

EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Nadia Drivas

Final Grade: Satisfactory/Unsatisfactory

Semester: Spring

Date of Completion:

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

Faculty eSignature:

Teaching Assistant: None

DIRECTIONS FOR USE:

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

METHODS OF EVALUATION:

Skills Lab Competency Tool & Skills Checklists
Simulation, Prebriefing, & Reflection Journals

Nursing Care Map Rubric
Meditech Documentation
Clinical Debriefing
Clinical Discussion Group Grading Rubric
Evaluation of Clinical Performance Tool
Lasater's Clinical Judgment Rubric & Scoring Sheet
Virtual Simulation Scenarios

ABSENCE (Refer to Attendance Policy)

Date	Number of Hours	Comments	Make-up (/Date/Time)
2/12/24	3 hours	IC scavenger hunt and signature form for IC & DH	2/13/2024, 3 hours
2/14/2024	1 hour	Late ECSC survey	2/19/2024, 1 hour

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

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

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

UNSATISFACTORY CLINICAL PERFORMANCE

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

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

OTHER

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

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

Date	Care Map Top Nursing Priority	Evaluation & Instructor Initials	Remediation & Instructor Initials	Remediation & Instructor Initials
2/22/2024	Impaired tissue integrity	S/HS	NA	NA
3/14/2024	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	S	S	N/a	S	N/a	S	S	S	n/a	S		n/a	n/a	
a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting)			S	S	S	N/a	S	n/a	S	S	S	n/a	S		n/a	n/a	
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			S	S	S	N/a	S	n/a	S	S	S	n/a	S		n/a	n/a	
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			S	S	S	n/a	S	n/a	S	S	S	n/a	S		n/a	n/a	
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			S	S	n/a	n/a	S	n/a	S	S	S	n/a	S		n/a	n/a	
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	S	n/a	n/a	S	n/a	S	S	S	n/a	S		n/a	n/a	
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			S	S	n/a	n/a	S	n/a	S	S	S	n/a	S		n/a	n/a	
g. Assess developmental stages of assigned patients. (Interpreting)			S	S	n/a	n/a	S	n/a	S	S	S	n/a	S		n/a	n/a	
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		S	S	n/a	n/a	S	n/a	S	S	S	n/a	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		4N, 85F, Hip Ex; 72F, Overdose	3T Team Leader	IC, DH	ECSC	3T 54F, right foot infection	No clinical		3t 83f with resp failure	Rehab, 67 male with back surgery	No clinical this week	Rehab, 41 female with CVA				
Instructors Initials	DW		NS	KA	HS	NS	HS	DW	DW	KA	MD	DW	RH				

Comments:

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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

Week 3 1(a-h) – Nadia, you did a nice job this week making correlations between your patient’s disease processes and the nursing care required. On day one, you cared for a patient that experienced a fall/hip fracture s/p hip prosthetic replacement. You were able to discuss the patient’s risk factors related to falls and injury. You were able to correlate the required care related to her limited mobility and proper body mechanics related to the hip prosthesis. When reviewing her medications, you made correlations between her disease process and medications prescribed, such as the calcium and vitamin D supplement to support bone growth/healing. You discussed the importance of maintaining functional alignment in addition to physical therapy treatment to promote independence. NS

Week 4 – 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 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 4 – 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 6 (1h)- be sure to include your clinical site and subsequent information in the box provided under objective one. The large, yellow highlighted box describes what should be included each week. NS

Week 7 (1h) Include in this box clinical site as well as patient’s age and primary medical diagnosis

Week 7 (1a-e)-Great job this week! You were able to identify the pathophysiology for your patient this week utilizing her history and the symptoms she was 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 – 1a, b, c, e– You did a nice job discussing on clinical your patient’s disease process related hypoxemic respiratory failure and what nursing was doing to help the patient. You were able to discuss symptoms we were monitoring and managing in your patient such as the low SpO2 and oxygen administration 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 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). KA

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 12: (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.

Objective

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

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

Comments:

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

Week 3 2(a,b,e) – Good work with your assessments this week, noticing deviations from normal and coordinating your care appropriately. You noticed limited vision with the use of glasses, difficulty hearing with the use of hearing aids, increased stress, abnormal gait with frequent falls, weakness to the right lower extremity, and the use of bowel movement aids. You discussed the importance of performing a focused circulatory assessment to the affected extremity and noted the 6Ps to monitor for. Based on her frequent falls and hip fracture, you conducted a fall assessment and ensured appropriate precautions were in place to prevent injury. Great job focusing on the priority assessment needs of your patient. NS

Week 4 – 2a, d – You did a nice job thoroughly assessing your patient and notifying your nurse of any pertinent information. You were also able to work with your team to keep up on the assessment changes occurring with all patients on the team. KA

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 4 – 2f – You utilized the EMR to research your patient and determine what care needed to be provided to your patient throughout the day. You also used the EMR to research all the patients on your team and to check your classmates charting for accuracy. KA

Week 7 (2a, c, d, e, 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.

Week 7 (2b)- You received an NI for week 7 due to the fact you acknowledged the patient was a high fall risk and documented so, but then you also documented that all of the high fall risk precautions were not implemented. When a patient is a high fall risk we should ensure all the appropriate precautions have been implemented and documented accordingly. This is a safety concern if we have acknowledged that the patient is a high fall risk but have not implemented the appropriate interventions to assist in keeping them safe. HS

Yes, I understand that I should have placed fall precautions up knowing that my patients were a high fall risk. Next clinical if my patient is a high fall risk and doesn't have fall precautions will place them. DW

Week 9 – 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 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 utilized the EMR to research your patient's health history and information related to the patient's current hospital visit. KA

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 12: (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

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

Comments:

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 3 3(b,c,d) – You demonstrated good time management skills in the care of your patient this week. By doing so, you ensured all priority care needs were met in a timely manner. During clinical, be sure to utilize your down time to review the patient’s chart to correlate abnormal findings with the patient’s disease process by filling out the Patient Profile Database. (H) – you noted your patient’s refusal of ordered SCDs and discussed additional DVT preventative measures such as her ambulation. NS

