

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

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

Student: Cameron Beltran

Final Grade: Satisfactory

Semester: Spring

Date of Completion: 4/29/2024

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: M. Dunbar DNP, RN

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)
2/5/24	2 hours	Late IC sign. form & scavenger hunt	2 hours, 2/6/24
4/12/2024	0.5 hours	Missing Prebrief	0.5 hours, 4/15/2024
4/13/2024	1 hour	Missing reflection journal	1 hour, 4/15/2024

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

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

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

UNSATISFACTORY CLINICAL PERFORMANCE

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

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

OTHER

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

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

Date	Care Map Top Nursing Priority	Evaluation & Instructor Initials	Remediation & Instructor Initials	Remediation & Instructor Initials
2/9/2024	Mobility	S/HS	NA	NA
2/16/2024	Acute Pain	Satisfactory/MD	NA	NA

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

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies:			S	NA	S	S	NA	NA	S	S	S	NA	S		NA	NA	S
a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting)			S	NA	S	S	NA	NA	S	S	S	NA	S		NA	NA	S
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			S	NA	S	S	NA	NA	S	S	S	NA	S		NA	NA	S
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			S	NA	S	S	NA	NA	S	S	S	NA	S		NA	NA	S
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			S	NA	S	S	NA	NA	S	S	S	NA	S		NA	NA	S
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	NA	S	S	NA	NA	S	S	S	NA	S		NA	NA	S
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			S	NA	S	S	NA	NA	S	S	S	NA	S		NA	NA	S
g. Assess developmental stages of assigned patients. (Interpreting)			S	NA	S	S	NA	NA	S	S	S	NA	S		NA	NA	S
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		S	NA	S	S	S	NA	S	S	S	S	S		NA	NA	S
	Indicate your clinical site as well as your patient's age and primary medical diagnosis in this box weekly.	Meditech, FSBS, IV Pump Sessions	Rehab, 83, Syncope causing fall	NA Infection Control	3T, 81, facial fracture from falling,	Rehab, 70, unable to ambulate do to left ankle	ECSC	NA	MIDTERM	3T, 69, Septic bursa of right elbow	5T Rehab, 75, Left hip fracture	Digestive Health	86F GI Bleed, Team Leader		NA	NA	FINAL
Instructors Initials	MD	MD	RH	DW	HS	MD	DW	MD	MD	KA	MD	DW	NS	MD	MD	MD	MD

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/NS/HS

Week 3: (1 c, d, e)- This week you did a great job discussing your patient's pathophysiology of their illness as well as had a great discussion of their medications and why they were relevant to their care. RH.

Week 4 (1h)- Cameron, please keep in mind that Infection Control, Digestive Health, and the Erie County Senior Center, while not your typical inpatient clinical, are still clinical experiences. In the future, be sure to review each competency and evaluate as appropriate. For example, competency 1h asks you to evaluate whether or not you demonstrated evidence in being prepared for clinical. Did you review the quick reference guide and bring your clinical paperwork that was mentioned in the syllabus in order to prepare for the Infection Control clinical this week? If yes, the evaluation could have been an S. If not, it would have been an NI or U. DW

Week 4: On my next clinical tool I will make sure to put the correct letter for each box. I was confused about the infection control being different than other clinicals but I did come prepared. HS

Week 5 (1a-e)- You did a nice job discussing the pathophysiology of your patient along with the prescribed medications. You also did a nice job discussing the medications with your team members when you acted as team leader, and you were able to ask appropriate questions. HS

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

Week 9 – 1a, b, c, e– You did a nice job discussing on clinical your patient's disease process related to his septic arthritis and what nursing was doing to help the patient. You were able to discuss symptoms we were monitoring and managing in your patient as well as pertinent labs for your patient diagnosis. You also set a goal for your patient and were able to discuss your patient's work towards meeting that goal. KA

Week 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

Week 12 1(a-h) – You did a nice job discussing priorities related to the pathophysiology and disease processes involved with the patient's you oversaw as team leader. You identified signs and symptoms that each were experiencing, discussed medical management, and the medications prescribed to treat acute and chronic conditions. NS

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

Comments:

