

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

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

Student:

Final Grade: Satisfactory/Unsatisfactory

Semester: Spring

Date of Completion:

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

Faculty eSignature:

Teaching Assistant: None

DIRECTIONS FOR USE:

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

METHODS OF EVALUATION:

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

ABSENCE (Refer to Attendance Policy)

Date	Number of Hours	Comments	Make-up (/Date/Time)
2/21/24	6 hours	Missed clinical day	4/3/24, 6 hours

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
2/9/2024	Acute Pain	S/HS	NA	NA
2/16/24	Impaired Gas Exchange	S/KA	NA	NA

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

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies:			S	n/a	S	S	S	n/a	S	S	n/a	S	S		n/a	n/a	
a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting)			S	n/a	S	S	S	n/a	S	S	n/a	S	S		n/a	n/a	
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			S	n/a	S	S	S	n/a	S	S	n/a	S	S		n/a	n/a	
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			S	n/a	S	S	S	n/a	S	S	n/a	S	S		n/a	n/a	
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			S	n/a	S	S	S	n/a	S	S	n/a	S	S		n/a	n/a	
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	n/a	S	S	S	n/a	S	S	n/a	S	S		n/a	n/a	
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			S	n/a	S	S	S	n/a	S	S	n/a	S	S		n/a	n/a	
g. Assess developmental stages of assigned patients. (Interpreting)			S	n/a	S	S	S	n/a	S	S	n/a	S	S		n/a	n/a	
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	s		S	n/a	S	S	S	n/a	S	S	n/a	S	S		n/a	n/a	
Indicate your clinical site as well as your patient's age and primary medical diagnosis in this box weekly.	Meditech, FSBS, IV Pump Sessions		Rehab, 76, total rt knee replacement	Infection Control and Digestive Health	3T 35, Acute pancreatitis/chest	3T, 72, Exacerbation of COPD, Pneumonia	5T, Team Leader 1 st Experience	Simulation #1	MIDTERM	3T, Team Leader, 2 nd Experience	Erie County Senior Center	4N, 73, GI Bleed	5T, 82, Right Pons CVA		n/a	n/a	
Instructors Initials	RH		MD	DW	HS	KA	RH	RH	RH	KA	DW	NS	RH				

Comments:

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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

Week 3- Rehab Clinical Objective 1 B-E-This week you were able to identify symptoms, medical treatments, pharmacotherapy, and diagnostic tests that were a part of the patient's stay on the Rehab unit. You did a great job in correlating all of these with the patient's diagnosis. Great job! MD

Week 4 (1h)- Hannah, 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 review the quick reference guide and bring your clinical paperwork that was mentioned in the syllabus in order to prepare for the Infection Control clinical this week? If yes, the evaluation could have been an S. If not, it would have been an NI or U. DW

Week 5 (1a-f)-Great job this week researching your patient's diagnosis and identifying the symptoms and diagnostics that were associated with his diagnosis. You were also able to correlate the medications that were helping relieve his pain as well as educating him on his diet order. HS

Week 6 – 1a, b, c, e– You did a nice job discussing on clinical your patient's disease process related to her exacerbation of COPD and what nursing was doing to help the patient. You were able to discuss symptoms we were monitoring and managing in your patient as well as pertinent labs for your patient diagnosis. You also set a goal for your patient and were able to discuss your patient's work towards meeting that goal. KA

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

Week 7: (1 c, d, e)- This week you did a great job discussing pathophysiology of your teammates patient's illnesses 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 9 – 1a, b, c, e– You did a nice job discussing on clinical your patient's disease process related to chest pain and hypertensive crisis and what nursing was doing to help the patient. You were able to discuss symptoms we were monitoring and managing in your patient as well as pertinent labs for your patient diagnosis. You were able to discuss the different patients on your team and prioritize the patients according to their diagnosis and assessment. You utilized your knowledge and change in patient status to reprioritize the patients as the day went on. KA

Week 9 – 1d – You did a nice job reviewing all your medications before you administered them to the patient. You were able to discuss the reason why the patient was taking the medication as well as what we were monitoring the patient for. You also were able to discuss what information was needed to determine if the medication should be administered (i.e. blood pressure, pulse). You were able to discuss the medications of all the patients on your team and was able to work with your team member to determine appropriateness of medication administration. KA

Week 11 1(a-h) – Hannah, you did well in discussing the pathophysiology involved with your patient's admitting diagnosis of GI bleed. You gained valuable experience in observing your patient's EGD, discussing nursing implications prior to the procedure and care required post-operatively following her hemorrhage. You discussed signs and symptoms that she was experiencing, lab values to monitor for, and discussed close monitoring of vital signs related to her excessive bleeding. You discussed the identification of esophageal varices and important nursing implications to treat her disease process. NS

Week 12: you did a good job discussing your patient's disease process and therapy with me this week. You were able to look up some radiology scans and discuss what the findings were and how this impacted your patient. RH

*End-of-Program Student Learning Outcomes

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

Comments:

