

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

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

Student:

Final Grade: Satisfactory/Unsatisfactory

Semester: Spring

Date of Completion:

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

Faculty eSignature:

Teaching Assistant: None

DIRECTIONS FOR USE:

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

METHODS OF EVALUATION:

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

ABSENCE (Refer to Attendance Policy)

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

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

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

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

UNSATISFACTORY CLINICAL PERFORMANCE

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

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

OTHER

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

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

Date	Care Map Top Nursing Priority	Evaluation & Instructor Initials	Remediation & Instructor Initials	Remediation & Instructor Initials
2/10/24	Constipation	S/KA	NA	NA
3/21/2024	Impaired Physical Mobility	Satisfactory/MD	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	Mid term	9	10	11	12	13	Make Up	Make Up	Final
Competencies:			NA	NA	S	S	S	NA	S	S	S	NA			NA	NA	
a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting)			NA	NA	S	S	S	NA	S	S	S	NA			NA	NA	
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			NA	NA	S	S	S	NA	S	S	S	NA			NA	NA	
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			NA	NA	S	S	S	NA	S	S	S	NA			NA	NA	
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			NA	NA	S	S	S	NA	S	S	S	NA			NA	NA	
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			NA	NA	S	S	S	NA	S	S	S	NA			NA	NA	
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			NA	NA	S	S	S	NA	S	S	S	NA			NA	NA	
g. Assess developmental stages of assigned patients. (Interpreting)			NA	NA	S	S	S	NA	S	S	S	NA			NA	NA	
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		NA	S	S	S	S	NA	S	S	S	S			NA	NA	
	Indicate your clinical site as well as your patient's age and primary medical diagnosis in this box weekly.	Meditech, FSBS, IV Pump Sessions	NA	Erie County Senior Center	3-Tower, age 75, abdominal pain, nausea, constipation.	5-Tower rehab, age 73, right total hip, Team Leader	3-Tower, age 42, Osteomyelitis on metatarsal on left foot	NA		4-North, Team Leader, age 68, urinary retention and acute kidney injury	5-Tower rehab, age 82, left hip fracture	3-Tower, age 92, Left leg amputation	Infection Control and Digestive Health		NA	NA	
Instructors Initials	HS		HS	HS	KA	RH	HS	HS	HS	NS	MD	HS	DW				

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

Week 5 – 1a, b, c, e– You did a nice job discussing on clinical your patient’s disease process and what nursing was doing to help the patients you cared for with intermittent left arm numbness and chest pain on day one and abdominal pain and constipation on day two. You were able to discuss symptoms we were monitoring and managing in your patients as well as pertinent labs for your patients’ diagnosis. You also set a goal for your patients and were able to discuss your patients’ work towards meeting that goal. KA

Week 5 – 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 6: (1 c, d, e)- This week you did a great job discussing your patient’s pathophysiology of their illness as well as had a great discussion of their medications and why they were relevant to their care. You also assisted your peers with their correlation of pharmacotherapy to diagnosis and treatment while acting as team leader. RH.

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

Week 9 1(a-h) – Lindsey, you did a great job this week in making correlations between health alterations and the pathophysiology involved, both with your assigned patient and the patients you helped care for as team leader. I prompted you with numerous questions throughout the week and you worked hard to answer them using critical thinking skills. You discussed priority problems for patients with acute kidney injury, anemia, falls, fractures, and cellulitis. You identified signs and symptoms that the patients were experiencing and correlated your findings to their current and past medical history. For your assigned patient on day 2, you discussed the diagnostic findings, urinary retention, electrolyte imbalances, and use of the foley catheter related to UTI, urinary retention, and acute kidney injury. You reviewed the prescribed medications and discussed how they correlated with the problems at hand. Overall great job being prepared for clinical and working hard to answer my questions and improving your clinical judgment skills! NS

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

Week 11 (1a-e)- Great job this week! You were able to discuss the disease process for you patient and how the ordered diagnostic tests correlated with the disease. You were able to research what a seroma is and why surgery was necessary for your patient. HS

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:			NA	NA	S	S	S	NA	S	S	S	NA			NA	NA	
a. Perform inspection, palpation, percussion, and auscultation in the physical assessment of assigned patient. (Noticing)			NA	NA	S	S	S	NA	S	S	S	NA			NA	NA	
b. Conduct a fall assessment and implement appropriate precautions. (Noticing)			NA	NA	S	S	S	NA	S	S	S	NA			NA	NA	
c. Conduct a skin assessment and implement appropriate precautions and care. (Noticing)			NA	NA	S	S	S	NA	S	S	S	NA			NA	NA	
d. Communicate physical assessment. (Responding)			NA	NA	S	S	S	NA	S	S	S	NA			NA	NA	
e. Analyze appropriate assessment skills for the patient's disease process. (Interpreting)			NA	NA	S	S	S	NA	S	S	S	NA			NA	NA	
f. Demonstrate skill in accessing electronic information and documenting patient care. (Responding)	S		NA	NA	S	S	S	NA	S	S	S	NA			NA	NA	
	HS		HS	HS	KA	RH	HS	HS	HS	NS	MD	HS	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 5 – 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 5 – 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 6 (2 a-f)- This week you did a good job of performing your head to toe when time was available to you due to the therapy scheduling. You worked around therapy schedules to get your head to toe as well as your reassessment done. You also were able to document and find other assessment pieces in the electronic health record. You also checked documentation and assisted your peers in correcting their charting while acting as team leader. RH