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

Week 3: (2 a-f)- This week you did a good job of performing your head to toe when time was available to you due to the therapy scheduling. You also ran into the issue when therapy was during the time you wanted to reassess and you worked around that in order to still complete an assessment. You also were able to document and find other assessment pieces in the electronic health record. RH

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

Week 4- I am sorry I will make sure to correct this in the following weeks. I had put an NA because Sydney helped us look at this, and I did not personally get on a computer to look at this information. HS

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 5 (2a-e)-You did a nice job this week with your assessment and communicating your findings with your team leader and the primary nurse. You were able to focus your assessment around your patient's priority problem. HS

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

Week 9 – 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

Week 12 2(c) – Nice job this week assisting your classmate with a focused skin assessment and performing wound care. Appropriate aseptic technique was utilized. NS

Objective

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

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

Comments:

Week 3: (3 c, d, e) This week you demonstrated good organization and time management when it was time for medication administration. This was difficult due to the varying therapy schedules we had to work around. You did a good job looking up your medications, administering medications, completing your head to toe, and charting

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

your findings while also participating in therapy with your patient throughout both days. You were not afraid to ask for assistance when needed! You also assisted your patient in putting on his TED hose to prevent DVT, good job. RH
Week 3 (3g) this was changed to N/A due to your patient not having a foley this week. Please pay attention to what you are giving yourself “S” for because they may not all be applicable to you each week. RH

Week 5 (3e,g,h)- You were able to identify as the team leader that Essence needed assistance inserting the Foley. DVT prophylaxis is assessed by the physician for each hospitalized patient. Your patient was unable to walk however the progress note from the physician should address DVT prophylaxis and the plan or why it may be contradicted for some patients. This can be reviewed at your next clinical. HS

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

Rehab Clinical Objective 3G-This week you were given the opportunity to perform a straight catheter on a patient. You remained sterile throughout the procedure and had proper technique throughout. Great job! MD

Week 9 – 3b – You did a great job caring for your patient his week and focusing on managing his pain throughout your shift. You also did a nice job helping prepare him for surgery on the second including initiating his IV fluids. KA

Objective

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

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

Comments:

Week 1 Objective 3 R and S-You did not evaluate these competencies. Please be sure to make sure all competencies are filled in before turning in your clinical tool. Be sure to respond to these unsatisfactory ratings by stating how you will prevent this from occurring in the future. MD

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

From now on, I will check and double check each box to make sure everything is filled out in order to avoid these two unsatisfactory ratings. MD

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

Week 3: (3 n, o, p, q, r, s) These were all changed to N/A due to you not doing these activities this week. Please pay attention to what you are giving yourself “S” for because they may not all be applicable to you each week. RH

Week 5 (3 k, l, m)- You did a nice job this week with medication administration. You were able to look up the medications ahead of time and you were able to answer the appropriate questions for each medication. HS

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

Rehab Clinical Objective 3S-This week you were given the opportunity to perform a FSBS. You successfully demonstrated the skill. MD

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 and IV medications this week. You performed the medication administration process with beginning dexterity. KA

Week 9 – 3n – You did a nice job hanging and monitoring the patient’s primary IV fluids and monitoring for continued patency of the IV line. You had the opportunity to administer a slow IV push to your patient utilizing prefilled medication syringes. You performed all IV skills with beginning dexterity. You documented all medication administration and line care appropriately in the EMR. Nice job! KA

Week 9 – 3p – You did a nice job flushing 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

Week 12 3(k) – You did a great job this week with medication administration, both as team leader and primary nurse. You discussed the implications, rationale, side effects, and nursing considerations for each. You answered my questions appropriately and demonstrated a willingness to learn. The six rights of medication administration were followed, and three safety checks were performed. This week you gained experience with drawing up medication from a vial and administering an IM injection. Accurate technique was demonstrated. Great job!! NS

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

Comments:

Week 3: (4 b, e, f, g) you upheld the professionalism standard while on the floor and interacting with staff and patients. You also did great with your discussion post and reply this week. You gave a good SBAR report prior to leaving for the day. RH

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 4 (4e)- Week 4 (4e)- According to the CDG Grading Rubric, you have earned an NI for your participation in the Infection Control discussion this week. Initial posts must be at least 250 words and yours was short of this. While you answered each question, discussion on each topic could be elaborated upon to meet the word requirement, but more importantly to fully reflect on the content and how it will impact you as a future nurse. Nice job with incorporating relevant evidence to support your post, as well as APA formatting. DW