Week 4 – 3b – You did a terrific job identifying one of your team member’s patients was not on seizure precautions and should be. You notified the nurse and assisted your team member in initiating seizure precautions on the patient. Wonderful job! KA

Week 5 (3b-j)-All competencies must be addressed each week unless they are grayed out or specifically marked for a specific clinical site. You did not self-evaluate competencies b-j and therefore resulting in U’s. Please be sure to address your U’s with the week 6 tool, and explain how you have made a change and will prevent this from happening in the future. Failure to comment on your improvement will result in a continued rating of U regardless of your performance. Please let me know if you have questions. HS

Week 6 3(b-j) – Unfortunately, these competencies were changed to “U” because you did not provide a comment to address the U’s from the previous week. According to the clinical tool directions on page one and two of this document, “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. 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.” This was reinforced in Heather’s comment above and throughout the week 5 evaluations. It’s important that you take the time to read the feedback provided each week to ensure you have an understanding. If you ever have any questions, we are always here to answer them. There appears to be a disconnect in reading and following directions the last couple weeks related to clinical assignments/requirements. I encourage you to take your time when completing clinical assignments, review the course syllabus for specific requirements for each clinical experience, and reach out for clarification when needed. NS

Week 5 –(3b-j) I didn’t not realize that I left blanks during my week 5 clinical tool. I will make sure to fill out every section following this semester. I am sorry for this mistake. To make the “U” a satisfactory I should have been more mindful and filled out every section in the clinical tool. HS

Week 6 (3b-j) I didn’t read the handbook correctly. I responded to Heather in an email, not in the clinical tool. I need to be mindful of the reading and not rush. This “U” can turn into a satisfactory by addressing the faculty members notes and responding in the clinical tool. HS

Week 7 (3h)- I changed this to an S, while you did not administer the heparin your patient was receiving it every 8 hours and you were assisting in getting your patient moving by encouraging her and assisting her in getting up to the chair and out of bed. HS

Week 7 (3i, j)- You were able to discuss the plan of care with your team leader and your primary nurse in order to determine how to prioritize the plan of care. HS

Week 9 – 3b – You did a such a nice job caring for your patient and trying to help educate her on the plan of care while in the hospital as well as at discharge. You respected her thoughts and opinions and supported her autonomy even if it was against medical advice. KA

Week 9 – 3g – Your patient his week did not have a Foley to monitor. KA

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 12: (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

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

MDCComments:

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 3 3(k-s) – You did a great job with medication administration this week. You performed your assessments in a timely manner allowing time to look up and review medications prior to administration. You demonstrated knowledge of the medications prescribed and discussed the implications for each medication. You ensured the 6 rights of administration were practiced and utilized the BMV scanner for patient safety. All oral medications were administered safely. A saline flush was performed using aseptic technique to ensure patency. All infection control measures were followed. Overall, great work! NS

Week 4 – 3k – You did a nice job administering your medications this week. You observed the rights of medication administration and was able to answer all questions about your medications. You had the opportunity to pass PO and IV medications this week. You performed the medication administration process with practiced 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 4 – 3n – You did a nice job priming your piggy back and connecting your patient to the medication with practiced skill. KA

Week 4 – 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 4 – 3q – You successfully DC’d an IV catheter this week using proper technique. You monitored the site for bleeding and dressed the site appropriately after discontinuation. Great job! KA

Week 4 – 3r – You did a nice job monitoring your patient’s IV site this week and documenting your assessment in the EMR. KA

Week 5 (3k-s)-All competencies must be addressed each week unless they are grayed out or specifically marked for a specific clinical site. You did not self-evaluate competencies k-s and therefore resulting in U’s. Please be sure to address your U’s with the week 6 tool to explain how you have made a change and will prevent this from happening in the future. Failure to comment on your improvement will result in a continued rating of U regardless of your performance. HS

Week 6 3(k-s) - Unfortunately, these competencies were changed to “U” because you did not provide a comment to address the U’s from the previous week. According to the clinical tool directions on page one and two of this document, “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. 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.” This was reinforced in Heather’s comment above and throughout the week 5 evaluations. It’s important that you take the time to read the feedback provided each week to ensure you have an understanding. If you ever have any questions, we are always here to answer them. There appears to be a disconnect in reading and following directions the last couple weeks related to clinical assignments/requirements. I encourage you to take your time when completing clinical assignments, review the course syllabus for specific requirements for each clinical experience, and reach out for clarification when needed. NS

Week 5 –(3k-s) I didn’t not realize that I left blanks during my week 5 clinical tool. I will make sure to fill out every section following this semester. I am sorry for this mistake. I should have been more mindful and filled out every section in the clinical tool. HS

Week 6 (3k-s) I didn’t read the handbook correctly. I responded to Heather in an email, not in the clinical tool. I need to be mindful of the reading and not rush. This “U” could have been a satisfactory if I addressed the faculty members notes in the clinical tool. HS

Week 7 (3k-p,r,s)- Great job this week with your medication administration! You did a nice job with the rights of medication administration and were able to answer all of the questions about each medication. You did a nice job administering oral, IV push, and IV piggy back medications this week. HS

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 medications this week. You performed the medication administration process with practiced dexterity. KA

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

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 12: (3 k, l, m)- You were well prepared for medication administration this week and you performed all checks well! You used the EMAR to look up medications that were due then used skyscape to further investigate each medication. You answered all my questions well and your medication pass went smoothly. RH

Objective

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

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

Comments:

Week 3 4(a,b) – You performed as an accountable and professional member of the health care team. You were active on the unit with your patient and helped others as well. Your communication with the patient's, family members, peers, and health care team were strong. Nice job! NS

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 3 4(e) – Overall nice work with your CDG this week. All requirements were met for a satisfactory evaluation. See my comments on your posts for further details. In future weeks, be sure to elaborate a little more on your summary to paint a clear picture of the study that was performed. The methods sections should include all the details related to the study to better understand the intended results. Some suggestions for APA formatting in the future: In-text citations should only include the author(s) last name(s) and the publishing year. Correct APA formatting for your article citation would be (Bumpas & Stuart, 2023). For your reference, only the first word of the article title should be capitalized; or the first word following a period or colon. The journal title should be italicized along with the volume number of the journal. Correct APA formatting for your reference is as follows:

Bumpas, J. W., & Stuart, W. P. (2023). Improving care transitions from hospital to home: Best practice. *MEDSURG Nursing*, 32(2).