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 7 (2a-f)- You did a nice job with your assessment as well as documenting it within the electronic medical record. You also did a nice job communicating your findings to your team leader and your primary nurse. You were also able to discuss your focused assessment and the reasoning behind your decision of focus. Great job identifying that your patient was a high fall risk, and you implemented precautions based on your assessment of his fall score and then you had to re-institute them the next day because they were discontinued. HS

Week 9 2(e) – You did well in discussing priority focused assessments to be performed on the patient’s you oversaw as team leader. You discussed the importance of assessing the mental status of Essence’s patient due to his anxiety attack that he experienced. You also noted the importance of closely monitoring his wound site and JP drain that was in place in addition to monitoring for signs of anemia as a result of his low hgb from blood loss. For Nikki’s patient, you discussed the importance of performing a circulatory and pain assessment related to her increased edema and cellulitis. For Savannah’s patient, you discussed the importance of monitoring electrolyte levels, intake and out, and closely monitoring his foley catheter due to his acute kidney injury. You focused on pain and circulation for Andrea’s patient as a result of his fall and hip fracture. Good job analyzing appropriate assessment skills for each assigned patient. NS

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

Week 11 (2a-f) You did a nice job completing a thorough assessment on your patient each clinical day. You had a very challenging patient on day one and you did a nice job clustering care in order to minimize interruptions and you were able to effectively communicate with her. You were then able to communicate your findings to your team leader and the primary nurse. You then successfully documented your findings within the EMR. HS

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

Comments:

Week 5 – 3b – You did a wonderful job performing compressions on the patient during the code. You were complimented by the director who reported you performed compressions with the appropriate depth and speed without the code. Terrific job! KA

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 6 (3 c, d, e) This week you demonstrated good organization and time management when it was time for medication administration. This was difficult due to the varying therapy schedules we had to work around. You did a good job looking up your medications, administering medications, completing your head to toe, and charting your findings while also participating in therapy with your patient throughout both days. You were not afraid to ask for assistance when needed. RH

Week 7 Week 6 (3 c, d)- You were able to prioritize your care for the day and adjust when necessary based on changes that occurred during the day. You were available to help others when needed. HS

Week 9 3(b,c) – You were able to perform several new skills that you lacked experience with in the clinical setting. You did a great job of approaching me prior to clinical to identify areas you would like to gain experience in, demonstrating accountability for your learning. As a result, you were able to perform a saline flush, assist in preparing IV tubing for an antibiotic infusion, assist with preparing a manual drip rate, perform a FSBS, and assist with wound care. In each interaction, you demonstrated safety and competence. As team leader you did well in prioritizing your day to ensure all care needs were met. At the beginning of the day you discussed patient priorities, medication priorities, and priority interventions to be performed. Throughout the day you were actively involved and ensured the day went smoothly and your classmates were supported. NS

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 11 (3 c, d)- Great job prioritizing care around your patient's surgery. You were able to plan the care in order to get everything completed within the appropriate timeframe. HS

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:			NA	NA	S	S	S	NA	S	S	S	S	NA		NA	NA	
k. Administer PO, SQ, IM, or ID medications observing the rights of medication administration. (Responding)			NA	NA	S	S	S	NA	S	S	S	S	NA		NA	NA	
l. Ensure patient safety through proper use of EHR, IV flow sheet, and BMV. (Responding)			NA	NA	S	S	S	NA	S	S	S	S	NA		NA	NA	
m. Calculate medication doses accurately. (Responding)			NA	NA	S	S	S	NA	S	S	S	S	NA		NA	NA	
n. Administer IV therapy, piggybacks, IV push, and/or adding solution to a continuous infusion line. (Responding)			NA	NA	S	NA	S	NA	S	NA	NA	NA	NA		NA	NA	
o. Regulate IV flow rate. (Responding)	S		NA	NA	NA	NA	S	NA	S	NA	NA	NA	NA		NA	NA	
p. Flush saline lock. (Responding)			NA	NA	NA	NA	S	NA	S	NA	NA	NA	NA		NA	NA	
q. D/C an IV. (Responding)			NA	NA	S	NA		NA	NA								
r. Monitor an IV. (Noticing)	S		NA	NA	S	S	S	NA	S	NA	S	NA	NA		NA	NA	
s. Perform FSBS with appropriate interventions. (Responding)	S		NA	NA	S	NA	NA	NA	S	NA	NA	NA	NA		NA	NA	
	HS		HS	HS	KA	RH	HS	HS	HS	NS	MD	HS	DW				

Comments:

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

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

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 5 – 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. KA

Week 5 – 3n – You did a nice job monitoring the patient’s primary IV fluids and monitoring for continued patency of the IV line. You did a nice job priming your piggy back and connecting your patient to the medication for the first time. You performed all IV skills with beginning dexterity. You documented all medication administration and line care appropriately in the EMR. Nice job! KA

Week 5 – 3q – You successfully DC’d an IV catheter this week you proper technique. You monitored the site for bleeding and dressed the site appropriately after discontinuation. Great job! KA

Week 5 – 3r – You did a nice job monitoring your patient’s IV site this week and documenting your assessment in the EMR. KA