I was mistaken in thinking the APA counted as the word count because I was sure to check the count before submitting, but I will improve my next CDG Post by making sure this does not happen again. HS

Week 5 (4a-g)- You did a nice job communicating with your team members this week as the team leader. You were able to ask appropriate questions in order to gain additional information and prioritize patient care. You also made sure that any necessary information was passed along to the primary nurse. You did a nice job with your CDG post and response to a peer this week. HS

Rehab Clinical Objective 4 E-You had a wonderful CDG this week with response! You were able to turn in your CDG on time, have the adequate word count for both posts, and you were able to provide to the conversation with the information you gave! You supplied a reference and in-text citation for both the initial and peer posts. For your initial post take note that the in-text citation would be (Mayo Foundation for Medical Education and Research, 2023). If you have any questions please reach out. MD

Week 7 (4e)- According to the CDG Grading Rubric, you have earned an S for your participation in the Erie County Senior Center discussion this week. Your discussion was thoughtful and supported by evidence. Also, nice job with your APA formatting. I just have two suggestions: 1. When you use a direct quote, the citation should include the author(s) last name, the year of publication and the page or paragraph number. This would be an example of an APA formatted citation- (Auburn Hill, 2024, p. 2). 2. Scholarly writing utilizes paraphrasing of information whenever possible, as opposed to directly quoting. Please try to incorporate more paraphrasing with your citations in future writing. DW

Week 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 – Cameron, you did a great job responding to all the CDG questions this week on your patient’s social determinants of health (SDOH). You thoughtfully responded to your classmate and added to the discussion on their patient’s SDOH. You included an in-text citation and reference in both of your CDG posts. When in-text citing a direct quotation remember to include the page number or the paragraph number if there are no page numbers. Also, on the first letter of the first word and the first letter of the first word after a colon are capitalized in the title of your reference. Nice job overall! Keep up the terrific work! KA

Week 12 4(e) – Awesome job this week with your reflection assignment related to the CDG prompt this week on implicit bias. See my comments in your dropbox for further details. All criteria were met for a satisfactory evaluation. NS

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	NA	S	S	NA	NA	S	S	NA	S			NA	NA	S
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 U	NA	S	S	NA	NA	S	S	NA	S			NA	NA	S
	MD	MD	RH	DW	HS	MD	DW	MD	MD	KA	MD	DW	NS	MD	MD	MD	MD

****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-A&B: My patient needed education on the importance of following medical advice. He needs to understand that he is much more likely to fall and get hurt again if he does not use a walker and wait for someone to help him like his doctor and therapists are telling him to. This was provided by speaking with him while his wife is there, and using the teach-back method to be sure that he understands. I think that this should be daily during his stay because of his forgetfulness. **This is a great educational point for your patient, but where did you get this information? 5(b) is making sure you are utilizing a resource when educating your patient. Since there is no resource listed, you are getting a "U" for this week. Please address this "U" and how you will prevent getting one in the future. RH**

5b: I will be sure to get my information from a resource when providing education to my patients. I will avoid getting another U by making sure to fill 5b out every time. **DW**

Week 5-My patient needed education on the importance of turning and repositioning. Although I did this q2HR and PRN, it is important that patient understands the reason behind it. This was necessary because she is unable to get out of bed by herself and often wants to lay in the same position for a long time. I got my information from Skyscape under risk for impaired skin integrity. **Your patient definitely needed additional education and also assistance in being repositioned. She was at an increased risk for developing pressure injuries due to her decreased mobility. HS**

Week 6 – My patient needed education on her lovenox. I let her know that her immobility put her at risk for DVTs and a complication of a PE. It is important that the patient understands the need for this medication, and I got my information from Skyscape under Davis's Drug Guide. **Perfect! MD**

Week 9- My patient needed education on his medications. He was taking two PRN medications for his pain. Kelly helped me explain that one medication had a slower onset but a longer half-life, while the other set in faster but would not last as long. We got our information from Skyscape under Davis's Drug Guide and the patient was able to make an educated decision on which medication was more appropriate for his pain. **Great job helping him understand his pain medication! KA**