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

Week 3- Rehab Clinical Objective 2 A-This week you were able to perform a great head to toe assessment! You were able to translate all of your findings in documentation and while discussing your patient with me. You really did a great job putting the pieces together with the patient's assessment and what you would see with the diagnosis! MD

Week 4 (2f)- Again, please be sure to review each clinical competency to determine whether or not you completed it. Do not assume you were NA for everything just because you weren't on an inpatient unit. 2f was required for the Infection Control clinical as you were expected to review documentation to determine the reasoning for isolation and to ensure that nursing documentation was accurate. DW

Week 5 (2d,e)- Great job focusing the assessment for your patient related to his priority problem, you also did a nice job communicating with your team leader regarding your findings. HS

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 6 – 2a, d – You did a nice job thoroughly assessing your patient and notifying your nurse of any pertinent information. You were able to identify the focused assessment needing to be completed for your patient related to their diagnosis and monitored abnormal assessment findings. You also did a nice job providing your patient with information on other pain medications available outside of the throat spray recognizing the rating she was providing might need to be treated with something stronger. KA

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

Week 7: (2 d, e, f)- you did great in the team leader role this week. You were able to communicate well with your peers and assist them when needed. You were able to check all their charting to ensure their assessments were done properly and documented correctly. RH

Week 9 – 2a, d – You did a nice job thoroughly assessing your patient and notifying your nurse of any pertinent information. You were also able to work with your team to keep up on the assessment changes occurring with all patients on the team. KA

Week 9 – 2f – You utilized the EMR to research your patient and determine what care needed to be provided to your patient throughout the day. You also used the EMR to research all the patients on your team and to check your classmates charting for accuracy. KA

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

Objective

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

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

Comments:

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

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 5 (3c,d,e)- You were able to prioritize and complete the necessary nursing care for the patient despite him becoming frustrated with not being able to eat and wanting to be discharged from the hospitals. We were able to effectively discuss how to prioritize care and determine how to disturb him the least amount of times to allow us to still provide the care for him. HS

Week 6 – 3b – You did an overall terrific job caring for your patient in a holistic manner this week and ensuring all of her needs were met as well as establishing an obtainable goal for her to meet before discharge. KA

Week 7: (3 c, d, e) This week you demonstrated good organization and time management when it was time for medication administration. This was difficult due to the varying therapy schedules we had to work around. You did a good job looking up all your teammate's medications, assisting with administering medications, and checking charting of their findings. RH

Week 9 – 3b – You did a great job caring for your patient this week and helping manage her care. You did a nice job ensuring she had everything she needed and provided care in a holistic manner. KA

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

Objective

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

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

Comments:

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

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

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 5 (3k,l,m, n)- Great job with your medication administration this week. You did a great job with the PO, SQ, and IV push medications. HS

Week 6 – 3k – You did a nice job administering your medications this week. You observed the rights of medication administration and was able to answer all questions about your medications. You had the opportunity to pass PO, IV, and SQ medications this week. You performed the medication administration process with beginning dexterity. KA

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

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

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

Week 6 – 3s – You demonstrated proper technique when completing FSBS on your patient. You documented all information correctly in the EMR. KA

Week 7: (3l) you did great assisting with medication administration this week. You were able to look up all medications and have discussions with your peers about the medications to be administered to their patients. You were great with time management and the morning ran very smooth. RH

Week 9 – 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 beginning dexterity. You also worked with your classmates on your team to determine appropriateness of medication administration for their patients and assist them with following the rights of the medication administration process. KA

Week 9 – 3n – You did a nice job priming your piggy back and connecting the patient to the medication for the first time. You performed all IV skills with beginning dexterity. You documented all medication administration and line care appropriately in the EMR. Nice job! KA

Week 9 – 3p – You did a nice job flushing the patient’s IV this week and ensuring patency of the IV line. You were able to document this appropriately in the EMR. KA

Week 9 – 3r – You did a nice job monitoring your patient’s IV site this week and documenting your assessment in the EMR. KA

Week 11 3(k-s) – Great job with medication administration this week. You performed several new skills related to IV medications, including performing a saline flush to confirm patency of the IV. Experience was gained with beginning competence demonstrated in reconstituting medications and administering via IV push using appropriate technique. Medication dosage calculations were discussed and performed accurately. You also demonstrated competence in maintaining an IV site with a continuous infusion, confirming compatibility with IV fluids and sandostatin, monitoring an IV site for complications, and discussing the implications and rationale behind each prescribed medication. Overall you did a great job with new medication experiences! NS

Week 12: (3r) I changed this competency to “S” because your patient did have an IV and you were able to assess it on your day of clinical. RH

Week 12: (3k, l, m) you did great with medication administration this week. Your patient required their medications to be crushed and administered with applesauce. This was time consuming, and we had to crush one medication at a time and mix it with some applesauce. You were understanding and did not rush your patient while administering their medications. RH

Objective

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

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

Comments:

Week 3- Rehab Clinical Objective 4 E-You had a wonderful CDG this week with response! You were able to turn in your CDG on time, have the adequate word count for both posts, and you were able to provide to the conversation with the information you gave! Remember-each submission (initial and reply) need to have an in-text citation. Your reply did not have an in-text citation. Your reply was not within the last 5 years. Please keep this in mind when finding articles for the CDG. Also, be sure to use the

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

authors for the in-text citation in your initial post and not PubMed. The in-text citation would look something like this- (Nguyen et al., 2022). Let me know if you have any questions. MD

Week 4 (4a,b)- 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 during your Digestive Health observation or Infection Control experience? DW

Week 4 (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. Nice job with APA formatting. Keep up the good work! DW

Week 5 (4a-d)- Nice job communicating with your nurse and the team leader regarding the changes in your patient's condition throughout the shift.