Week 6 (3 k, l, m)- You were well prepared for medication administration this week and you performed all checks well! You used the EMAR to look up medications that were due then used skyscape to further investigate each medication. You answered all my questions well and your medication pass went smoothly! You had so many medications and you did great going through them with me. You also made some great connections with medications and patients diagnoses while being team leader this week. RH

Week 7 (3k-p,r)- You did a nice job with medication administration this week! You followed the rights of medication administration and completed all checks prior to administering. You were able to answer the appropriate questions prior to administration which validated that you had completed the review of each medication prior to administration. Great job with the IV pump and priming and connecting the IV antibiotic! 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 11 (3k,l,m)- You did a nice job with medication administration this week, you did a nice job reviewing each and every medication that was ordered for your patient and were prepared for administration however with him being NPO we were unable to administer them. Nice job with the insulin administration on the other patient. You followed the rights of medication administration and completed all checks prior to administering. HS

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

Comments:

Week 4 (4e)- According to the CDG Grading Rubric, you have earned a satisfactory for your Erie County Senior Center discussion this week. Your content was thoughtful and appropriate. Your activity sounds as though it was successful in meeting the needs of those at the center. Nice job! HS

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 5 – 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 5 – 4e – Lindsey, you did a great job choosing an appropriate EBP article and answering all the CDG questions related to your article this week. You did a great job responding to a classmate and adding to the conversation on their EBP article. You included an in-text citation and reference in both of your CDG posts. Remember when in-text citing a direct quotation remember to include the page number or the paragraph number if there are no page numbers in your in-text citation. I greatly enjoyed the summary of your article on almond oil for constipation. Keep up the terrific work! KA

Week 6 (4 b, e, f, g) you upheld the professionalism standard while on the floor and interacting with staff and patients. You also did great with your discussion post and reply this week. You gave a good SBAR report prior to leaving for the day. RH

Week 7 (4a, b, c, d)- You did a nice job communicating with your patient, team leader and primary nurse. You identified and notified the appropriate individuals when necessary. HS

Week 7 (4e)-You had a great CDG this week! You were able to turn in your CDG on time, have the adequate word count for both posts, and you were able to provide to the conversation with the information you gave! You also had a reference and an in-text citation for both your initial post and peer response. Nice job! HS

Week 9 4(a,b) – You did well with your communication throughout the week, specifically as team leader in providing support to your peers. You used closed-loop communication to ensure care needs were addressed in a timely manner. You went through each medication with your peers to ensure proper understanding. On day one as team leader, you noticed that one of the assigned patients was very anxious, demonstrating tremors and rapid breathing. You used excellent therapeutic communication by listening to his concerns and providing emotional support. You noticed during your interactions with him and his wife that his anxiety was significantly decreased simply through taking the time to listen and talk with him. Great job! NS

Week 9 4(e) – Great work with your CDG assignment related to reflecting on potential implicit bias. All criteria were met for a satisfactory evaluation. See my comments in your dropbox for further details. Well done! NS

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! You provided an in-text citation and reference for both your initial post and peer responses. Just to let you know-you should not use Skyscape for an in-text citation. It is the author (Doenges et al., 2022). Let me know if you have any questions on this. MD

Week 11 (4e)-Nice job on your initial CDG posting this week! You were able to turn in your CDG on time, have the adequate word count for both posts, and you were able to provide to the conversation with the information you gave! You provided a reference and an in-text citation for your initial posting however, for your response you only provided an in-text citation and you did not include the reference therefore that competency was changed to a NI. HS

Week 12 (4e)- According to the CDG Grading Rubric, you have earned an S for your participation in the Infection Control discussion this week. Your discussion was thoughtful and supported by evidence. Also, your APA is very close. I just have a few suggestions: 1. The in-text citation for a direct quote should also include a page or paragraph number. 2. Skyscape is not the author; it is merely a platform that houses various evidence-based resources. Future in-text citations should never say “According to Skyscape...”. 3. 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. This would have been the correct citation- According to Doenges et al., "Spores from *C. difficile* are highly resistant to heat, acid, and may survive for years" (2022, para 1). DW

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies:			NA	NA	S	S	S	NA	S	S	S	S	NA		NA	NA	
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)			NA	NA	S	S	S	NA	S	S	S	NA			NA	NA	
			HS	HS	KA	RH	HS	HS	HS	NS	MD	HS	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 5 5a & b: A teaching need of my patient was about fluid and nutrition intake. I educated this through discussion and answering her questions. I educated her on the importance of staying hydrated and eating a proper diet including fiber. High-fiber foods help move waste throughout the body, and it supports the microbiome in the digestive tract. Drinking water helps your body pass the stool and soften it. After providing this education, my patient was willing to drink water and I refilled her water cup two times. I utilized Lexicomp and printed her off a visual diagram that showed high-fiber food options. I used the teach-back method and both my patient and her spouse demonstrated understanding. **Terrific job! I am sure this visual aid was helpful to utilize with teaching her. KA**