Week 10 – My patient needed education on fall precautions. I had to put up signs in his bedroom and turn his bed alarm on because they were not yet implemented, and when he asked why, I told him how these precautions are for his safety and can prevent unnecessary injuries. I got my information about the importance of safety precautions from *Essentials for Nursing Practice* and lecture. Great! MD

Week 12 – A patient that I helped care for while I was a Team Leader needed education on why he should take his Colace. After he refused it, I tried to explain to him why he needs it so that he could make an educated decision. The patient had recently had surgery for a bowel obstruction, and we wanted to prevent him from getting blocked up again. Although he still denied it, I made sure to tell him that we can give it to him if he changes his mind at any point. I got my information about the drug from Skyscape under Davis's Drug Guide. Very good! This was a challenging situation as the patient became quite frustrated. However, as team leader you addressed the situation well and kept the patient informed with strong education. As nurses we certainly can't force any intervention upon our patients, if refused, the best we can do is provide education so that they are aware of the risks. This was a valuable experience in regards to the importance of education and documentation. NS

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)			S N/A	NA	S	S	NA	NA	S	NA	NA	NA	NA		NA	NA	S
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	NA U	S	S	S	NA	S	S	S	S	S		NA	NA	S
	MD	MD	RH	DW	HS	MD	DW	MD	MD	KA	MD	DW	NS	MD	MD	MD	MD

****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: My patients age strongly affected his care. His old age caused weakness as well as contributed to his health and mental status, He was very forgetful and because of this and his weakness his care, such as therapy, had to be adjusted. It had a slow pace and his therapists were repetitive and clear talking. **Repeating instructions with a clear voice is a great way to assist with patient care. RH**

Week 3: 6a was changed to "N/A" due to you not submitting a care map this week. RH

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

Week 4: I will make sure to read 6b more carefully from now on. I did not notice this as a clinical, I think I was confused with this week and I will be sure to put a SDOH for every patient on future tools. HS

Week 5: My patient's ability to walk affected her care. She was given more attention when going to the bathroom, needing to get up, helping her reposition, bathing and more. **You patient was unable to walk due to her impaired mobility which could impact many things related to patient care. Depending on her home situation she may have challenges getting to appointments or obtaining her medications. They stated she would be going home with her daughter; however, we didn't see her daughter while she**

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

was hospitalized therefore additional information would be needed in order to determine what type of support she would have if she went home rather than a nursing facility. HS

6a- Nice job on your care map this week! Please review the rubric with comments. HS

Week 6: My patient's home affected her care. She lives in a two-story house and because of this, PT had to make sure that she had the strength and ability to go up and down stairs without any problems. What other SDOH did she have that would affect her? Great job! MD

Week 7: A social determinant of health for a few of the adults at the Senior center would be their ability to walk and using assistive devices. A few of the seniors used a cane or walker. This affected their care because their food for lunch was brought to them, rather than them getting up. Cameron, I understand the concept you are discussing her, but I am not sure that you really addressed the concept of SDOH. Please review the CMS- Social Determinants of Health document available in the Clinical Resources in Edvance360. This resource will better explain SDOH, as well as the concepts that can impact health. One example for the ECSC clientele would be transportation. Many of the older adults that come to the center cannot drive. Inability to drive can affect many things: ability to get food, attend appointments, socialize, etc. Luckily, the Sandusky community provides transportation to attend activities and meals at the center. Do you see the difference with my example? DW

Week 9: One social determinant of health was my patient's mental health. He is known to have a history of depression. Although this was in full remission it affected his care because the care team needs to watch for signs and symptoms of depression, as well as regularly making sure that he knows that he is supported and cared for, as often as needed. Nice job discussing the patient's SDOH further in your CDG response and highlighting resources available to help him address his SDOH concerns. KA

Week 10: One SDOH is that my patient is a drinker. I got in report that he supposedly came in after a fall while drinking at the VFW. This affected his care because he had to rehabilitate after a left hip fracture from this fall. Alcohol can also affect healing so education for my patient was also needed. This is a very good SDOH! MD

Week 11: One SDOH that a patient had that I spoke to was his physical activity. He is very active and exercises a lot so finding out he had his diagnosis was surprising to him and his doctor. He said he had not had a CBC in 7 years because there were no suspected issues. This SDOH affected his care by hiding underlying issues. He now has a new doctor that gives regular checks. DW

