is on medications that she has to buy for at-home use and hospital bills from being in the hospital for over 20 days. I mention career strain because she is still working at Cedar Point and it could be very demanding on her health and body in the hot weather. Living on her own because she could fall or get hurt and have nobody to assist her and she can't make it to her cell phone to contact emergency services. all of these are great SDOH! RH

Week 10: Transportation to appointments, living alone, mental status, and pain med dependence. My patient lives alone and has no family in the area, being on long-term antibiotics and having muscle weakness he may not be able to make it to the car to drive to the hospital. He could also fall due to his unsteady gait and weakness and not be able to get help if he doesn't have a phone nearby. The patient was very irritable because he wasn't receiving adequate education on the procedures and treatments he was receiving from the doctors and nurses and wasn't able to rest. He also seemed very anxious and agitated with his health status and would have periods of sadness and anger. Pain med dependence only due to needing Dilaudid or Roxicet for pain relief. He had a lot of SDOH factors to consider in his overall care and management of his chronic health conditions. KA

Week 11: Transportation to appointments, lack of understanding, pain med dependence, and financial strain. My patient wasn't very mobile and uses a walker at home as well and is in lots of constant pain that limits his ability to change levels to allow him for example to get in and out of a car. I mentioned a lack of understanding because he was upset and said "I'm not leaving until you guys fix me." He just knew he was in pain and hurting, and wanted it to go away. While I was taking care of him I gave him two doses of Dilaudid for pain and that seemed to be the only thing that relieved his pain. Financial strain because he has been in and out of the hospital the whole month of March so that's a lot of money in medical bills from stays and surgery. Good reflection on SDOH! NS

Week 12: N/A

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 | U | S | N/A | S | S | S | S | N/A | | N/A | | |
| b. Reflect on an area for improvement and set a goal to meet this need.** (Reflecting) | S | | S | S | S | U | S NI | N/A | S | S | S | S | N/A | | N/A | | |
| c. Demonstrate evidence of growth, initiative, and self-confidence. (Responding) | S | | S | S | S | U | S | N/A | S | S | S | S | N/A | | N/A | | |
| d. Follow the standards outlined in the FRMCSN Student Code of Conduct Policy. (Responding) | S | | S | S | S | U | S | N/A | S | S | S | S | N/A | | N/A | | |
| e. Incorporate the core values of caring, diversity, excellence, integrity, and “ACE”- attitude, commitment, and enthusiasm during all clinical interactions. (Responding) | S | | S | S | S | U | S | N/A | S | S | S | S | N/A | | N/A | | |
| f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (Responding) | S | | S | S | S U | U | S | N/A | S | S | S | S | N/A | | N/A | | |
| g. Demonstrate the ability to give and receive constructive feedback. (Responding) | S | | N/A | S | S | U | S | N/A | S | S | S | S | N/A | | N/A | | |
| h. Actively engage in self-reflection. (Reflecting) | S | | N/A | S | S | U | S | N/A | S | S | S | S | N/A | | N/A | | |

| | | | | | | | | | | | | | | | | |
|----|--|----|----|----|----|----|----|----|----|----|----|----|--|--|--|--|
| NS | | DW | NS | DW | HS | MD | NS | NS | RH | KA | NS | DW | | | | |
|----|--|----|----|----|----|----|----|----|----|----|----|----|--|--|--|--|

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

Comments:

Week 1: Strength- This week I did well on the IV Math and knowing what formula to use and how to set up a FSBS and hang IV fluids. **Very good! NS**
 Weakness- I think I could just keep practicing former skills from foundations and the IV and FSBS skills becoming more comfortable and confident. I will continue to practice IV Math daily and review my ATI, and come to open labs. **Good plan to get you off to a strong start this semester! NS**

Week 2: Strength - This week I think I did well learning trach care and trach suctioning as well as ABGs in the respiratory chapter.
 Weakness- I can improve my trach skills and efficiency of the respiratory pharm list by studying my quizlet for the meds, and ATI every day this weekend at least twice or three times a day.