<https://doi.org/https://www.proquest.com/scholarly-journals/improving-care-transitions-hospital-home-best/docview/2801306325/se-2>.

These are tips for success as you progress and learn APA formatting. Let me know if you have any questions. NS

Week -4 – 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 4 – 4e – Nadia, you did such a nice job responding to your CDG questions on your team leading experience this week. You did a nice job responding to a peer with a thoughtful response. You made sure to include both an in-text citation and a reference for both your posts. Remember on the first letter of the first word of the title and the first letter of the first word after a colon are capitalized in the reference. Keep up the nice work! KA

Week 5 (4e)- You completed the CDG post for the infection control clinical and answered all of the questions. Please review the APA guidelines on in-text citations and some corrections on the reference, the book title should be in italics with only the first word in the title capitalized. HS

You did not self-evaluate yourself for the competency therefore you received a U. Please be sure to address your U with the week 6 tool to explain how you have made a change and will prevent this from happening in the future. Failure to comment on your improvement will result in a continued rating of U regardless of your performance. HS

Week 6 4(e) – This competency was changed to “S” because you completed your CDG requirements for the ECSC clinical experience. You answered the question prompts appropriately and did well to discuss your planned activity and alterations that had to be made due to physical limitations. See my comment on your post for further details. All criteria were met for a satisfactory evaluation. NS

Week 5 4e- I failed to comment in the box. The only way I could make it a satisfactory would be to correct my mistake by completing all the boxes needed. HS

Week 7 (4a-d)- You did a nice job communicating with your patient, your team leader and the primary nurse this week. You informed them of any important information as well as keeping them up to date throughout the shift. HS

(4e)- You did a nice job with your 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! However, you continue to struggle with your in-text citation formatting. Please refer to the examples or have a faculty member or Libby assist you. HS

Week 9 – 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 9 – 4e – Nadia, you did a nice job responding to all the CDG questions on your patient’s social determinates of health this week. You thoroughly responded to the questions and reflected on your unique patient and her perspectives. You thoughtfully responded to a classmate and added to the discussion on their patient’s SDOHs. You included both an in-text citation and reference for both of your posts. Terrific job this week! Keep up the great work! KA

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 also provided satisfactory reference and in-text citation for both the initial and peer responses. MD

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 12: (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 even though the bias test was strange. You gave a good SBAR report prior to leaving for the day. RH

Objective																	
5. Implement patient education based on teaching needs of patients and/or significant others. (1,6)*																	
Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies:			S	S	n/a	n/a	S	n/a	S	S	n/a	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)			S	S	n/a	n/a	S	n/a	S	NI	S	n/a	S		n/a	n/a	
			NS	KA	HS	NS	HS	DW	DW	KA	MD	DW	RH				

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

Comments:

Week 3 5a& 5b- Education related to fall; stand up slowing, clutter less environment, using equipment to move like a walker or cane, appropriate footwear were some the topics that was provided to the patient during her education. This teaching will help the prevent the patient from having a fall. I used the education resource on skyscape and the RN gave her Firelands discharge teaching paperwork. We also used the teach-back method. This helped us to review the areas she was still having problem understanding. **Very good! Your selected article for this week helped to support the importance of utilizing the teach-back method to ensure understanding. You identified important teaching needs based on your patient's admitting problem and history of falls. Hopefully the education provided will help to prevent further injury in the future.**
 NS

Week 4 5a/5b- Education for my patient was related to wearing oxygen mask at home with SpO2 levels are less than 88%. Patient has COPD, it is normal for her to run in the low 90s. The doctor had orders to wear nasal cannula, patient has an at home oxygen tank, but refuses to wear it. Education was giving by talking with the patient, using the teach back method. She also watched videos on the TV about COPD management. It talked about the signs you may feel when the oxygen is low (dizzy, headache or SOB). She has an at home SpO2 meter that she brought to the hospital. We should her how to correctly use it. **Great job using the education videos on the tv to help deliver education to your patient. I think sometimes this is an underutilized resource.** KA

Week 5 5a/5b- My clinal was digestive health and infection control. I didn't get to education any patients. I heard the nurses say to the patients after the colonoscopy, you may have a small amount of bleedings that will last 1 or 2 days. If it last more than 3 days or it's a large amount of bleeding, please notify us.

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 7 5a/5b- The education I provided my patient was on managing type 2 diabetes and signs and symptoms of infection. When I was teaching my patients, I noticed that she wasn't understand and making the education seem like a joke. I tried to use the teach-back method. When doing this I has her talk to me about what I was just telling her. I also tried to joke with her. Maybe if I could make her laugh she would remember a bit more. I also showed her how to use the TV, There are education videos that she could watch. She wasn't a fan of the education videos, but I think she learned by the teach-back method. **Great job educating your patient. I realize she was not the most receptive to the information being given to her, however hopefully she retained a little. The videos are a great resource for the patients to watch however, your patient seemed to enjoy communicating you could also consider using some of the information that you looked up when completing your research possibly on Skyscape if that is what you utilized.** HS

Week 9 5a/a- Education for my patient was related to wearing oxygen at home and not taking her husbands oxygen. The patient was here for respiratory failure with hypoxia. She was on 4L nasal cannula with stats in the low 90s. I feel like I have never had so much trouble trying to find ways to educate someone. She didn't want the education. Today we had her daughter and granddaughter come in to explained why she needed to get her own oxygen. That didn't work. The "tradition" ways of education would not work with her. I would need the person to be invoked with their care, she couldn't care less about her care. I thought if I showed her what was happening she would care more. I turned down her oxygen to 3L and she dropped into the high 80s, after that I put it back to 4L and then tried to explain that a normal O2 level is high 90s room air, you are mid 90s of 4L. After that she told me that she is normally in the low 80s so she will be fine. **What a great way to educate her and help her see the effects of low SpO2 and utilizing family to help. Where did you get your information? Stating where it came from is part of meeting 5b.** KA

Week 9 5a- I used the education by just talking to her. She refused any handout. I told her we can print out form about COPD and ways to manage it. She told me it was useless. I got my information from talking to her and her family talking to her. She would not answer any of the teach back question or showed understanding. I asked her if she knew what I was trying to tell her, she said "yes but I'm not doing it and I want to leave." **This is good but where did you receive your information? Skyscape? Lexicomp?** MD

Week 9- I didn't educate her with any resource because she refused care. All I did want talk with her, she won't take any handouts.