Week 5 (4e)-Nice job selecting an article for your CDG this week it was an appropriate selection based on your patient. Your post and response to a peer both met the requirements listed on the rubric. Nice job with APA formatting! HS

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

Week 6 – 4e – Hannah, you did a nice job telling the medication story of your patient this week in your CDG response. I wish you had discussed a few of her other drugs such as her protonix and enoxaparin since they are helping prevent potential complications associated with her admitting diagnosis. You did a nice job writing a thoughtful response to your peer. You included a reference and in-text citation for both of your CDG posts. Please remember to include the page number or the paragraph number if there are no page numbers in your in-text citation when using a direct quotation. Overall you did a great job! Keep up the wonderful work! KA

Week 7: (4 b, e, f) 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. RH

Week 9 – 4b, g – You did a nice job keeping your nurse up-to-date on all pertinent information throughout the day. You completed the SBAR worksheet and provided your RN and Team Leader with handoff communication related to your patient utilizing the SBAR you developed. You did a nice job working with your team members to stay up-to-date with their patients and to ensure the nurse is notified as needed. KA

Week 9 – 4e – Hannah, you did a great job responding to the reflection questions on your implicit bias activity you completed for your CDG this week. You thoughtfully responded to the questions and recognized your own potential biases. You included an appropriate in-text citation and reference for your post. Keep up the excellent work! KA

Week 10 (4a,b)- Hannah, I encourage you to review the tool a little more closely in the future. There were clinical competencies that you completed with the ECSC experience and you gave yourself mostly N/A's...for example communication. It is important to give yourself credit, where credit is due. (4e)- According to the CDG Grading Rubric, you have earned an S for your participation in the Erie County Senior Center discussion this week. Your discussion was thoughtful and supported by evidence. Also, your APA is very close. I just have a few suggestions: 1. The in-text citation should include the page or paragraph number that it can be found as well. This only applies when you use a direct quote. Ex. (Arts for the Aging, 2024, para 2). 2. Scholarly writing utilizes paraphrasing of information whenever possible, as opposed to directly quoting. Please try to incorporate more paraphrasing with your citations in future writing. DW

Week 11 4(e) – You did a very nice job with your CDG this week, making correlations between your patient's diagnosis of GI bleed and the care required. Excellent detail provided with the use of a reputable resource to support your discussion. I appreciated your response post to Kylee, including personal experiences and enhancing the conversation to help you and your classmates learn from the experience. All criteria were met for a satisfactory evaluation, well done! NS

Week 12: (4e) this was changed to “NA” because you had no CDG this week. RH

Objective

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

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

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

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

Comments:

Week 3- 5a. My patient needed education on the reason why we had to wrap her leg that was not operated on. She had developed edema in her left leg from being non weight bearing in her right leg, so she was using a wheelchair and a beside commode for all her needs. She was only up walking for about 5 minutes at a time in OT, so most of the time she was in a sitting position. I explained that a blood clot could come from the legs being filled with fluid. I also explained that she wants to keep both legs elevated and move them as much as she can, while she is not standing. **Great education! MD**

b. I personally did not have to use resources when explaining why sitting in the same position for so long can lead to a bad situation, since I personally suffer from edema from sitting at my desk job for too long, if I don't have any compression socks. **You should always have a resource that you are receiving this information from even though you have personal experience. Please be sure to always look into having a resource. MD**

Week 5 – 5a. My patient needed education when it came to his meds because when I went into his room to administer the meds, he thought they were for pain and didn't want them. I had to educate him on all three meds and why I was giving them, especially the enoxaparin because he didn't know why he was receiving a deep vein thrombus prevention med. I taught him that since he was laying in bed for most of the time, a blood clot could form. I also explained that one med was for GERD and the other was for anxiety/depression. He then took them. **Great job educating him on his medications. HS**

5b. I utilized Skyscape when looking up my medications for my patient, so that if he asked me questions about them I could correctly educate him on why he was receiving these particular medications. **HS**

Week 6 – 5a. My patient needed education on using the incentive spirometer. I had encouraged her to use it because she was laying in bed for most of the time and her priority problem was her exacerbation of COPD, so it would benefit her on both aspects. She had started to blow into the incentive spirometer, so I educated her on the correct way of breathing in, so that she could expand her lungs.