Week 3: Strength - This week I think I did well in participating in the Digestive Health Clinical, asking questions to gain knowledge about the department and procedures. **Excellent! Being actively engaged in all clinical and learning experiences will go a long way towards your overall development. DW**
 Weakness- I think I should take a different approach when studying for the next pharm quiz and the next incoming chapters. I'll keep reviewing ATI for pharm lists and the next chapters every day to prepare myself for the tests and quizzes. **Daily review of the pharm materials will be very helpful. The goal is to be familiar with them for the clinical setting, so the more you can use them and consider different clinical scenarios for each med, the easier it will be to remember them for the quiz and beyond. DW**

Week 4: Strength- This week I think I performed FSBS with the glucometer, gave Insulin, and PO meds pretty well after getting back into the groove of things, and was able to build such a good rapport with my patient. I also learned how to change a flat tire. (thanks Nick) **A lot of new skills were performed this week! Great strengths to note. I am happy to hear you were able to build a strong rapport with your patient, it makes a big difference in their comfort level with care provided. As for the tire, I truly appreciate your willingness to help a fellow classmate out. You even learned a valuable life skill along the way! Keep up the great work. NS**
 Weakness- I think I could familiarize myself better with the meds my patient is receiving so I can provide that sense of security when giving meds. **What can you do in the future to better familiarize yourself? Be sure to include a specific plan and goal to achieve when identifying weaknesses each week. NS**

Week 5: Strength- This week at the ECSC I think I tried my best to uplift the seniors and add a sense of laughter to our activity and got some of them to kind of come out of their shells. **Great job! I am not quite sure if you realize how much the older adults love having you and the other students at the ECSC. It really makes their day! Glad you could contribute to this feeling. DW**
 Weakness- I think I could've paid more attention to the seniors who weren't talking or seemed to not be interested in the activities and tried to include them more or at least talk to them. I will improve this by just improving my social skills and building a rapport with people before trying to make them conversate. **How do you think you plan to improve in this area? I agree it's important but I'd really like for you to reflect on this a little further and come up with a specific plan. It's not quite enough to just say you'll do better next time. Also in the future, please be sure to be more specific with your goals for improvement, including what you will do, how often you will do it and when you will do it by. Future goals that do not include this information will be evaluated as a U. See directions highlighted in yellow above. DW**

Week 5 (7f)- Due to the late submission of your Infection Control survey and Erie County Senior Center CDG, you have earned a U for professionalism and accountability, as well as 2 hours of missed clinical time (1 hour for each late submission). This was made up with the submission of both 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**

Week 5 comment: I will make use of a daily planner to ensure I am completing all CDG discussions and surveys on time and continuing to work on my organization and prioritization. I was so worried about finishing my care map and I could've prioritized what was due at the very moment. I will make sure my tool, CDG, and surveys are done before worrying about my care map on Fridays of every week. **HS**

Week 6 Strength: I think my strength this week was peri care for my patient's foley that had been put in after 3 failed insertion attempts. It had a moderate amount of bloody discharge that crusted his pubic hair to the catheter tubing so I cleaned his perineal area and the catheter tubing and he perked up a little bit after the painful relief it seemed. **Nice job! I'm sure that helped some of the discomfort he was experiencing as well as decreasing the risk for infection. HS**

Weakness: I think I could improve on discontinuing IVs, today was my first one and his skin was very thin and I didn't want to tear the skin so I had to be very careful. I will continue to read ATI, review skills 2-3 times a week, and attend open lab to increase skill efficiency by next week's clinical. **You did a nice job removing the IV, it is challenging with the older adult as their skin is delicate. HS**

Week 6 (7a-h) — Kaden, you did not self-evaluate competencies a-h for week 6 therefore that results in U's. Please be sure to address your U's with the week 7 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's regardless of your performance. Let me know if you have any questions about future clinical requirements. HS

Week 5 and 6 comment: (Objective 4e) I will read my response 3 times out loud every Friday directly after typing before submission to ensure I am using proper grammar when addressing my patient directly and using "my patient" instead of they to provide an easier read and more professional. I'll also review the MAR thoroughly and take notes to differentiate between ordered scheduled meds and PRN meds during clinical days to make sure I have the correct information. MD

(Objective 7a-h) I will review my clinical tool at least 3 times before submitting it to catch if I didn't fill anything out every week and reading each learning outcome to ensure the proper evaluation is given to myself. By every Friday I'll have my clinical tool reviewed and ready to turn in with the correct information to ensure I don't miss anything. MD

Week 7 Strength: I think my med passes are becoming faster and more efficient, as well as my confidence in finding meds in the PYXIS. I also bonded very well with my patient and connected things in our personal life and joking around helped improve her mood. **You did an excellent job this week! MD**

Weakness: I think I could've done a better and more systematic head-to-toe and paid more attention to the therapy schedule to coordinate assessments around it. Upon entry, my patient was already sitting up and it kind of threw off my system and my process of where to go next. This was the first time I've had someone sitting up but I'm sure I will get used to it the more I encounter it. **How will you practice for future clinical experiences? MD** Comment: I will continue to practice my head-to-toe at home with my significant other or parents in different positions once a week.