Week 10 5a/b- Education I proved my patients was ways to stand from getting up from the bed. PT was teaching him, to push off for the bed then grab the walker. When I was taking him to the bathroom. He grabbed the walker and then tried to pull himself up. I had him sit down and use his hands to push up from the bed. After that education he told me her forgot and verbized that he should have pushed off. Teach back method was used, he already had handout from PT. I hold him to refer to them and if he had any question to please let me know. **This is great education to provide the patient! Using the teach back method is wonderful! You are receiving an unsatisfactory rating for the 5B competency due to this being the second week in a row where a specific reference/resource was not mentioned in your response. Please be sure to address where you learned this information from and also state how you will prevent this from occurring in the future.** MD

Week 10 reply. It wasn't sure where the PT women printed the handout from. I like it was Lexicomp. Next week I will make sure to provide this source of the information. **Thank you!** DW

Week 12 I educated my patient on, the risk factors of having a stroke and hypertension. I printed handouts from Lexicomp. She had a right sided stroke two weeks ago. The nurse Justice and I talked with her about her diet. For breakfast she has 160 grams of carbs and high sodium foods. She is also pre-diabetes. All the factors with her diet, stress and hypertension can cause another stroke. When she goes home, she will need to eat less Na+ and carbohydrates. She will also need to take her medication as prescribed and go to follow up appointments. **Good job printing it off and discussing it with your patient. Sometimes the handouts help them remember what the discussion was more than just the discussion alone.** 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	n/a	n/a	S	n/a	S	S	n/a	n/a	n/a		n/a	n/a	
b. Identify factors associated with Social Determinants of Health (SDOH) &/or cultural elements that have the potential to influence patient care.** (Noticing, Interpreting, Responding, Reflecting)			S	S	S	S	S	n/a	S	S	S	n/a	S		n/a	n/a	
			NS	KA	HS	NS	HS	DW	DW	KA	MD	DW	RH				

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

See Care Map Grading Rubrics below.

Comments:

Week 3 6(a) – This competency was changed to “NA” because a care map was not completed this week. NS

6b- my patient fell, a cultural element that cause her to fall was the fear of falling. She was walking down the stairs and didn't want to miss a step, then she took too little of steps and fall. It is normal for weaker adults to have this fear. When living at home, they fear of falling and no one being there to help them. **It sounds like you have identified the social and community context related to SDOH for your patient. People's interactions with family, friends, and community members can have a major impact on overall health. A primary focus of SDOH is ensuring patient's have the social support to help manage their health. Your patient living at home alone with frequent falls has negatively impacted her health due to a fear of falling with nobody around to help. Be sure to utilize this link to identify the social determinants of health. NS**
[https://health.gov/healthypeople/priority-areas/social-determinants-health#:~:text=Social%20determinants%20of%20health%20\(SDOH,Education%20Access%20and%20Quality](https://health.gov/healthypeople/priority-areas/social-determinants-health#:~:text=Social%20determinants%20of%20health%20(SDOH,Education%20Access%20and%20Quality).

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 4 6b- My patient got discarded and was nervous about going home. She didn't have a walker and PT told her, she should. She daughter is coming to stay with her and buy her a walker. This is a social determinate; her family is supporting her throughout her SOB. Helping her get a walker, will access in the energy needed to be used. Using too much energy can cause you SpO2 to decrease. **Great job identifying that SDOH's do not always have to negative impact a patient. They can positively impact a patient as well and help assist them in better managing their overall health. KA**

Week 5 6b- I didn't have a patient this week, I was doing my infection control and digestive health. I noticed that male patients would not do the bowel prep or not even finish it one man said, "he didn't like how much it was pooping and started to burn." I think a social determinate is that male patients have the fear of something going up their rectum. They think not doing the prep before the scopey will allow them to get out of the it. This will have a negative impact of the patient because they will need to do this again and again, until the prep is done correctly, and the doctor can visualize the colon. **Education may be the factor that is associated with this concern. The lack of knowledge could lead to the patient being unaware of the outcome or the procedure itself. HS**

Week 6 (6b)- I didn't have a patient this week because I was at the ECSC. During my time there I learned that many of the seniors are low income. They come to the center every other day to get a hot meal. I couldn't find something to educate them on. I did tell one lady that a local church gives free hygiene products the first Monday of the month to anyone in need. I wrote down the name and address for her. I think a social determinate for her is lack of money. I'm sure everyone can feel like we have a lack in money now of days. The lady I was talking to says she gets \$1000 a month from the government, and she has no family to help her. She needs help to get essentials, like food, housing, and clean clothes. **Nadia, this was a nice reflection on SDOH on how the ECSC client's overall health can be impacted. The ECSC is a great service for the community that aims at improving the determinants of health that the senior population experiences. I am glad to hear that you were able to provide some additional resources for the clients there through communication. Nice work! NS**

Week 7 6b This week I was on 3T I patient was an uncontrolled diabetic. She didn't understand the risk she was taking with her eating habits and her daily actives. She was telling me that the doctor doesn't want her driving after she leaves the hospital. Then says that she will be driving because she needs to work to pay for this hospital bill. I told her that doing that can injury her foot even more. I feel like her social determent is lack of education. After teaching her that drive one week postop can and will cause the wound to open. This will set back the healing process. Plus, since she doesn't take her blood sugar at home. And just always give herself 8 unit. Her blood sugar is still uncontrolled. It can get infection and they will have to take another toe from her foot. She said that she would ask her friend for a ride occasionally. **I would agree, education is definitely a factor for her. It also sounds like economic stability would be another one based on what you have mentioned above. HS**