Week 6 5a & b: A teaching need of my patient was to move her leg without the assistance of her arms. My patient walked independently but was a standby assist. She was non-weight bearing on her right leg due to her total hip. When she would move around in bed or in her wheelchair, she would pick up her leg to move it. During physical therapy, we learned she is strong enough to move her leg with no added assistance. I reminded her each time we transferred, and I was encouraging her to remember on her own for the next time. I received education from the physical therapist, along with additional research from Skyscape. My method of delivery was constantly reminding and encouraging her. My patient demonstrated learning by remembering the education and moving her leg hands free by the end of the day without needing a reminder. **Sometimes this can become a habit and then the limb is too weak to move on its own so the patient will always have to assist the limb so this is a great teaching topic for her, good observations! RH**

Week 7-5a & b: A teaching need of my patient was on hygiene and ambulation. My patient refused a bag bath, oral care, and a change in linens. My patient had food crumbs on his bed, blood stains on his sheets, and food spilled on his clothes. He had declined hygiene care the day prior to my clinical, and the day of my first clinical. I utilized Lexicomp and showed my patient an article on the importance of hygiene care. I used persistent education, discussion about the article I showed him, and open-ended questions. My patient had an opened wound on his left foot, so cleanliness and hygiene were especially important to prevent infection. My patient demonstrated understanding when on my second day of clinical, he was willing to get his linens changed and get a full bag bath. **Great job educating your patient in order for him to understand the importance of proper hygiene, and great job getting him to wash up. HS**

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 9, 5a &b: My patient had a few teaching needs during my time on clinical. I educated my patient on how his Foley drains urine, education on how to clean his Foley, and education on the removal process because he had questions. My patient had a lot of questions while I was doing catheter care, and I was able to answer them with the knowledge I gained from class. After I finished answering them, I double-checked on Lexicomp to verify I was giving the correct education. I found extra information that I was able to share with him since he was worried about being discharged with the catheter inserted. I also provided education on the importance of turning and repositioning at least every two hours, and the importance of ambulation. After this education, my patient was inclined to sit on the edge of the bed to eat his breakfast opposed to lying supine. **That's awesome! Strong education provided in your interactions. This is especially important due to the fact that he would be going home with the catheter still in place. He lacked knowledge on the urinary drainage system and his overall health status related to urinary retention. Great job identifying this need and helping to develop a better understanding for the care required. Well done! NS**

Week 10, 5a&b: During my time at clinical, my patient told me he loved going to rehab and asked if he was scheduled back-to-back days since he was getting discharged soon. A teaching need of my patient was the importance of PT/OT, and the importance of active ROM. My patient ambulated well and was a standby assist with a walker. I educated on the importance of how movement improves circulation, can help restore functionality, and prevent complications such as DVTs and pressure sores. Since he was being discharged, PT can allow him to practice ambulating with assistive devices, managing curbs or steps, and promoting confidence in the patient. After my education, I used the teach-back method to validate learning. **This is great information! Where did you get the information from? I see you used the teach back method but where did you get it from? MD** I found the information on Lexicomp, I found a reliable article and I read the main points to my patient. I offered to print it off, but he said I did a thorough job explaining the information and he did not need any papers.

Week 11, 5a&b: When I was doing my head-to-toe assessment, I had a difficult time palpating my patient's pedal pulses. This was due to the amount of edema he had. I used the doppler to listen to his pulse and my patient had many questions regarding it. I explained to him how the Doppler worked and why I used it. After I finished doing my assessment, I used Lexicomp and found an article explaining how the device worked. My patient and I both gained knowledge from this experience! I knew my teaching was effective when he told the PCT about the Doppler and his interest in it. Another teaching need was turning and repositioning. I educated him on turning at least every two hours to prevent skin breakdown. Since he had extreme lower leg pain, he found it difficult to move in bed. I used Lexicomp to find specific information on the positive effects of turning and repositioning every two hours. I verified learning when he turned onto his side in bed and explained back to me the reason why he was repositioning himself. **Nice job! HS**

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
a. Develop and implement a priority care map utilizing the nursing process and clinical judgment. (Noticing, Interpreting, Responding, Reflecting)			NA	NA	S	NA	NA	NA	S	NA	S	NA	NA		NA	NA	
b. Identify factors associated with Social Determinants of Health (SDOH) &/or cultural elements that have the potential to influence patient care.** (Noticing, Interpreting, Responding, Reflecting)			NA	S	S	S	S	NA	S	S	S	S	S		NA	NA	
			HS	HS	KA	RH	HS	HS	HS	NS	MD	HS	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 4 6b. After talking with some of the older adults at the Erie County Senior Center, I learned that many of them are retired or jobless. I also learned that a few adults who have walking assistive devices cannot drive. These are social determinants of health because it impacts how they live and provide for themselves. If an older person lives alone, has zero access to transportation, and has no job, they are very likely to struggle with adequate nutrition. These older adults also struggle with ambulation, which could make getting daily physical activity difficult. **Nice job, you have identified several factors that are associated with SDOH and how they could directly impact those individuals. HS**

Week 5 6b. My patient's lack of education regarding healthy nutrition and maintaining a healthy diet influenced her care. This influences health outcomes negatively because if the patient does not understand the importance of healthy eating, they are prone to more complications such as their primary problem, constipation and abdominal pain. **Definitely this can be a concern. Did she utilize an assistive device to ambulate? I was just question how much moving around she was doing which also increases her risk for constipation. Did she have any concerns regarding financial or having a PCP that could also affect her overall management of this concern? KA**