Week 8: N/A

Midterm Comment – Kaden, great job throughout the first half of the medical-surgical nursing semester. I appreciate your ability to self-reflect and set goals for yourself. It appears that you have had the opportunity to perform numerous skills, enhance your clinical judgement, provide patient care, and reflect on your experiences. You are satisfactory in all competencies at this point of the semester, awesome work! Continue to seek out opportunities for the competencies presented in objective 3 related to medication administration, specifically IV therapy, flushing an IV, and performing a FSBS. The more experience you can get the better! You have satisfactorily completed both required care maps for the semester, a demonstration of your good prioritization and time management. Continue to work hard as we enter the second half of the semester, you are doing a great job! NS

Week 9 Strength: I thought I did well-taking staples out of a patient's back, answering call lights, and helping other patients go to and from the bathroom. I also am becoming more confident at med passes. **You did well with all these skills this week! You definitely stayed busy on the floor and offered to help your peers throughout the day. RH**

Weakness: I think I could've been better at staying busy, and my head-to-toe for patients sitting up upon entry to the room and being efficient and thorough. I will continue to work on asking other students or nurses if they need help with anything on my next clinical. I'll also keep practicing my head-to-toe assessment at home on a family member 2 times a week before my next clinical with them sitting up and lying down. RH

Week 10 Strength: I think I did well staying busy by answering call lights with Paige, asking other nurses if they needed any help, and teaching Nikki how to give insulin and take a FSBS. **I agree! You are an excellent teacher! KA**

Weakness: I think I could improve on passing IV push meds and flushing, also seeking the experience of hanging fluids and being more reassuring to my patient by asking the nurse or an instructor to provide the information the patient needs for security. I will continue to get familiar with IV pumps before my next clinical and watch YouTube videos to gain knowledge at least once a week and seek open lab opportunities for skills. **Great idea. It is always good practice to review skills you have not gotten to preform in a while to help refamiliarize yourself with the skill in case the opportunity arises. KA**

Week 10 – 7e – You were an excellent educator and team member this week. You helped assist a classmate who had not had the opportunity to administer a SQ injection using an insulin pen by teaching her the proper technique. You also allowed the classmate to perform FSBS on your patient and helped walk her through the process. Excellent job! You had a wonderful ACE attitude! KA

Week 11 Strength: I think I did a good job with IV push meds, hanging IV fluids, flushing, and setting up the IV pump. My head-to-toe was also very efficient and faster providing the patient less irritation in the morning with being tired and in pain. **You did a great job with time management and prioritization! I am glad that you were able to gain experience in various new areas related to medication administration, specifically IVP and IV infusions. You did well in these areas demonstrating competence and being willing to learn. NS**

Weakness: I think I could've improved my patient education with at-home medications that were not present in his MAR. I also think I could've improved priming the primary IV tubing and going slower to avoid gaps of air. I'll continue to practice with IV pumps and tubing during open lab opportunities and clinicals and watch YouTube videos on skills I am not confident in once a week before clinical.

Strong plan for improvement in the future! These skills will get easier and you will be more comfortable with time. I am happy to hear that you learned from the experience and have a goal for improvement. Keep up the hard work! NS

Week 12: N/A DW

| Student Name: Kaden Troike | | Course Objective: 6a | | | | | |
|--|--|---|-----------------|---|-------------------------------------|----------|--|
| Date or Clinical Week: Week 4 | | | | | | | |
| Criteria | 3 | 2 | 1 | 0 | Points Earned | Comments | |
| N o t i c i n g | 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 | Nine abnormal assessments findings were listed based on the care provided. Seven abnormal diagnostic findings were identified based on review of the chart. Consider including his elevated blood glucose reading and critical troponin level that were obtained on 1/30/24. These both relate to the symptoms he was experiencing. He also had numerous CT scans performed, however, the findings were normal. Risk factors based on his past medical history and social history were included. |
| | 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 | |
| I n t e r p r e t i n g | 4. List all nursing priorities and highlight the top priority problem. | > 75% complete | 50-75% complete | < 50% complete | 0% complete | 3 | Six nursing priorities were identified. Consider including priorities related to knowledge deficit as he seemed to be unaware of his health and relied on his wife to answer questions. The top priority problem if ineffective cerebral tissues perfusion was appropriately identified. Complications of the top priority problem were listed, with signs and symptoms to monitor for related to each complication. Relevant data from the noticing section was appropriately highlighted. |
| | 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 | |
| R e s p o n | 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 with your list of interventions for this care map. They were well thought out and pertinent to the care provided and required. Numerous interventions were listed, each individualized and realistic to the patient situation. You provided detailed rationale for each. Each intervention included an |
| | 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 | |