Week 9 6b- The SDOH for my patient would education and living condition. My patients live at home with her husband. Her husband wear oxygen 24/7. If my patients SPo2 is low at home she will share the oxygen with her husband. She doesn't want her own because there will be too much stuff in the house. A culture element is she was born during the great depression. The elderly from that generation., don't like to receive help. She thinks that having two oxygen tanks is "too much for them". Having this mindset is impacting her care, we have tried to educate her. It will take more than education to get her out of this mindset. **Such a great thought process on this patient's unique perspective. KA**

Week 9 – 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 10 6b- this week I was on rehab with a patient that has back surgery due to bulging disc that were compressing his nerves. The SDOH this week is kind of hard to figure out. He has family that is there to support him and the supplies to do what he needs to do. I personally think he is trying to get better, but he is used to having his legs be numb. Now that they aren't numb, he having to "relearn" how to walk. The SDOH would be education quality and health care quality. We are proving him the information that his leg is better. We need to treat him the "new way" of living. The patient needs to understand and apply that too his ADLs **These are very good SDOH for your patient! MD**

Week 12- 6b- My patient was a 41-year-old female. Her mother passes away from cancer and her father passed away from a MI at 48 years old. She lives with her 4 kids and raises them without a father. As I was talking with her, I found out that she has no one to help care for the kids and she doesn't work. Finding food for them has been hard, she just received food snaps. The day she the EBT card, she had a stroke. She hasn't brought food for the house in 2 weeks. Her. Oldest daughter works, so she is helping pay for the food, while she is in the hospital. As of now she can't drive to get to the food when she gets out, because of loss part of her vision in left eye. Her SDOH

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

would be transportation to get food. She can't get the healthy foods needed to help with her medical problems. This is causing stress on her, that can lead to another stroke. I am glad she is taking the steps to provide for her family, but yes driving to get the food will be difficult due to her lack of transportation. 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	U	S U	S	n/a	S	S	S	n/a	S		n/a	n/a	
b. Reflect on an area for improvement and set a goal to meet this need.** (Reflecting)	S		S	S	U	S U	S	n/a	S	S	S	n/a	S		n/a	n/a	
c. Demonstrate evidence of growth, initiative, and self-confidence. (Responding)	S		S	S	U	n/a U	S	n/a	S	S	S	n/a	S		n/a	n/a	
d. Follow the standards outlined in the FRMCSN Student Code of Conduct Policy. (Responding)	S		S	S	U	n/a U	S	n/a	S	S	S	n/a	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	U	n/a U	S	n/a	S	S	S	N/a	S		n/a	n/a	
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (Responding)	S		S	S	U	n/a U	S U	n/a	U	S	S	n/a	S		n/a	n/a	
g. Demonstrate the ability to give and receive constructive feedback. (Responding)	S		S	S	U	n/a U	S	n/a	S	S	S	n/a	S		n/a	n/a	
h. Actively engage in self-reflection. (Reflecting)	S		S	S	U	n/a U	S	n/a	S	S	S	n/a	S		n/a	n/a	
	DW		NS	KA	HS	NS	HS	DW	DW	KA	MD	DW	RH				

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

Comments:

Week 1- 7a- One area of strength is programing the IV pump and spiking the bag. Agreed! You were efficient and confident. I can tell you do this on a regular basis for work. Keep up the great work! DW

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

7b- I need to work on asking question and feeling less confidence. I think my confidence in my skills makes me feel like I don't need to work as hard. One goal would be to remember I am learning and to take advice from other. I will ask 3 questions in the next clinical. Also, I will a peer for help if needed before lap/clinical/sim. **I appreciate this reflection, Nadia! Regardless of the fact that you are in a RN program, nurses always have something new to learn, so having a mindset of lifelong learning will serve you well. DW**

Week 2- 7a- A strength I had this week was performing trach care, I haven't done it in months, but I still remembered. I did ask question like my goal was last week. **Excellent! DW**

7b- I need to work on talking to people and being a team player. I'm used to doing everything alone, it feels weird to me to help someone that is struggling. In trach lab I did it, with some pushing from Dawn. My goal for next week is to help and talk to the other classmates. It might seem like a small goal to say, but for me this is huge. I'm insecure about my voice so I just don't say anything. **I can appreciate that 100%. I want you to know that from an outsider's perspective, when you do push yourself out of your comfort zone, I have witnessed multiple occasions just within the last two weeks where you were engaging your classmates in an extremely kind, outgoing and inspiring way. Who knows, maybe in doing this, you could find a lifelong friend. 😊 Thank you, Nadia! DW**

Side note: On weeks that you do not have clinical (ex. Week 11 and 13), you do not need to write a strength and goal for improvement. Regardless, I'm really glad you did. It's always important to reflect on past experiences for future growth. DW

Week 3 7a- A strength I had this week was on my medication pass. I do it every day at work, but its different having someone watch and question on why you are doing that. **Very good! Even though this is something you do daily, you did a nice job reflecting on the different role that you are in and the importance of understanding the "why" behind each medication and the safety measures implemented to administer medications. You did a great job this week! NS**

7b- I need to work on the action of some of the medication. My goal throughout this week I will review the blood pressure medication twice before my next clinical on Wednesday. **Good plan to improve on an area you would like to grow in! NS**

Week 4 7a/7b- A strength I had this week was being the team leader. My team of Ava and Destiny were great. We finished all our work and responded to our patient's needs. Next time I am team leader I would like to get stuff done in a timely manner. To get too my goal I will start with getting my own medication done in a timely manner and help others if need. I know not everyone can get stuff completed, by helping it should be easier. **You were a great team leader and did well assisting your team. Time management is a skill that takes practice and improves with time. Great goal to help achieve this as a team leader. KA**

Week 5 7a/7b- This we I felt useless as a nurse. There were so many things I knew how to do, and I wanted to do them. The other nurses on the floor just kept telling, me they can do it. The only thing I felt like I was useful was the infection control. With doing the infection control my goal is to make sure that I'm washing my hands more and making sure my patients isolation cart is stocked. **Sometimes it is challenging when you are not directly hands on, and are learning from an observation standpoint. I hope that you felt as though you were learning things during this time even though it may not have been direct hands on care. HS**