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

5b. To make sure I was correctly educating my patient on the incentive spirometer, I utilized Skyscape to fill in any gaps that I may have forgotten from last semester. **Great job educating her on this. It would definitely help in preventing complications associated with her exacerbation of COPD. KA**

Week 7 – 5a. One of the patients would need teaching about proper toileting, since she is suffering from painful hemorrhoids and constipation. She would need to be educated on not straining too hard on the toilet because it could lead to hypotension leading a person to pass out.

5b. I could use Skyscape to help me with making sure I'm giving the correct information when talking about the reason someone shouldn't be straining/on the toilet for a long time, especially with the Vagal nerve. **RH**

Week 9 – 5a. My patient needed education when it came to why we were taking orthostatic blood pressures on her. I explained that we wanted to make sure that she wasn't positive for orthostatic hypotension, since she was experiencing a significant drop when she stood up. She was also experiencing dizziness and weakness when standing for a while, so she still needed them taken in the morning.

5b. I utilized Skyscape when explaining which medications she was taking to keep her blood pressure down, because it directly affected the orthostatic blood pressures. I didn't want to administer the medications if the systolic was under 100. **Nice job monitoring your patient's blood pressure and educating her on orthostatic hypotension and when we would hold her medication. KA**

Week 11 – 5a. My patient needed education on why she was not allowed to drink or eat anything. I explained that they wanted to keep her NPO in case of any procedures she would need, and the stomach needs to be empty. **Good! Often times patient's don't have a sound understanding of why they are NPO. Providing education so that they are included in the plan of care helps them to understand the rationale and be less frustrated with their lack of intake. Good job prioritizing the education to help her be more informed! NS**

5b. I utilized Lexicomp to help me fully explain why a person cannot have food/fluids in their body before a procedure/surgery. **NS**

Week 12 – 5a. My patient needed education on why he needed a PCT/nurse's aide to watch him while he ate his meals. I explained that we need to make sure he is swallowing his food, so that the food/thickened liquids don't enter his lungs causing him to aspirate or develop an infection called aspiration pneumonia.

5b. I utilized Dynamic Health to help me explain these precautions that we take with dysphasia. **Good educational topic! Sometimes patients do not realize that they are at such high risk for aspiration and we are there to prevent that from happening as best we can. RH**

Objective

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

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

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

See Care Map Grading Rubrics below.

Comments:

Week 3 6b: My patient was a retiree and fortunately, still had her husband with her. I was able to notice that he was very helpful and willing to learn everything he needed to know in order to help his wife during this recovery process. She had let me know that he came every night to have dinner with her. This will definitely benefit patient care compared to if she didn't have a support system. **Absolutely! This will have a great affect on her healing process! MD**

Week 4 (6b)- Unfortunately, you are receiving a U for not commenting on an example of a SDOH that could have impacted a patient from your clinical experience this week. Please be sure to take your time and review the details of the clinical tool more closely each week. As you can see above, the directions tell you that a comment must be made for all clinicals. An example related to infection control may have been that financial strain, which could impact ability to purchase medication and other treatment measures or ensuring that the correct disinfecting materials and solutions are available when they go home. Please be sure to address this U in the comments for next week. Failure to do so will result in a continued U until completed. **DW**

Week 5b. In week 4, I did not put an example of a SDOH that could have impacted my patient. It is no longer a "U" because I will now give an example. **This will stay as a U for week 4, however thank you for addressing it. HS** In digestive health, a person might not be able to afford health insurance to cover a colonoscopy/endoscopy, therefore they are left without knowing what could be going on with them. **I would agree this would be an example. HS**

For 3T, my patient had an 8-year-old daughter who he shared custody with, and she was staying with him for the weekend, so he was determined to get better to leave the hospital. Usually, children are a big motivation for people to get out of the hospital and gives them a reason to stay healthy, so I think his daughter will definitely have him thinking about his life choices, so he can stay around for her. **Caring for a young child can definitely impact an individual's own health. HS**

Week 5 (6a)- You have satisfactorily completed your care map! I have included comments within the rubric for your review. Nice job! HS

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 6 – 6b: My patient had recently lost her son, brother, and mother in the last couple months, so she was grieving and stated that she was feeling depressed. I believe mental health is a big factor with the healing process, so I think this is going to be detrimental to her getting better. She had been talked to about getting counseling/psychiatric help, but it seemed like she wasn't very interested in it due to her feeling like it wouldn't help. Mental health can have a stigma to it, especially with my patient's generation, so I think that could play a role in her not being interested. **I agree this was a big factor that could affect her overall ability to manage her health. KA**

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

Week 7 – 6b: One of the patients lived alone and had a support system, but all were too busy to be able to help her with ADL. This could definitely negatively impact her healing process, because she could feel alone and cause her mental health to decline. **Mental health status of our patients is a huge concern, good observations. RH**