Week 12: One social determinant of health was her support system. She had a daughter and a nephew to be there at her side and support her while in the hospital. This improved her care because the healthcare team was able to educate her and her family on issues that she may need help with. She also had a very hard time hearing during conversations and her nephew went to a nearby pharmacy and bought her hearing aid batteries which greatly improved her situation. Very good! It did seem that she had great family support, which will significantly impact her health outcomes positively. Due to her limitations, lack of social support could be a detriment to her overall health. Good thoughts! NS

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
a. Reflect on an area of strength. ** (Reflecting)	S		S	S	S	S	S	NA	S	S	S	S			NA	NA	S
b. Reflect on an area for improvement and set a goal to meet this need.** (Reflecting)	S		S	S	S	S	S	NA	S	S	S	S			NA	NA	S
c. Demonstrate evidence of growth, initiative, and self-confidence. (Responding)	S		S	S	S	S	S	NA	S	S	S	S			NA	NA	S
d. Follow the standards outlined in the FRMCSN Student Code of Conduct Policy. (Responding)	S		S	S	S	S	S	NA	S	S	S	S			NA	NA	S
e. Incorporate the core values of caring, diversity, excellence, integrity, and “ACE”- attitude, commitment, and enthusiasm during all clinical interactions. (Responding)	S		S	S	S	S	S	NA	S	S	S	S			NA	NA	S
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (Responding)	S		S	S	S	S	S	NA	S	S	S	S			NA	NA	S
g. Demonstrate the ability to give and receive constructive feedback. (Responding)	S		S	S	S	S	S	NA	S	S	S	S			NA	NA	S
h. Actively engage in self-reflection. (Reflecting)	S		S	S	S	S	S	NA	S	S	S	S			NA	NA	S
	MD	MD	RH	DW	HS	MD	DW	MD	MD	KA	MD	DW	NS	MD	MD	MD	MD

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

Comments:

Week 1- I think my strength was coming to class prepared, with my pen light, stethoscope, pencil, watch, and more. **Great! MD**
 My weakness was counting drops in the IV rate. I will fix this by rewatching videos and going over handouts to improve. **This will also come with practice! MD**

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 1 Objective 7F-You did not turn in your tool on time this week. Please respond with how you will prevent this from happening in the future. MD

I will prevent from getting an unsatisfactory rating by making sure to turn in my clinical tool in on time every week. I will set reminders, as well as check my calendar as often as possible to avoid missing assignments. MD

Week 3- A: My strength was taking care of my client's pain, making sure to frequently ask him about it and reporting it to his nurse. You did a good job with monitoring and assisting him with his pain. RH

B: My weakness was med pass. I will improve this by taking my time and being more careful with pulling out of the Pyxis as well as scanning during future clinicals. I think you did well with medication administration, but slowing down and just being very careful with your actions is always a great goal! Remember for goals you need a specific time frame. I highlighted the example above in green. RH

Week 4- A: My strength was noticing whether the healthcare workers used the proper isolation precautions and PPE that needed to be worn for the specific cause. Excellent! DW

B: My weakness was only making six out of the ten observations that Sydney made a goal for. I can improve on this before next clinical by making sure to be hyperaware of which workers are following protocols habitually, and which continue to forget every time. I hope you were provided with positive examples of other healthcare provides properly using PPE. If not, all examples were positive, this just reinforces the importance and what not to do in future practice. Additionally, considering that you only get one infection control scavenger hunt this semester, instead of making a goal to be hypervigilant of other, maybe be hypervigilant in using the appropriate precautions and PPE whenever you, yourself have patients with infection control needs. Be that good example for others! DW

Week 4 (7f)- Due to the late submission of your Infection Control signature form and scavenger hunt, you have earned a U for professionalism and accountability, as well as 2 hours of missed clinical time (1 hour for each late submission). This was made up with the submission of both documents on 2/6/24. Please be sure to address your U with the week 5 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. I am happy to help! DW

Week 4: I will make sure to be more aware of myself and my actions in the future. I will set alarms and reminders on my phone to ensure that I turn my assignments in on time. HS

Week 5: A- My strength was my skin assessment. I noticed some redness on her ear and when investigating this, my patient expressed that it was hurting and tender. I took initiative and placed a gauze between her skin and her nasal cannula tubing. Great job! HS