Week 5 – 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 6 6b. A social determinant of health was where my patient lived. She lives in a ranch-style home and she has two steps outside on her front porch. This is a social determinant of health because she struggled with stairs due to her total hip surgery. This influenced her health because she was unable to safely enter or exit her home without a risk for injury. Working with physical therapy helped, and she was able to learn alternative ways to walk up and down the steps. She also only has one railing in her house, so she had to learn how to grasp the railing in one hand and a wide base cane in the other to go up and down the steps. **I believe you also had some discussions with her that she was trying to figure out how to get a second railing installed prior to discharge, so that would be super helpful to her. RH**

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 7-6b. A social determinant of health of my patient was his history of a disease called Charcot-Marie Tooth disorder. This is a hereditary disorder that damages nerves in the arms and legs. This disease can result in the patient having smaller, weaker muscles, impaired gait, frequent falls and more. This influenced my patient because it decreased his ability to walk without assistance. My patient was also put on fall precautions because of his lethargy, impaired gait, and general weakness. My patient had a history of falls within the last six months, and this hereditary disease could have been part of the cause of his falls. **The disease it self would not be a social determinate of health however, based on the situation you have described safety could be a concern as well as income if his inability to work is impacted by his mobility. HS**

Week 9 – 6b: A social determinant of health of my patient was that he lives alone, and he has fourteen steps to enter his home. This is a SDOH because it affects his care if he needs help, and he has an unsteady and awkward gait, so the fourteen steps can be very difficult for him. Since my patient is being discharged with a catheter, he will have to navigate his care at home around these aspects. Another SDOH is income disparities and lack of education. My patient had mentioned to me that while he is admitted to the hospital, he has had to turn down multiple job offers that would help pay for his medical bills. He voiced concerns to me on his income, which could affect his nutrition, health, and could lead to negative outcomes. Lastly, my patients lack of education is a SDOH. I asked my patient multiple questions about his urinary retention, pain, when he realized he could not urinate, and any over-the-counter medications to relieve the pain. I found out that he was taking 800mgs of ibuprofen per day for an entire week. He even told me he had to go to the store and buy a larger bottle of pills. I gave my patient education regarding NSAIDS, OTC pain medications, and the effects long term and repetitive use can have on his body. **Awesome reflection, Lindsey! NS**

Week 10 - 6b: A social determinant of health for my patient is his home. He is getting discharged to the willows, but in his home, he has multiple stairs leading into his house, and only one railing. This factor along with his impaired gait can be a safety issue. He called the willows his “new home away from home”, but the quality of this new location can be a factor. If the condition is not what he expected, his physical and psychosocial ability could decline. Another SDOH would be his social support networks. He has family members to help support him, but he mentioned how far they live from Sandusky. My patient has a wife, but she has Alzheimer's and cannot provide support or stability for my patient if he needs it. **These are great SDOH! MD**

Week 11- 6b: A social determinant of health for my patient was his nutrition and food security. Since my patient had extreme lower leg pain, he told me he ordered out multiple times a week. He was explaining how he ordered pizza and McDonald's due to his immobility and pain. This limited access to healthy food can lead to worsening health conditions, depletion of nutrients, and can have more adverse effects. **Great example! HS**

Week 12- 6b: During my time with digestive health, I was able to watch five colonoscopies and one EDG. I noticed a common social determinant of health in these patients is a lack of social support. If an older adult lives alone they can become depressed, lonely, or have increased stress. These factors can contribute to GI conditions that may cause them to need a colonoscopy. These older adults also lack education, so they drink less fluids and consume fewer nutritional means which is also a factor of health. During infection control, I realized the importance of hygiene and how often healthcare providers forget to do it. A social determinant of health regarding hygiene for a patient would be a lack of education regarding the importance of it. Another SDOH could be limited access to clean water or sanitation. If a patient has poor sanitation, they could harm or develop bacteria in their gut which could also lead them to having a colonoscopy. The limited access to water could also be tied into older adults having decreased nutritional intake. It is interesting to think about the correlation between Infection Control and Digestive Health! **Excellent reflection on SDOH, Lindsey! DW**

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		NA	S	S	S	S	NA	S	S	S	S	S		NA	NA	
b. Reflect on an area for improvement and set a goal to meet this need.** (Reflecting)	S		NA	S	S	S	S	NA	S	S	S	S	S		NA	NA	
c. Demonstrate evidence of growth, initiative, and self-confidence. (Responding)	S		NA	S	S	S	S	NA	S	S	S	S	S		NA	NA	
d. Follow the standards outlined in the FRMCSN Student Code of Conduct Policy. (Responding)	S		NA	S	S	S	S	NA	S	S	S	S	S		NA	NA	
e. Incorporate the core values of caring, diversity, excellence, integrity, and “ACE”- attitude, commitment, and enthusiasm during all clinical interactions. (Responding)	S		NA	S	S	S	S	NA	S	S	S	S	S		NA	NA	
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (Responding)	S		NA	S	S	S	S	NA	S	S	S	S	S		NA	NA	
g. Demonstrate the ability to give and receive constructive feedback. (Responding)	S		NA	S	S	S	S	NA	S	S	S	S	S		NA	NA	
h. Actively engage in self-reflection. (Reflecting)	S		NA	S	S	S	S	NA	S	S	S	S	S		NA	NA	
	HS		HS	HS	KA	RH	HS	HS	HS	NS	MD	HS	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 7a. – An area of strength is my skills with an insulin pen. I enjoyed preparing, priming, and injecting the insulin dose. I feel confident with that skill and I look forward to doing it at clinical. **HS**