Week 9 -6b: My patient had let me know that her husband has just been diagnosed with A-fib and she was now experiencing the brain aneurysms with the chest pain, so she was feeling a little overwhelmed because for both of their lives they had been reasonably healthy. She had been taking a 3 mile walks with her friend before she had the brain aneurysm and now she is not allowed to exert herself too much, so now she is feeling antsy from not being able to move as much as she was. This might affect her mental health in the long run if she is forced to lead a more sedentary lifestyle compared to the active one that she had. **What wonderful thoughts on SDOH concerns for your patient. It sounds like she has a mixture of both positive and negative SDOH factors that contribute to her current health status. KA**

Week 10 -6b: The senior center is a positive thing for local seniors because it allows them to communicate with people around their age and receive a home cooked meal if they are not able to make meals on their own anymore. If a senior is not able to drive or has anyone that could take them to the senior center, it might cause a senior to become depressed or antisocial since they don't have someone to communicate with. **Great reflection here, Hannah. You identified multiple SDOH and how they are being positively impacted by the senior center. DW**

Week 11 – 6b: My patient had told me that she was on the PASSPORT program that assists people with health problems in their homes by supplying nurses or nursing aids. However, she let me know that they had told her they don't have anyone that can come to her house to help her with showers, cleaning, or groceries, because they are short-staffed. She was not happy about this, but seemed to just accept that she doesn't have help at home. This negatively impacts the patient because now she is open to more instances of falls/injuries due to her not having a person help her get ready or walk around a grocery store. **How frustrating for her! Lack of staff for important care needs is unfortunate and certainly puts her at risk. This types of programs are great if available as it provides additional health care support for those in need. Good reflection! NS**

Week 12 – 6b. My patient had let me know that he had 3 children and 5 grandchildren, but none of them lived in the area. This negatively impacts my patient because he may not have someone he could lean on. Considering his age and the CVA he just had, he will definitely need a home-health nurse. This could also cause him to go into depression if he's not able to do his usual ADLs. **I do believe the plan was for your patient to return home with home health care, but that is not 24/7 care so they may be home alone for more than they are anticipating. RH**

Objective

7. Illustrate professional conduct including self-examination, responsibility for learning, and goal setting. (7)*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
a. Reflect on an area of strength. ** (Reflecting)	s		S	S	S	S	S	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	S	S	n/a	S	S	S	S		n/a	n/a		
c. Demonstrate evidence of growth, initiative, and self-confidence. (Responding)	s		S	S	S	S	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	S	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	S	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	S	S	n/a	S	S	S	S		n/a	n/a		
g. Demonstrate the ability to give and receive constructive feedback. (Responding)	s		S	S	S	S	S	n/a	S	S	S	S		n/a	n/a		
h. Actively engage in self-reflection. (Reflecting)	s		S	S	S	S	S	n/a	S	S	S	S		n/a	n/a		
	RH		MD	DW	HS	KA	RH	RH	RH	KA	DW	NS	RH				

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

Comments:

Week 1: An area of strength this week was being able to recognize which IV sites and findings that were abnormal. I was also able to label the IV that was done correctly. An area that would need improvement would be the IV math. The pump rate is one that seems to keep stumping me, I always want to use the drip rate equation. I will utilize all the practice questions that Kelly has sent, along with seeing what else I can find online. **Remember your goal or plan for improvement needs a timeframe as well. For this goal, what would your timeframe be? By next class or by next clinical week are good timeframes. RH**

Week 2: I will utilize all the practice questions that Kelly sent, along with see what else I cand find online by next clinical week.

Week 3: An area of strength this week would be being able to determine when my patient needed her leg wrapped when I saw that she was developing edema in her left leg. **Awesome job! MD** An area that would need improvement would probably be when I missed a couple things in my head-to-toe assessment on the first day due to my patient eating breakfast. I was not used to this, since every other patient had breakfast delivered after I did my assessment. To improve, in the future I will inform my patient on how important it is that I get my assessment done. I will look over the head-to-toe assessment checklist in my red folder from last semester by next week's clinical. **This is a great goal! It will get easier with more experience! MD**

Week 4: An area of strength this week would be asking the nurses questions when I was confused about what was being seen on the colonoscopy. **Excellent! DW** An area that would need improvement would be to know what isolation precautions that each disease is under. When the preceptor asked me, I knew a few of them, but most I did not. I will look over my badge and what PPE you need by next week's clinical. **Great goal! Once you commit this to memory and have more experience with isolation precautions over time, the more likely it will become second nature. Practicing good habits now while in school will be extremely helpful for the future. Keep up the good work! DW**

Week 5: An area of strength this week would be staying calm during the first time I ever flushed an IV, administered meds through the IV, and gave an injection. This clinical was the first time I ever did meds that were not PO. **You will gain confidence with medication administration the more you administer medications. You did a great job. HS** An area that would need improvement would be my confidence with patients who are not in the greatest moods because they are not able to receive something they want due to doctor's orders. My patient desperately wanted food, even though he was NPO and would put his call light on to see if his diet had changed yet, and when I told him it had not, he was not happy with me. To improve, in the future I will remind myself to not take things personal because these patients are in a vulnerable state and are most likely not their usual selves at this time. **It is difficult when a patient is upset and you may be the one that is at the other end of their frustration, it is helpful to educate them and hope that with a better understanding of the situation their frustration lets up some.**