Week 5 (7a-h)-You did not self-evaluate for these competencies therefore resulting in a U for each competency. As well as for the late submission of your Infection Control and Digestive Health signature form and Infection Control scavenger hunt, you have earned a U for professionalism and accountability, as well as 3 hours of missed clinical time (1 hour for each late submission). This was made up with the submission of the documents on 2/13/24. Please be sure to address your U with the week 6 tool to explain how you have made a change and will prevent this from happening in the future. Failure to comment on your improvement will result in a continued rating of U regardless of your performance. Let me know if you have any questions about future clinical requirements. HS

Week 6 (7a/b) This week I was helping at the ECSC. A strength I had this week was helping others and understand their needs are different from patients in the hospitals. The patients at the center just wanted someone to talk to. One goal for next week is to understand my patients personally, I would like to learn two facts about my patient. The facts can be about their kids/grandkids, where they grow up, anything that would build a bond with my patient. **Very good! This is a much different clinical experience. It provides insight into community health and how different agencies work towards reducing SDOH that can impact various populations. There is way more to nursing than simply acute or long-term care. Community health nursing is vitally important in trying to prevent patients from having negative health outcomes and needing a hospital stay. I have you found this to be a new learning experience that gives you a different viewpoint towards community health. Great job! NS**

Week 6 7(a-h) – Unfortunately, these competencies were changed to “U” because you did not provide a comment to address the U’s from the previous week. According to the clinical tool directions on page one and two of this document, **“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. 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.”** This was reinforced in Heather’s comment above and throughout the week 5 evaluations. It’s important that you take the time to read the feedback provided each week to ensure you have an understanding. If you ever have any questions, we are always here to answer them. There appears to be a disconnect in reading and following directions the last couple weeks related to clinical assignments/requirements. I encourage you to take your time when completing clinical assignments, review the course syllabus for specific requirements for each clinical experience, and reach out for clarification when needed. Additionally, the ECSC survey was not completed by the assigned due date and time. Be sure to create a checklist and closely read directions for each clinical experience to prevent this in the future. **NS**

Week 5 –(3a-h) I didn’t realize that I left blanks during my week 5 clinical tool. I will make sure to fill out every section following this semester. I am sorry for this mistake. To make the “U” a satisfactory I should have been more mindful and filled out every section in the clinical tool. **HS**

Week 6 (3a-h) I didn’t read the handbook correctly. I responded to Heather in an email, not in the clinical tool. I need to be mindful of the reading and not rush. This “U” can turn into a satisfactory by addressing the faculty members’ notes and responding in the clinical tool. **HS**

Week 7 7a/b A skill I did well at was understanding and building a bond with my patients. This was a goal I had last week, that I did. I learned that my patient has 3 kids and 1 grandson who is 3. She lives with her boyfriend who is also a diabetic. I felt like she liked me. One thing I need to work on, is understanding what is being asked and not letting that get in the way of my feeling. After reading my clinical notes from last week, I felt awful about myself. I felt like that clouded my thought and I didn’t do my best. Next week I need to let the past stay in the past. Try my best and only worry about my patient. **You did a great job communicating with your patient this week. Please always feel free to come speak with a faculty member if you have questions or concerns, or if we can assist you in understanding how to complete something. Sometimes a conversation will help alleviate the frustration and help you move forward. HS**

Week 7 (7f)- You did receive a U this week for professional behavior and responsibility. You flushed an IV of another student’s patient after hearing that the IV wasn’t working properly. Faculty was aware of the issues with the IV, however faculty did not discuss this issue with you. Since this was not your patient nor was faculty part of this decision it was outside of your role as a student at that time. You will need to address this U with the week 8 submission. **HS**

Week 7 (7f) – I will no longer be helping any student without approval from the instructor. I was wrong of me to flush the IV of another student. We have discussed this in person and in email. It was not my role as a student so if a student comes to me for help, I will tell them to find the instructor. **DW**

Midterm- Nadia, what a great first half of the semester you’ve had so far. It is evident that you are making great strides in the MSN course. Your tool demonstrates your ability to provide patient-centered care, prioritize and make appropriate clinical judgments. Your communication and teaching have been consistently satisfactory. Additionally, you have satisfactorily completed one of the two required care maps for this semester. At midterm, you are satisfactory for all clinical competencies within this tool, except for an NI in 2b- Fall Precautions and U in 7f- Professionalism. Being an LPN already can sometimes be confusing in the clinical environment when you have to transition to the role of an RN student. I believe you’ve learned from these experiences and will be sure to check in with your clinical faculty before completing any skills. We are confident you will be satisfactory in these competencies moving forward. Please be sure to actively seek out opportunities to perform these skills over

the next few weeks of clinical. Lastly, use this time over spring break to regroup so you can finish strong for the remainder of the semester. I am confident in you! Please let us know if you have any questions or need further clarification. Keep up the hard work and effort. DW

Midterm- I reflected on the last few weeks. My behavior of not verifying I had submitted the right clinical tool and addressing it with the teacher was wrong of me. With the student and flushing the IV. I'm used to flushing IVs, so I didn't think it was a big deal at the time. I must understand that I'm now a student and I can't do the things I'm used to doing. KA

Week 9 7a/b- I didn't reach my goal. I'm still upset about my last clinical tool. Every time I see that student, I feel betrayed and lied too. I have the same goal as week 7. Not to let others cloud how I feel. I really let how upset I was show this week, I had students ask if I was okay because I looked upset, When I saw she was working, I felt light head. I will remain professional when dealing with her. I felt like I did well trying to educate my patient, that's about the only thing I did well this week. You did a wonderful job caring for your patient this week. Your patient was very opinionated about what she wanted and did not want in her care after the hospital and you not only try to educate her on options but also supported her autonomy versus discouraging her. Terrific job! KA