7b. – An area of weakness I can improve on is my skills with primary and secondary tubes. I struggled to prime the tubes and I kept getting air bubbles. To improve this task, I will ask my classmates and teachers for help. I will also research tips and tricks to learn how to handle and prime the tubes effectively. **This will become easier the more you do it. Take your time and don't rush, and be sure to close the roller clamp after removing the tubing from the package. HS**

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week4-

7a.- An area of strength was my ability to follow directions. While I was at clinical I was assigned a few different tasks, I used my listening and responding skills to effectively complete what was assigned to me. **HS**
7b. – An area of improvement is to communicate more effectively with my classmates. While we were planning our activity there was some miscommunication which led to confusion. We were able to work through it, but I would like to improve my communication skills going forward. To execute this, I will ask the instructors for some tips on Monday and I will reach out to three classmates I do not usually talk to before my next clinical. **It does make things more challenging when you are working with others on a project, it is helpful to identify clear roles and responsibilities and follow up with an email or text to the group after so that everyone has a copy of how the responsibilities are assigned. HS**

Week 5 7a – An area of strength was my ability to handle tough situations. I was with my nurse in a patient's room when we noticed she had no pulse. I was there while the code was called, and I helped with compressions. This was my first time witnessing or being a part of something like this. It was tough, but I was proud of myself for maintaining my composure and giving compressions. It was difficult not to get emotional, but I was able to stay calm. The other nurses said my compressions were very good, and they did not need to correct me at all. **You did a terrific job and should be proud of the compressions you performed throughout the code. KA**

7b. – An area of weakness would be responding to an unhappy patient. I encountered an aggravated patient during clinical and I was unsure how to calm them down. I did learn some communication techniques from another nurse which helped. Going forward, I will ask two more instructors on tips or advice when dealing with an angry patient before my next clinical. **Great idea. You will also learn more about therapeutic communication techniques in Psych nursing and get multiple opportunities to practice the techniques on clinical and during simulation. KA**

Week 6:

7a- An area of strength was my team leadership skills. I feel like I did well prioritizing and organizing care for my classmates. I enjoyed listening to the charge report and I felt like it strengthened my report-taking skills. **You did great with time management this week! RH**

7b- An area of weakness was delegation skills. I realized today that I tried to tackle too many tasks at once. I was able to successfully do each task, but I realized there were many students I could have asked for help. This caused me to feel overwhelmed, so going forward I will be sure to ask for help or delegate tasks when appropriate. This will allow me to provide better quality care and not feel as pressured. Before the next clinical, I will review my old notes to remind myself of the rules of delegation that we learned in class. **Delegation and asking for help are great tools! We sometimes don't realize how much we have on our plate until we ask someone to assist and our load becomes much easier due to that help. RH**

Week 7:

7a- An area of strength was my improved skill on the IV pump. After my clinical, I felt more confident in my ability to flush an IV and hang primary fluids. During my time at the clinical, my IV pump was beeping and it said there was air in the tubes. I was able to notice my infusion was complete and realize what was causing the bubbles. I left clinical with more knowledge and more experience which increased my comfort level while giving IV meds **Great job! HS**

7b- An area of weakness was my forgetfulness to clamp and unclamp the tube attached to my patient's peripheral IV. Although I felt more confident in my IV skills, this is an area that I could work on. By remembering to clamp and unclamp, I will reduce risk or error and injury. Before my next clinical, I will rewatch the videos provided to us on Edvance and I will review my notes about clamping and unclamping tubes. **Great plan! This becomes easier to remember the more that you are exposed to the IV's. HS**

Midterm- Lindsey you have done a great job progressing this semester. You have increased your confidence in communicating with your patients and identifying the priority problems for each individual patient. Keep up the good work! You have not cared for a patient with a Foley or had an opportunity to insert a Foley during clinical. I would encourage you to practice this skill next week during the skills review lab day. Please bring this to the clinical instructor's attention in the upcoming weeks so that we are able to get exposure to this skill during the clinical experience. HS

Week 9, 7a- An area of strength is my confidence that has grown from last semester to now. I was extremely afraid to prime and program an IV pump, and now I get excited when I have the opportunity to do it. I also feel like I have gained confidence being the team leader. I was able to help my classmates, answer their questions, and time manage well. I enjoyed learning about multiple patients, and I feel like my knowledge on the renal system has improved over my time at clinical. **As I mentioned during clinical this week, it was awesome to see your growth from NF to this semester. You had a notable confidence in yourself and your abilities that has come from hard work and dedication. You are doing a great job and I can't wait to see you continue to progress throughout your time in the program! Keep up the hard work. NS**

7b- An area of weakness is my lack of practice and confidence with injections from a vial. I have not practiced it since I learned it in lab at the beginning of the semester. Nick showed me a vial and asked me dosage calculation questions. I had gotten the questions correct, but since I have no experience doing it at clinical, I would say it is a weakness. I can work on my confidence and knowledge of injections from a vial or ampule by reading my textbook and looking up reliable videos on the internet. I will do this to prepare for my next clinical! **Very good! I appreciated your proactive approach in wanting to learn more and gain experience in areas of unfamiliarity. I hope you were able to feel more comfortable in some areas that you were able to experience this week. Good plan for improvement in the future! NS**