Week 5 (7f)- Be sure to submit your next care map into the drop box, failure to do this on the second care map may result in a U for this competency. HS

Week 6: An area of strength this week would be getting my instructor when I had noticed my patient's vital signs started to become abnormal. Her pulse ox was down to 92%, heart rate was 105, and respirations were around 24. The instructor had then explained it was most likely from her nebulizer treatment. An area that would need improvement would be being more aware of the things around my patient, because I had not realized her oxygen was off due the nebulizer treatment, so I had not correlated that to the reason for the pulse ox declining to 92%. To improve, I will go back to last semester when we learned about liters of oxygen and how we're supposed to check the oxygen whenever we see a patient is on it. This will be done by next clinical. **I like how you were able to reflect on this situation and see both the things you did well and the areas you can improve on. If you have never dealt with a patient during a nebulizer treatment administration, there would have been no way of knowing the process or what they used (air vs. oxygen). However, any sudden changes in the patient's status I start at the patient and work myself back to the equipment to see if there is any that is different. This skill will come with time and experience. You truly handled the situation well and helped your patient get the help she needed promptly. KA**

Week 7: An area of strength this week was being able to look up all of my fellow nursing student's medications, along with giving them feedback and helping them correct their documentation if they needed it. An area that would need improvement would be time management because I was stuck in one patient's room for a while with another

student and wasn't able to communicate a lot with the other patients. To improve for the next team leader experience, I will use the paper that was provided to us that had a column for each time to organize care better. **Good goal! RH**

Midterm comment: good job throughout the first half of the medical-surgical course! It appears you have had the opportunity to perform various skills, enhance your clinical judgment, provide patient care, and reflect of your experiences. You are satisfactory in most competencies at this point of the semester, great job! You have a skill that is an "NA." it appears you have not had the opportunity to demonstrate foley care (competency 3g). Please seek out opportunities to meet this competency during the second half of the semester. Let your clinical faculty know at the beginning of clinical of this need so they can help you find opportunities to meet this competency. Continue to seek out opportunities in competency 3 regarding IV care and discontinuing an IV for further practice. You have satisfactorily completed both care maps required for this semester, great time management! Continue to work hard as we enter the second half of the semester, you're doing great! RH

Week 9: An area of strength this week would be when I was able to administer my first IV antibiotic. I kept calm and listened to what the instructor was telling me to do. I felt accomplished after setting it up on the patient. An area that would need improvement would probably be my communication as team leader with the other student nurses. I had been helping with medications most of the time that I wasn't able to really ask the other SNs questions and connect with their patients. To improve for the next team leader experience, I will try to organize a time to get the medications administered earlier, so that I have time to communicate with other patients/SNs. The paper provided to us for the team leader experience can also be utilized to help organize time better. **What a great idea. Your time management and organization will improve in time the more you practice these skills. KA**

Week 10: An area of strength this week would be the arts and crafts project that we did. Me and the other student nurses did buttons flowers with the seniors, and they really enjoyed it. They were able to be creative and get their hands messy with paint. **Wonderful!** An area that would need improvement this week would be communicating more with the seniors, I felt like I did more of running around and helping with giving out food, cleaning, or helping out with bingo, that I couldn't talk much with people. To improve, I will take time to sit down and talk with the patient for my next clinical experience. **I appreciate this goal. As you reflect a little deeper, did you subconsciously keep yourself busy with other things to avoid the communication piece? As a more introverted person myself, I can totally relate to this feeling. I am glad that you will be making a conscious effort to feel more comfortable with this, especially with older adults. DW**

Week 11: An area of strength would be when I caught that my patient had had a blood bowel movement the night before. The report nurse had said the patient did not have any bowel movements for her, but in my GI assessment she let me know that she did. I also educated her to let us know when she has bowel movements so that we can inspect them. An area that would need improvement would be starting the IV bag because I don't feel very confident in the skill and working with the IV machine. I always feel like I'm going to do something wrong and hurt the patient. **Very good! You were able to use your assessment skills and communication to identify a discrepancy in what was reported. This is why it is so important that we always do our own assessments and don't rely solely on others assessment information. We can identify potential complications and intervene earlier when abnormal findings are noticed. Good thoughts on educating on the need to visualize the melena being experienced to better plan our care. NS**

Week 12: An area of strength this week would be advocating for my patient, because I let the nurse know that he was not going to eat the pureed pancakes that he got due to him not liking it. He wanted oatmeal instead and I made sure the cafeteria knew about it, so that he could get adequate nutrition. An area that would need improvement would be the administration of injections. I administered insulin injections to my patient and those sites on the stomach became very irritated and sore for him, I made sure to get him an ice bag for the pain. I feel like I might have injected it too hard. To improve for future clinical, I will go over videos how to properly administer injections. **You used proper technique for the insulin administration, but sometimes the site can become irritated. Good job treating the symptoms. RH**