| | | | | | | | |
|--|--|----------------|-----------------|----------------|--------------|--|---|
| d i n g | 11. All interventions are individualized and realistic | > 75% complete | 50-75% complete | < 50% complete | 0% complete | 3 | appropriate frequency, were prioritized effectively, and were relevant to your top priority problem. |
| | 12. An appropriate rationale is included for each intervention | > 75% complete | 50-75% complete | < 50% complete | 0% complete | 3 | |
| R e f l e c t i n g | 13. List all of the highlighted reassessment findings for the top nursing priority. | >75% complete | 50-75% complete | <50% complete | 0% complete | 2 | Overall nice job with the evaluation section of your care map. Remember to include the most recent assessment finding for each abnormal finding listed in the noticing section. Because of his very high blood glucose reading, it would be important to include the most recent to determine if we need to change the plan of care. You also want to include specific vital signs rather than just stating vital signs to show improvement or decline. Also, discuss if his weakness improved or declined. Based on your evaluations you appropriately determined the need to continue the plan of care. |
| | 14. Evaluation includes one of the following statements: <ul style="list-style-type: none"> Continue plan of care Modify plan of care Terminate plan of care | Complete | | | Not complete | 3 | |
| <p>Total Possible Points= 42 points 42-33 points = Satisfactory 32-21 points = Needs Improvement* < 21 points = Unsatisfactory* *Total points adding up to less than or equal to 32 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.</p> <p>Faculty/Teaching Assistant Comments: Kaden, nice work with your care map development for ineffective cerebral tissue perfusion. You demonstrated good assessment skills and clinical judgment in putting the pieces together for your patient admitted with a stroke. Review the comments provided. You received 41/42 points for a satisfactory evaluation. You have completed the one care map that is required prior to midterm and only have one more satisfactory care map to complete for the semester. Let me know if you have any questions. Keep up the hard work. NS</p> | | | | | | <p>Total Points: 41/42 – satisfactory</p> <p>Faculty/Teaching Assistant Initials: NS</p> | |

| | |
|---|-----------------------------|
| Student Name: Kaden Troike | Course Objective: 6a |
| Date or Clinical Week: 2/15/2024 | |

| | Criteria | 3 | 2 | 1 | 0 | Points Earned | Comments |
|--------------|--|---|-----------------|---|-------------------------------------|---------------|--|
| Noticing | 1. Identify all abnormal assessment findings (subjective and objective); include specific patient data. | (lists at least 7*) *provides explanation if < 7 | (lists 5-6) | (lists 5-7 but no specific patient data included) | (lists < 5 or gives no explanation) | 3 | You identified many abnormal assessment and diagnostic findings for you patient. 3- Risk for bleeding would not be appropriate for this patient. You could also consider adding immobility in this section. |
| | 2. Identify all abnormal lab findings/diagnostic tests; include specific patient data. | (lists at least 3*) *provides explanation if < 3 | | (lists 3 but no specific patient data included) | (lists < 3 or gives no explanation) | 3 | |
| | 3. Identify all risk factors relevant to the patient. | (lists at least 5*) *provides explanation if < 5 | (lists 4) | (lists 3) | (lists < 3 or gives no explanation) | 3 | |
| Interpreting | 4. List all nursing priorities and highlight the top priority problem. | > 75% complete | 50-75% complete | < 50% complete | 0% complete | 2 | 4-You did a nice job with your list of priorities consider adding Risk for Injury, Impaired Nutrition as other nursing priorities. 5-You highlighted some data that does not apply to impaired skin integrity such as former smoker and chews meds. I believe there is some data that should have been highlighted such as the low Hgb the Foley catheter and alert x1. |
| | 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 | 2 | |
| | 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 | |
| Response | 8. List all nursing interventions relevant to the top nursing priority. | > 75% complete | 50-75% complete | < 50% complete | 0% complete | 3 | 8-You have an extensive list of nursing interventions pertaining to your priority problem. 9-Some of the interventions are not |
| | 9. Interventions are prioritized | > 75% complete | 50-75% complete | < 50% complete | 0% complete | 2 | |