Week 10 7a/b- I did do well this week with reaching my goal. I didn't let my emotions show at all. Kind of like my patient, he was flat. I am glad you were able to reach your goal. What was your goal? MD I can't set a goal for next week because I don't have clinical. My very last clinical is also on rehab. My goal for that last week of clinical is to have a great day and enjoy the little things. It's the end of a semester and hopefully we all make it. Also, I need to stop acting better than the others. They haven't had the experiences like I had. I need to let them enjoy bladder scanning, putting in a foley, or giving a piggyback medication. How do you feel you will achieve this goal? You have had many experiences that others may not have had. How will you be encouraging to them and supportive of their achievements? MD

Week 10- I feel like I can achieve this goal by listening to what they others need. When I first started, I didn't want to meet anybody and stay to myself. I still want to stay to myself. I get roped into things, so I have no choice. I encourage them by saying follow your gut. Its stuff I don't know, so I can't help with everything. Best advice I got in nursing school was, you can't support everyone then it wouldn't be anyone to support you. MD

Week 12 7a/b. This is the last week of clinical. I feel proud of myself for making it though the program so far. I met my goal from week 10, I supported the other students, and I had a great day. I was team leader on Tuesday. I feel like I didn't make the other students work to hard. To be fair it wasn't a lot to do on rehab. A few of the students needed advice so I did give them advice. A strength I had this week, is understanding the point of view from others. Some of the question they had I thought was common sense, to them it wasn't. Many of them are fresh out of high school, that just started driving 2 years ago. They are still learning as adults and nurses. I must put myself in their footsteps. One thing I can work on for the rest of the semester is passing the class, I have been upset with myself about my grades. I think it is causing me to do worst on the test. Keep your head up, we are almost to the end of the semester! RH

Student Name: Nadia Drivas				Course Objective: 6a			
Date or Clinical Week: 2/22/2024							
Criteria		3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)	3	You provided a nice list of assessment and lab findings for your patient. You also identified numerous risk factors for your patient.
	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	Great job listing the nursing priorities that would apply for this patient. You may also consider risk for falls as an additional nursing priority to consider. Nice job on the potential complications that could arise based on the priority problem you listed. You also provided a nice list of several symptoms to monitor the patient for.
	5. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	6. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	3	
	7. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	3	
Responding	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	2	Overall you did a nice job with the interventions. They should be a little more specific to this patient for example, assess pulse and cap refill where? Vancomycin you have prevent/treat infection this patient has an infection so you could just put treat infection. I don't see anything specific within the interventions relating to her surgical site on her foot?
	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	2	
	12. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	2	
Ref	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	1	Be sure to put specific values within the reassessment for example, heart rate should have the most recent heart rate you

ecting	14. Evaluation includes one of the following statements: - Continue plan of care - Modify plan of care - Terminate plan of care	Complete			Not complete	3	obtained. The reassessment should also include anything that was abnormal initially and is highlighted from the assessment and lab findings category and it should list a specific value from the next day labs.
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: Nadia, Overall nice job! You did a good job identifying your abnormal assessment and lab findings as well as key risk factors for your patient. You were then able to identify the potential nursing problems as well as deciding on a priority problem. I provided some suggestions for the interventions to help guide you in the future. The interventions should directly link to the care that you provide to the patient based on the identified priority nursing problem. Then in the reassessment be sure to reassess those abnormal findings you identified. Be sure to double check spelling prior to submitting just a couple minor spelling errors. HS							Total Points: 37/42
							Faculty/Teaching Assistant Initials: HS

Student Name: Nadia Drivas				Course Objective:			
Date or Clinical Week: 9							
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 completing the noticing section and including all pertinent assessment findings, lab/diagnostics, and risk factors. 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 highlighting your nursing priority as well as listing other pertinent nursing priorities for your patient. You highlighted supporting data in the noticing section. You could also highlight the furosemide and the patient's age to support your nursing priority as well. You listed 4 potential complications as well as signs and symptoms of each nursing will monitor for. KA
	5. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	6. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	3	
	7. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	3	
Responding	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	You did a nice job including relevant nursing interventions for this nursing priority. For the most part your nursing interventions were prioritized and had rationales. There was one without any rationale. Half of your nursing interventions did not have frequencies. Remember to include frequencies with all interventions in the future. The interventions were individualized and realistic. You would maybe want to consider adding an intervention related to the furosemide since it would help remove excess fluid and make breathing easier. Also adding an intervention related to assessing the cough would be needed since this is highlighted patient data. Also, you would move the continue plan of care to the evaluation section. KA
	9. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	10. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	2	
	11. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	12. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	

Reflecting	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	1	Remember when completing this section you need to reassess all highlighted data from the assessment findings and lab/diagnostic sections. Only 2 of the 6 highlighted findings were reassessed. You would also want to include the reassessment of the cough, respiratory rate, chest x-ray, and chest CT. Even if there are no new results you just state no new results. Also you need to state whether you would continue, modify or discontinue care here. KA
	14. Evaluation includes one of the following statements: - Continue plan of care - Modify plan of care - Terminate plan of care	Complete			Not complete	0	
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: 36/42
Faculty/Teaching Assistant Comments: You satisfactorily completed your second care map. Congratulations! Please see the comments above on areas to address in the future when creating your care maps. KA							Faculty/Teaching Assistant Initials: KA

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

Student name: Nadia Drivas								
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: 1/17/24	Date: 1/18/24	Date: 3/11 or 3/12/24
Evaluation:	S	S	S	S	S	S	S	S
Faculty/Teaching Assistant Initials	DW	DW	DW	DW	DW	DW	DW	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 1/10/24. 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. DW

Week 2

(Trach Care & Suctioning) - During this lab, you satisfactorily demonstrate competence with tracheostomy care and tracheostomy suctioning. Nice job overall for both skills! No prompting was required for either skill and sterility was maintained. For tracheal suctioning, be sure to auscultate the lungs under the gown and have better

control of the catheter as you don't risk contaminating it on the patient's chest or towel. During trach care, remember to step back and avoid cleaning the inner cannula over the sterile field. Otherwise, keep up the good work!