Week 10:

9a- An area of strength was my ability to stay busy and productive even when it was considered a "slow day". I asked multiple nurses if they needed help with any tasks, I made laps around the halls, and checked on multiple patients. I asked other classmates if they needed any assistance. When nobody needed anything, I logged onto my patient's chart and was able to gather all the information I needed for my CDG and my care map. By staying active and busy, I was able to accomplish a lot and be productive during my time at clinical. **Great job! MD**

9b- An area of weakness is finding a balance between communicating with my patient but also prioritizing my tasks. My patient was a talker, and I felt bad interrupting him or leaving the room when I knew he wanted to chat. I want to find a balance between being an active listener, being empathic, and engaging in conversation but also redirecting the conversation when needed so I can complete my assessments and tasks. To improve on this skill, I will ask two clinical instructors for advice before my next clinical, and I will ask a nurse for advice or tips next week during my clinical. **Great goal! MD**

Week 11:

9a – An area of strength was my ability to adapt to stressful situations. During my week at clinical, I had identified a patient that was having (or had) a stroke, dealt with an aggravated patient, and on Thursday there was confusion about my NPO patient getting meds before his surgery. I felt as if I handled all of these situations calmly and appropriately. **Yes, you did! Great job! Great job seeking help when you identified the patient that was having a stroke. HS**

9b – An area of weakness would be giving insulin with an insulin pen. It was my first time giving insulin, and I forgot a few steps during the preparation before administering it. To improve this skill, I will watch the videos posted on the FRMC's YouTube channel and review my notes on insulin from the endocrine chapter. **Great plan! HS**

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 12:

9a- An area of strength was my professionalism when communicating and interacting with the patients and other nursing staff. During my time in Infection Control and Digestive Health, I had respectful and professional behavior, I was engaged when being educated, and I demonstrated a willingness to learn new things. **Excellent! DW**

9b – An area of weakness was my fear of asking questions or making conversation with the gastroenterologists or physicians. I had heard from many students that they did not have a good experience with digestive health, and they felt like a burden being there. I let the opinions of others cause me to feel uncomfortable and afraid which could have decreased my ability to learn. Once I realized all the staff were friendly and wanted to educate the students, I felt very comfortable talking to the physicians, CRNAs, and other HCPs who were around. To improve this skill, I will remember my experience today and I will not be prejudiced based on other people's opinions. This tool will help me in future clinical and when I become a nurse. Another way I will improve this skill is to ask at least two instructors how to manage fear when talking to someone “higher up” and how to gain confidence to branch out. **This is great reflection, Lindsey! Learning experiences are as only as good and worthwhile as you make them. If you put off a vibe of interest and willingness to learn, people will sense this. Asking questions also shows interest. Being an active participant in your learning is a game changer. So glad you've experienced this in action. DW**

Student Name: Lindsey Steele		Course Objective: 6a					
Date or Clinical Week: Week 5							
Criteria		3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)	3	You did a nice job including the relevant patient information in the assessment findings, lab/diagnostics, and risk factors section. The patient being hyponatremic should be in the lab/diagnostic section versus the assessment section and documented by a sodium level. 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 identifying nursing priorities for your patient and highlighting the priority you focused on. You did a nice job identifying complications and signs and symptoms the nurse assesses for with each identified complication. 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	Lindsey, you did an excellent job including all pertinent nursing interventions and ensuring they were prioritized, included frequencies, were individualized, realistic, and included rationale. Your intervention list was thorough and exhaustive. Great job! 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	3	You did a nice job reassessing all your highlighted assessment findings. You reassessed your WBCs, neutrophils, and

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	monocytes, but did not reassess the Abd x-ray or CT. If there were no new findings or diagnostics done just state that. Overall you did a great job with this section. KA
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: 42/42	
Faculty/Teaching Assistant Comments: You did a terrific job satisfactorily completing your first care map of the semester. See comments above on the rubric of things to consider when developing your next care map. KA						Faculty/Teaching Assistant Initials: KA	

Student Name: Lindsey Steele		Course Objective: 6a					
Date or Clinical Week: 3/21/2024							
Criteria		3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)	3	All criteria met. MD
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)	3	
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	All criteria met. MD
	5. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	6. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	3	
	7. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	3	
Responding	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	All criteria met. MD
	9. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	10. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	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	3	All criteria met. MD

ecting	14. Evaluation includes one of the following statements: <ul style="list-style-type: none"> • Continue plan of care • Modify plan of care • Terminate plan of care 	Complete			Not complete	3	
Total Possible Points= 42 points 42-33 points = Satisfactory 32-21 points = Needs Improvement* < 21 points = Unsatisfactory* *Total points adding up to less than or equal to 32 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines. Faculty/Teaching Assistant Comments:							Total Points: 42/42 Satisfactory MD
							Faculty/Teaching Assistant Initials: MD