| | | | | | | | |
|---|---|----------------|-----------------|----------------|--------------|--|--|
| o n d i n g | 10. All interventions include a frequency | > 75% complete | 50-75% complete | < 50% complete | 0% complete | 2 | prioritized you should have the assess, then do interventions followed by education interventions. 10- You are missing frequency for a few of your interventions. |
| | 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 | |
| R e f l e c t i n g | 13. List all of the highlighted reassessment findings for the top nursing priority. | >75% complete | 50-75% complete | <50% complete | 0% complete | 3 | 10- You re-assessed all abnormal findings and identified that the plan of care should be continued. |
| | 14. Evaluation includes one of the following statements: <ul style="list-style-type: none"> Continue plan of care Modify plan of care Terminate plan of care | Complete | | | Not complete | 3 | |
| Total Possible Points= 42 points 42-33 points = Satisfactory 32-21 points = Needs Improvement* < 21 points = Unsatisfactory* *Total points adding up to less than or equal to 32 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines. | | | | | | Total Points:38/42 Satisfactory HS | |
| Faculty/Teaching Assistant Comments: Kaden, nice job with your care map! You were able to identify the abnormal findings and identify the priority problem for your patient. You then were able to identify the plan of care and establish individualized interventions for you patient and determine that the plan of care should be continued. HS | | | | | | Faculty/Teaching Assistant Initials: HS | |

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

| | | | | | | | | |
|--|------------------------------|-----------------------------------|--------------------------------------|------------------------------------|--------------------------------|------------------------------------|------------------------------------|------------------------------------|
| Student name: Kaden Troike | | | | | | | | |
| 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: 3/11/24 |
| Evaluation: | S | S | S | S | S | S | S | S |
| Faculty/Teaching Assistant Initials | NS | NS | NS | NS | NS | NS | NS | RH |
| Remediation: Date/Evaluation/Initials | NA | NA | NA | NA | NA | NA | NA | N/A |

*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. NS

Week 2

(Trach Care & Suctioning 1/17/2024) - During this lab, you satisfactorily demonstrated competence with tracheal airway suctioning and tracheostomy care. You did a nice job of communicating with your patient throughout the procedure to promote comfort. You did very well with re-assessing your patient at appropriate times to ensure intended outcomes were occurring. Great job maintaining your sterile field, especially when filling the basin with normal saline, working around your sterile field instead of over it. It was evident that you were cognizant of the importance of maintaining sterility. You answered my questions appropriately demonstrating knowledge and competence of each procedure. No prompts were required for either skill. Just remember to appropriately discard used supplies away from the sterile drape to reduce the risk of contamination. You were thorough in your approach and clearly well prepared. Keep up the hard work! NS

(EBP Lab 1/18/2024)- You actively participated in the online searching process for evidence-based practice literature, as well as reviewing example articles to determine appropriate selection and information needed when summarizing a research article. KA/LK

Week 9

Lab day: You satisfactorily demonstrated NG tube and IV skills/pump competencies during lab this week. Keep up the good work! RH

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

| Simulation Evaluation Performance Codes: S: Satisfactory U: Unsatisfactory | Student Name: Kaden Troike | | | | | | | |
|--|--|---|--|---|---|--|--|--|
| | 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: 2/29/24 | Date: 4/10 or 4/11/24 | Date: 4/15/24 | Date: 4/25/24 | Date: 4/29/24 |
| Evaluation | S | S | S | S | | | | |
| Faculty/Teaching Assistant Initials | NS | MD | MD | NS | | | | |
| Remediation: Date/Evaluation/Initials | NA | NA | NA | NA | | | | |

* Course Objectives

Comments:

Vincent Brody vSim assignment – All requirements were met for a satisfactory evaluation. NS
 Simulation # 1 – Satisfactory in completing the pre-brief, scenario, and reflection journal. See attached scoring sheet below. NS

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Kaden Troike (M) and Cameron Beltran (A)