Student Name: Hannah Castro			Course Objective: 6a				
Date or Clinical Week: 2/9/2024							
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	Nice job identifying the abnormal assessment findings. Other lab findings that you would include would be the amylase and lipase levels. For risk factor you could also list history of pancreatitis.
	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	Nice job identifying the relevant data from the noticing boxes supporting your priority problem. The potential complications should be complications that can occur from the identified priority problem, you could use some of the symptoms you listed under acute pain. You already identified acute pain so that would be the priority problem not a potential problem.
	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)	2	
	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	Nice job overall with your nursing interventions! When prioritizing interventions be sure to assess first then administer medications. You would assess the patient's pain prior to giving the dilaudid or Tylenol.
	9. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	2	
	10. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	11. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	12. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
Refl	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	2	All highlighted assessment findings should be reassessed, including back pain, guarding and grimacing and mood swings.

ecting	14. Evaluation includes one of the following statements: <ul style="list-style-type: none"> • Continue plan of care • Modify plan of care • Terminate plan of care 	Complete			Not complete	3	
<p>Total Possible Points= 42 points 42-33 points = Satisfactory 32-21 points = Needs Improvement* < 21 points = Unsatisfactory*</p> <p>*Total points adding up to less than or equal to 32 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.</p> <p>Faculty/Teaching Assistant Comments: Hannah, nice job on your care map! I have added a few suggestions to take into consideration when completing your next care map. HS</p>						<p>Total Points: 39/42</p>	
						<p>Faculty/Teaching Assistant Initials: HS</p>	

Student Name: Hannah Castro		Course Objective:					
Date or Clinical Week: 6							
Criteria		3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)	3	Hannah, you did a nice job including all the relevant assessment findings, lab/diagnostics, and risk factors for your patient that you cared for this week. KA
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)	3	
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	You did a nice job including the pertinent nursing priorities and highlighting the most important priority to focus on. You highlighted all the related data for your chosen nursing priority from the noticing section in You also chose 3 relevant complications for your nursing priority and signs and symptoms the nurse should assess for each. KA
	5. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	6. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	3	
	7. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	3	
Responding	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	You did a nice job writing pertinent nursing interventions for your nursing priority and making sure they were prioritized, had frequencies, were individualized, were realistic, and all had rationales. The only additional nursing interventions to include would be related to monitoring for new labs/diagnostics and education the patient about her disease process. KA
	9. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	10. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	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	You did a nice job reassessing your patient related to your nursing priority. Remember you should reassess both the

ecting	14. Evaluation includes one of the following statements: <ul style="list-style-type: none"> Continue plan of care Modify plan of care Terminate plan of care 	Complete			Not complete	3	highlighted assessments and the highlighted lab/diagnostics. If there was not change or new findings just report that. Also you chose to modify your care map, if this is what you are doing state what you would modify such as adding or removing a nursing intervention. KA
<p>Total Possible Points= 42 points 42-33 points = Satisfactory 32-21 points = Needs Improvement* < 21 points = Unsatisfactory*</p> <p>*Total points adding up to less than or equal to 32 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.</p> <p>Faculty/Teaching Assistant Comments: You satisfactorily completed your second care map. Please see comments above for suggestions for next time on areas to improve on. Great job! KA</p>							Total Points: 41/42
							Faculty/Teaching Assistant Initials: KA

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

Student name: Hannah Castro								
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	Date: 1/18/24	Date: 3/11 or 3/12/24
	Evaluation:	S	S	S	S	S	S	S
Faculty/Teaching Assistant Initials	RH	RH	RH	RH	RH	RH	RH	KA
Remediation: Date/Evaluation/Initials	N/A	N/A	N/A	N/A	N/A	N/A	N/A	NA

*Course Objectives

Comments:

Week 1

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

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

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

Week 2

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

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

Week 9 – Lab Day – You did a nice job utilizing your lab time to practice skills you may not have utilized in clinical yet or may not have had the opportunity to do recently. You practiced NG insertion and IV skills including flushing an IV and programing primary and secondary infusions on the IV pump. You demonstrated all skills with proficiency and collaborated with your classmates to share knowledge throughout the lab time. Nice job! KA

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

<u>Simulation Evaluation</u>	Student Name: Hannah Castro							
	Performance Codes: S: Satisfactory U: Unsatisfactory	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)
	Date: 1/29/24	Date: 2/12/24	Date: 2/26/24	Date: 2/28 or 2/29/24	Date: 4/10 or 4/11/24	Date: 4/15/24	Date: 4/25/24	Date: 4/29/24
Evaluation	S	S	S	S				
Faculty/Teaching Assistant Initials	MD	HS	RH	RH				
Remediation: Date/Evaluation/Initials	NA	NA	N/A	N/A				

* Course Objectives

Comments:

Simulation 1: please review the comments placed on the simulation scoring sheet blow. In addition, review the individual faculty feedback placed within the Simulation #1 Prebrief and Reflection journal dropboxes. RH

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): **Melisa Fahey (A) and Hannah Castro (M)**