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

Student name: Lindsey Steele								
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 or 1/11/24	Date: 1/10 or 1/11/24	Date: 1/12/24	Date: 1/17 or 1/18/24	Date: 1/17 or 1/18/24	Date: 3/12/24
Evaluation:	S	S	S	S	S	S	S	S
Faculty/Teaching Assistant Initials	HS	HS	HS	HS	HS	HS	HS	KA
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA

*Course Objectives

Comments:

Week 1

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

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

(IV Math)-You satisfactorily participated in the IV Math learning session on 1/9/24 as well as the assigned IV Math practice questions and the IV Math Application lab on 1/11/2024. KA/DW

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

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

Week 2

(Trach care and suctioning 1/18/24)- During this lab you satisfactorily demonstrated competence with tracheal airway suctioning and tracheostomy care. You were able to maintain sterile field when necessary and you did not need any prompts for either skill. You were very thorough during your checkoff. You answered my questions regarding knowledge and competence of both procedures. Great job! RH

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

Week 9

Lab day – satisfactory demonstration in practicing NG tube skills and IV pump skills. KA

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

<u>Simulation Evaluation</u>	Student Name: Lindsey Steele							
	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	HS	KA	HS	HS				
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA				

* Course Objectives

Comments:

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

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Lindsey Steele (A) Zach Grosswiler (M)

GROUP #: 1

SCENARIO: MSN Scenario #1 – Musculoskeletal/Respiratory

OBSERVATION DATE/TIME(S): 2/28/2024 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> Vital sign assessment performed when entering the room (full set obtained). Pain assessment prioritized with complaints of 10/10 pain. Some additional pain assessment data obtained. Be sure to perform full pain assessment. Focused neurovascular assessment performed.</p> <p><u>Recognizing deviations from expected patterns:</u> Noticed 10/10 pain. Noticed pallor when removing the sock, delayed cap refill. Noticed paralysis, paresthesia. Did not notice absent pulse or ask about pressure (4/6Ps). Noticed need to waste excess medication. Noticed non-compliance with medications. Noticed abnormal vital signs (BP, HR).</p> <p><u>Information seeking:</u> Sought information about patient allergies prior to medication administration. Did not seek information related to preferred pronouns. Consider asking about last tetanus shot (related to nature of the injury). Consider seeking information related to patient’s understanding of complications occurring. Consider seeking additional information related to pain (full pain assessment including subjective findings).</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 vital sign assessment when entering the room Focused pain assessment prioritized with complaints of 10/10 pain. Prioritized focused neurovascular assessment. Prioritized removing the sock for assessment of bilateral lower extremities and complication occurring. Prioritized pain relief with medication administration. Prioritized fluids and antibiotics prior to surgery, could improve on speed and accuracy with preparing fluids. Made sense of pain being related to complication and need to contact the provider. Prioritized</p>

	<p>communication with the provider. Made sense of compartment syndrome being emergent. Prioritized interventions for compartment syndrome (removing pillow and ice).</p> <p><u>Making sense of data:</u> Made sense of emergent situation related to compartment syndrome. Made sense of dosage calculation for enoxaparin order. Made sense of need to initiate antibiotics prior to surgery. Made sense of data to be collected prior to contacting the provider.</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. Calm communication with significant other to avoid distress. Mostly confident demeanor in interactions with health care team members. Continuous attempt to re-assure and communicate with the patient during emergent findings.</p> <p><u>Clear communication:</u> Good communication among team members throughout the scenario. Interventions explained to the patient. Updates provided. Medication nurse educated patient on need to move surgery up and medicate prior to surgery. Informed patient of assessment findings. Updated significant other with updates and need to move surgery up. Educated on complications. Updated patient on communication with significant other. Provided therapeutic communication to the patient regarding upcoming surgery. Report provided to the OR nurse with good communication of interventions that have been performed. SBAR provided to the health care provider. Included recent vitals and assessment findings (neurovascular assessment). Explained interventions already performed. Remember to provide background information. Orders read-back to the provider for confirmation. Appropriate pronouns used despite not addressing with the patient.</p> <p><u>Well-planned intervention/flexibility:</u> Pain medication administered in a timely manner. Some delay in initiating fluids and antibiotics. Pillow and ice removed from affected extremity due to complication occurring. Re-assessed vital signs after medication administration. Provider notified with changes in patient status.</p> <p><u>Being skillful:</u> Dosage calc performed accurately. Excess narcotic wasted with a witness. Correct needle size selected for IM injection. Cleaned site. Good technique with injection. Aspirated prior to injection. Needle safety performed. Good teamwork for needle safety. Confirmed patency of IV with saline flush using aseptic technique. Good teamwork and collaboration with priming tubing and programming the IV pump. Tubing labeled. Could improve on speed with preparing IV medications. Orders read-back to the provider to confirm.</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>
<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. 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.</p> <p>Interpreting: Focuses on the most relevant and important data useful for explaining the patient’s condition. Even when facing complex, conflicting, or confusing data, is able to (a) note and make sense of patterns in the patient’s data, (b) compare these with known patterns (from the nursing knowledge base, research, personal experience, and intuition), and (c) develop plans for interventions that can be justified in terms of their likelihood of success.</p> <p>Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Communicates effectively; explains interventions; calms and reassures patients and families; directs and involves team members, explaining and giving directions; checks for understanding. Interventions are tailored for the individual patient; monitors patient progress closely and is able to adjust treatment as indicated by patient response. 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