GROUP #: 2

SCENARIO: MSN Scenario #1 – Musculoskeletal/Respiratory

OBSERVATION DATE/TIME(S): 2/29/2024 0800-1000

| CLINICAL JUDGMENT COMPONENTS | | | | | <u>OBSERVATION NOTES</u> |
|--|---|---|---|---|--|
| NOTICING: (2) * | | | | | |
| • Focused Observation: | E | A | D | B | <p><u>Focused observation:</u> Focused pain assessment performed due to complaint to bilateral lower extremities. Focused vital sign assessment performed. (Full set). Partial focused musculoskeletal assessment performed. Focused respiratory assessment performed. Used appropriate pronouns but did not focus on exploring social diversity with the patient.</p> <p><u>Recognizing deviations from expected patterns:</u> Noticed pain in bilateral lower extremities. Noticed tachypnea, noticed Spo2 89%, noticed tachycardia, noticed hypertension. Did not notice redness to the calf due to not focusing on the complaint initially (thought redness was a bruise). Eventually noticed redness to the leg. Noticed chest pain and respiratory distress. Noticed 8/10 chest pain. Noticed non-compliance with SCDs.</p> <p><u>Information seeking:</u> Sought additional information related to pain. (Description, numerical rating, location). Verified allergies prior to medication administration. Confirmed name and DOB. Consider asking about allergies to shellfish/iodine for CT scan. Asked injection location preference. Consider exploring non-compliance reasoning with the patient. Consider asking about preferred pronouns.</p> |
| • Recognizing Deviations from Expected Patterns: | E | A | D | B | |
| • Information Seeking: | E | A | D | B | |

| | | | | |
|--|---|---|---|---|
| INTERPRETING: (1) * | | | | |
| • Prioritizing Data: | E | A | D | B |
| • Making Sense of Data: | E | A | D | B |
| <p><u>Prioritizing data:</u> Prioritized pain assessment. Prioritized vital sign assessment. Prioritized focused assessment. Did not prioritize redness to the calf as potential DVT. Consider listening to lung sounds with respiratory distress, Prioritized calling the healthcare provider with new assessment findings. Prioritized pain relief with medication administration. Prioritized enoxaparin administration. Did not make sense of collecting all pertinent data prior to contacting the provider for full SBAR. Prioritized contacting the provider with diagnostic results.</p> <p><u>Making sense of data:</u> Did not make sense of DVT. Made sense of PE. Made sense of ABGs showing alkalosis and hypoxia. Made sense of CT results and d-dimer results. Made sense of non-compliance leading to complications. Made sense of enoxaparin order. Made sense of dosage calculation for enoxaparin.</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><u>Calm, confident manner:</u> Roles clearly defined between medication nurse and assessment nurse. Approach was calm during emergent situation. Communication with the patient regarding interventions to be performed. Confident demeanor in interactions with health care team members.</p> <p><u>Clear communication:</u> Caring approach, therapeutic communication provided. Minimal information provided during SBAR report. Be sure to read orders back to the provider to confirm. Review SBAR report. Gather all data prior to calling the provider. New orders received. Requested to repeat orders to confirm. Orders read back for confirmation. Communicated with lab and radiology to perform STAT diagnostics. Contacted provider with results from diagnostic testing. Updated on new findings. New orders received for enoxaparin. New order received for Morphine. Orders read back for clarification. Appropriate pronouns used although not clarified with the patient.</p> <p><u>Well-planned intervention/flexibility:</u> Focused assessment performed based on patient’s symptoms. Encouraged use and educated on incentive spirometer for resp. distress. Applied 2L of O2 via nasal cannula for respiratory distress. Elevated HOB for shortness of breath. Re-assessed vital signs after communicating with the provider. Updated patient on new orders. Educated on PE. Consider educating on post-op non-compliance and risk factors. Notified physician of abnormal diagnostic results.</p> <p><u>Being skillful:</u> Wasted excess dose of morphine with witness. Good dosage calculation. Appropriate needle size selected. Good technique with IM injection, aspirated prior to injection. Enoxaparin dosage calculation performed to identify dose of 142.5mg. Inappropriately thought to waste 0.05 ml rather than rounding up to full 1mL. Discussed during debriefing for clarification. Good technique with subQ injection. Educated on enoxaparin to be received daily. Consider using teach-back to confirm understanding.</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>Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Scenario discussed in regards to complications that occurred and interventions performed. Focused discussion on prioritizing focused assessment vs. full head to toe assessment based on situation. SBAR communication highlighted and discussed held on gathering all pertinent data, providing full background and situation to the provider, and reading back orders.</p> <p>Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.</p> |

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: Makes an effort to prioritize data and focus on the most important, but also attends to less relevant or useful 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. 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. Displays proficiency in the use of most nursing skills; could improve speed or accuracy.

Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.

EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

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

Student eSignature and Date: Kaden Troike 4/9/24

12/27/2023