B- My weakness was performing a focused assessment. I could have focused on either something more important or more than one thing. There is no harm in reassessing more than one thing for my patient. I can improve on this by next clinical by evaluating everything and asking the instructor for help if I have any questions. Yes, depending on the patient there may be more than one body system that is included in the focused assessment. HS

Week 6: A- My strength was attempting to straight catheterize a male patient that I previously had to pass due to my poor coping abilities with a situation that he was in. You did a great job with your straight catheter! MD

B – My weakness was my reaction to a patient declining. I had never been in a situation such as his and it was something very new and overwhelming, I had to step back and take a minute off of the floor. This is a very difficult situation. It will take time to develop coping mechanisms for this. You are receiving an NI for this competency due to not explaining how you will work on this for the next clinical experiences. How will you work on this for future clinical experiences? MD

I will work on this for next clinical by talking the situation through with someone trusted so that I will know how to handle it when it happens again. I will make sure to include a timeframe and method of fixing for future tools.

Week 7: A- My strength was socializing with all the seniors and helpers, as well as making sure that everyone that wanted to be included was. I could definitely see this. DW

B- My weakness was communicating with my partners for the clinical. We waited until two days before to set everything up and make sure it went smoothly but we should have way sooner. I will fix this habit by making sure to talk about any necessary topics with my classmates for future clinicals. DW

MIDTERM-Cameron-Great job this first half of the semester! Keep seeking out opportunities to perform skills! MD

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 9:A – My strength was med pass. I am starting to feel more comfortable with the patient, meds, and MAR than I have in previous clinicals. **You did a nice job with your medication pass as well as hanging your first IV this week. KA**

My weakness was hanging/starting an IV bag. The patient could tell that I was very nervous, and although I did not make any major mistakes, it did not go as smoothly and quickly as I had wished. I will improve my skills by next clinical by watching a video on IV pumps and talking it through with myself so that I will remember the steps more confidently. **Always remember practice makes perfect and we all had to start somewhere. Nice job for your first time hanging an IV. You will gain more confidence and skill with practice. KA**

Week 10: A- I think my strength was time management. I was able to care for all my patients needs while also getting my SBAR done and the information for my CDG, as well as answering multiple call lights throughout the day. **You did awesome with time management! MD** B- My weakness was writing my CDG. Although I had the information that I needed, it was hard to answer and link every question together, while also meeting the word count. I will improve by looking at the CDG before my clinicals in the following weeks so that I can be more prepared and ask the instructor for help if needed before the weekend. **Great goal! MD**

Week 11: A-My strength was communicating with the nurses, doctor, and anesthesiologist. I was able to find out about their roles with the procedure and what path they took to become a doctor or anesthesiologist. I also made sure to ask about any polyps or pockets, diverticula, that I was ensure of so that I knew what I was looking at. **Excellent! DW** B- My weakness was seeking out procedures other than colonoscopies. I did not get to see and endoscopies or pain management. I will improve this by looking up a video of one online so that I can familiarize myself with them. If I get the chance in another clinical, I will be sure to seek out opportunities rather than waiting for them to come to me. **I love that you are eager to seek out new learning experiences. Keep up the good work and your inquisitive nature. DW**

Week 12: A- My strength was discontinuing an NG tube. This was my first time caring for a patient with an NG tube. **That's awesome! A great strength to note for an intervention that is not often experienced by a student nurse. The assigned RN reported that you did a great job and safely removed the NG tube without complication. Good strength to be proud of! NS**

B- My weakness was my insecurity. I got overly emotional when I made a mistake in front of my classmates, even though everyone makes mistakes. I will improve on this for future clinicals by remembering everyone is human and that I am still a student who has not had much experience. **I appreciate this reflection, Cameron! You did nothing wrong and learned from the experience. Like anything in health care, it takes experience and multiple opportunities to be comfortable with a specific skill or intervention. Give yourself some grace, you are still learning and doing a great job. I know your frustration stemmed from the fact that you are competent and know what you're doing and things didn't go exactly according to plan. However, its important to learn from these situations for the future. We learned best though experience and troubleshooting mistakes. This was good for your classmates to witness because each have their own struggles as well. Don't be hard on yourself, you're doing a lot of really great things! Keep up the hard work! NS**