GROUP #: **2**

SCENARIO: **MSN Scenario #1 – Musculoskeletal/Respiratory**

OBSERVATION DATE/TIME(S): **2/29/2024 1230-1430**

CLINICAL JUDGMENT COMPONENTS						<u>OBSERVATION NOTES</u>
<p>NOTICING: (2) *</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 						<p><u>Focused observation:</u> Focused assessment on pain (partial). Focused musculoskeletal assessment on right lower extremity. Did not focus on vital signs until prompted by the physician. Focused respiratory assessment related to new patient findings. Used appropriate pronouns but did not address preferred pronouns with the patient.</p> <p><u>Recognizing deviations from expected patterns:</u> Noticed non-compliance with coumadin at home and risk for clots. Noticed redness to the right extremity. Noticed chest pain. Noticed abnormal lung sounds. Did not obtain vital signs to recognize deviations initially. Obtained after being prompted by the provider. After obtaining vital signs, noticed hypoxia, tachycardia, hypertension. Noticed shortness of breath. Noticed cough.</p> <p><u>Information seeking:</u> Confirmed name and DOB when entering the room. Verified allergies. Sought information related to estrogen therapy. Sought information related to coumadin at home. Sought additional information related to pain (numerical scale, aggravating factors). Sought additional information related to cough. Assessed allergies prior to medication administration. Sought information related to non-compliance with coumadin. Consider asking about allergies to shellfish or iodine prior to CT scan. Consider asking about preferred pronouns. Consider asking about injection location preference.</p>
<p>INTERPRETING: (1) *</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 						<p><u>Prioritizing data:</u> Prioritized pain assessment. Prioritized focused assessment on right extremity. Focused respiratory assessment performed related to new complaints. Prioritized pain relief with medication administration. Prioritized education on non-compliance. Prioritized contacting the provider for new findings. Prioritized enoxaparin administration when order was received. Prioritized contacting provider with diagnostic results.</p> <p><u>Making sense of data:</u> Made sense of potential PE due to new symptoms. Did not make sense of DVT initially.</p>

	<p>Made sense of dosage calculation for IM morphine. Did not make sense of dosage calculation for enoxaparin. Remediated following the scenario. Made sense of abnormal diagnostics (CT). Did not make sense of pain medication orders (PO vs. IM). Administered both medications. Would it be safe to give two narcotics? Think about side effects and impact on vital signs.</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. Roles not clearly defined in speaking with the provider. Both nurses were providing information while on the phone. Lack of confidence in communicating with the health care provider. Seemed to shut down with overwhelming amount of information. Good communication with the patient. Kept informed of changes throughout.</p> <p><u>Clear communication:</u> Explained interventions and findings with the patient throughout. Used appropriate pronouns in communication. Minimal SBAR information provided in communication with the provider. Be sure to provide full SBAR related to background, situation, and interventions performed. Have this prepared prior to calling the provider. Updated on assessment findings. Be sure to write down and read orders back to the provider for confirmation. Asked provider to repeat orders. Educated patient on enoxaparin order from the provider.</p> <p><u>Well-planned intervention/flexibility:</u> Focused assessments performed based on patient symptoms. Reassessed vitals after intervention. Elevated extremity due to new findings. Education provided on medication compliance (coumadin). Elevated HOB for chest tightness. Contacted provider with update on diagnostic results. Re-assessment of respiratory complaints after intervention. Applied 2L via nasal cannula for low Spo2.</p> <p><u>Being skillful:</u> Witnessed waste of excess narcotic dose. Good teamwork. Accurate dosage calc for the morphine. Difficulty with dosage calculation related to enoxaparin. Remediated after the scenario. Good technique with injections. Consider appropriateness of administering two narcotic medications simultaneously. Did not read back orders to the provider. Appropriate use of BMV scanner with medications.</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</p>

	<p>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>
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p> <p>Scenario Objectives:</p> <ol style="list-style-type: none"> 1. Select focused physical assessment priorities based on individual patient needs. (2)* 2. Implement appropriate nursing interventions based on patient’s assessment. (1,3,6)* 3. Communicate appropriately with the patient, family, team members, and healthcare providers incorporating elements of clinical judgment and conflict resolution. (4,7)* 4. Provide patient-centered care with consideration to cultural, ethnic, and social diversity. (2,3,6)* 5. Provide appropriate patient education based on diagnosis. (5)* <p>* Course Objectives</p>	<p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Actively seeks subjective information about the patient’s situation from the patient and family to support planning interventions; occasionally does not pursue important leads.</p> <p>Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. In most situations, interprets the patient’s data patterns and compares with known patterns to develop an intervention plan and accompanying rationale.</p> <p>Responding: reassures patients and families in routine and relatively simple situations, but becomes stressed and disorganized at times. Shows some communication ability (e.g., giving directions); communication with patients, families, and team members is only partly successful; displays caring. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. Is hesitant or ineffective in using some nursing skills.</p> <p>Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.</p>

EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

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

Student eSignature and Date:

12/27/2023