DW/RH/NS/HS

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

Week 9 – 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, trach care, IM injection, Foley insertion, and IV skills including flushing an IV and programming 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> Performance Codes: S: Satisfactory U: Unsatisfactory	Student Name: Nadia Drivas							
	vSim- Vincent Brody (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	vSim- Juan Carlos (Pharmacology) (*1, 2, 3, 4, 5, 6)	vSim- Marilyn Hughes (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	Simulation #1 (Musculoskeletal & Resp) (*1, 2, 3, 4, 5, 6, 7)	Simulation #2 (GI & Endocrine) (*1, 2, 3, 4, 5, 6, 7)	vSim- Stan Checketts (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	vSim- Harry Hadley (Pharmacology) (*1, 2, 3, 4, 5, 6)	vSim- Yoa Li (Pharmacology) (*1, 2, 3, 4, 5, 6)
	Date: 1/29/24	Date: 2/12/24	Date: 2/26/24	Date: 2/28 or 2/29/24	Date: 4/10 or 4/11/24	Date: 4/15/24	Date: 4/25/24	Date: 4/29/24
	Evaluation	S	S	S	S			
Faculty/Teaching Assistant Initials	HS	HS	HS	DW				
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. DW

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Nadia Drivas (A), Molly Plas (M)

GROUP #: 2

SCENARIO: MSN Scenario #1 – Musculoskeletal/Respiratory

OBSERVATION DATE/TIME(S): 2/28/2024 1000-1200

CLINICAL JUDGMENT COMPONENTS	OBSERVATION NOTES				
NOTICING: (2) * • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B	<u>Focused observation:</u> Focused pain assessment when entering the room. Focused vital sign assessment performed. Focused assessment performed on non-surgical extremity due to new complaint of pain. Bilateral extremity assessment performed. Focused respiratory assessment performed due to complaint of chest pain. Did not focus on social diversity, used appropriate pronouns throughout the scenario. <u>Recognizing deviations from expected patterns:</u> Noticed pain to non-surgical extremity. Sought additional information related to pain (numerical rating 6/10), associated symptoms, description of pain. Noticed respiratory distress. Noticed Spo2 85% RA. Noticed adventitious lung sounds (crackles). Noticed tachycardia, hypertension. Noticed cough, chest pain. Noticed redness to the calf and edema. Noticed non-compliance to prevent post-op complications, did not discuss with patient. Noticed abnormal diagnostic results (CT, d-dimer). <u>Information seeking:</u> Sought additional information related to pain (associated symptoms, description, numerical rating). Did not seek information related to post-op non-compliance (mobility, SCDs, medications). Sought information related to allergies prior to medication administration. Consider assessing for allergies to shellfish/iodine prior to CT scan. Consider asking patient about preferred pronouns. Asked about injection location prior to administration. Consider seeking information related to patient's understanding of complications occurring.				
INTERPRETING: (1) * • Prioritizing Data: E A D B • Making Sense of Data: E A D B	<u>Prioritizing data:</u> Prioritized focused assessment on pain when entering the room. Prioritized vital sign assessment when entering the room. Prioritized pain relief with medication administration. Consider prioritizing education related to non-compliance and complications occurring. Prioritized enoxaparin administration after receiving orders. Prioritized notifying the physician of complications occurring. Prioritized notifying physician of diagnostic results. <u>Making sense of data:</u> Made sense of potential DVT due to assessment findings. Made sense of PE manifestations. Recognized abnormal diagnostic findings.				

	Made sense of medication orders for pain relief. Made sense of dosage calculation for enoxaparin order. Made sense of rationale for enoxaparin.			
RESPONDING: (2,3,4,5,6) * • 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	<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. Mostly confident demeanor in interactions with health care team members, could be more confident in communicating with the health care provider for SBAR. <u>Clear communication:</u> Good communication among team members with closed-loop communication. Interventions explained to patient throughout the scenario. Appropriate pronouns used in communications. Discussed conflict resolution with off-going shift. Education provided regarding enoxaparin. Communicated plan with the patient regarding CT order. Communicated with provider regarding new findings. SBAR communication provided with good detail. New orders received. Orders read-back to clarify. Communicated lab results and new symptoms of respiratory distress and interventions performed to the provider. New orders received. Clarified order with the provider by reading back orders. Appropriate use of pronouns used throughout the scenario. SBAR communication provided to provider regarding CT scan results. <u>Well-planned intervention/flexibility:</u> Focused assessments performed based on patient complaints. Elevated the HOB due to respiratory complaints. Applied O2 2L via nasal cannula. Re-assessed Spo2 level after oxygen administration. Consider re-assessing pain and vital signs after interventions performed. Consider education on preventing post-op complications (incentive spirometry, SCDs, mobility, etc.). Notified provider about diagnostic results. <u>Being Skillful:</u> Dosage calculation performed accurately for enoxaparin. Good teamwork and collaboration with dosage calculation. Correct injection location identified for subQ injection. Correct needle size obtained. Good technique with injection. Consider providing more education to the patient throughout. Thorough focused assessments performed. Orders read back to the provider for confirmation.			
REFLECTING: (7) * • Evaluation/Self-Analysis: E A D B	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			

• Commitment to Improvement: E A D B	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. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.
SUMMARY COMMENTS: * = Course Objectives Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric. E= Exemplary A= Accomplished D= Developing B= Beginning Scenario Objectives: 1. Select focused physical assessment priorities based on individual patient needs. (2)* 2. Implement appropriate nursing interventions based on patient’s assessment. (1,3,6)* 3. Communicate appropriately with the patient, family, team members, and healthcare providers incorporating elements of clinical judgment and conflict resolution. (4,7)* 4. Provide patient-centered care with consideration to cultural, ethnic, and social diversity. (2,3,6)* 5. Provide appropriate patient education based on diagnosis. (5)* * Course Objectives	Lasater Clinical Judgement Rubric Comments: Noticing: Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful information. 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. Interpreting: Focuses on the most relevant and important data useful for explaining the patient’s condition. In most situations, interprets the patient’s data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse. Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. Displays proficiency in the use of most nursing skills; could improve speed or accuracy. Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.

EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

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

Student eSignature and Date:

12/27/2023