FINAL-Congratulations! You have successfully completed the clinical portion of Medical/Surgical Nursing! MD

Student Name: Cameron Beltran		Course Objective: 6a					
Date or Clinical Week: 2/9/2024							
Criteria		3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)	3	Nice job in identifying the abnormal assessment, lab findings, and risk factors pertinent to 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	You did a nice job compiling the list of the nursing priorities. You may also consider including something based on your patient's shortness of breath with activity and since she has a history of wearing 3 L of oxygen at all times. Nice job with the potential complications and the signs and symptoms to monitor for.
	5. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	6. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	3	
	7. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	3	
Responding	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	2	You did a nice job and included many very important interventions that were directly associated with the priority problem however, you also included interventions that did not pertain to the priority problem, such as administering bacitracin ointment. While that is still important it does not need to be included on this list for the priority problem.
	9. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	10. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	11. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	12. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
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 reassess all of the abnormal assessment findings from the original assessment. You did not include

ecting	14. Evaluation includes one of the following statements: <ul style="list-style-type: none"> • Continue plan of care • Modify plan of care • Terminate plan of care 	Complete			Not complete	3	weakness, lethargic, O2 3 L NC, uses walker, incontinent.
<p>Total Possible Points= 42 points 42-33 points = Satisfactory 32-21 points = Needs Improvement* < 21 points = Unsatisfactory*</p> <p>*Total points adding up to less than or equal to 32 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.</p> <p>Faculty/Teaching Assistant Comments: Cameron, nice job on your care map! I have included some suggestions to consider when completing your next care map. Overall, I am able to gain a picture of your patient and the care that was provided based on your care map. Great job! HS</p>							<p>Total Points:39/42</p>
							<p>Faculty/Teaching Assistant Initials: HS</p>

Student Name: Cameron Beltran		Course Objective:					
Date or Clinical Week: 2/16/2024							
Criteria		3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)	3	All criteria met. MD
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)	3	
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	All criteria met. MD
	5. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	6. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	3	
	7. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	3	
Responding	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	All criteria met. MD
	9. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	10. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	11. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	12. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
Refl	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	All criteria met. MD

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

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

Student name: Cameron Beltran								
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)*
Performance Codes: S: Satisfactory U: Unsatisfactory	Date: 1/9/24	Date: 1/9/24	Date: 1/11/24	Date: 1/11/24	Date: 1/12/24	Date: 1/18/24	Date: 1/17/24	Date: 3/11 or 3/12/24
Evaluation:	S	S	S	S	S	S	S	S
Faculty/Teaching Assistant Initials	MD	MD	MD	MD	MD	MD	MD	KA
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA

*Course Objectives

Comments:

Week 1

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

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

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

Week 2

(Trach Care & Suctioning) - During this lab, you satisfactorily demonstrate competence with tracheostomy care and tracheostomy suctioning. During this lab, you satisfactorily demonstrated competence with tracheal airway suctioning and tracheostomy care. You did a nice job of explaining the procedures to your patient and making sure the patient was comfortable throughout both procedures. You were able to maintain your sterile field throughout the procedure. You only required one prompt during

the tracheostomy care, you did not apply clean gloves prior to removing the inner cannula. You were able to successfully answer all of my questions and demonstrate competence on both procedures. Nice job! 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 and IV skills including flushing an IV and programing primary and secondary infusions on the IV pump. You demonstrated all skills with proficiency and collaborated with your classmates to share knowledge throughout the lab time. Nice job! KA

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

<u>Simulation Evaluation</u>	Student Name: Cameron Beltran							
	Performance Codes: S: Satisfactory U: Unsatisfactory	vSim- Vincent Brody (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	vSim- Juan Carlos (Pharmacology) (*1, 2, 3, 4, 5, 6)	vSim- Marilyn Hughes (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	Simulation #1 (Musculoskeletal & Resp) (*1, 2, 3, 4, 5, 6, 7)	Simulation #2 (GI & Endocrine) (*1, 2, 3, 4, 5, 6, 7)	vSim- Stan Checketts (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	vSim- Harry Hadley (Pharmacology) (*1, 2, 3, 4, 5, 6)
	Date: 1/29/24	Date: 2/12/24	Date: 2/26/24	Date: 2/29/24	Date: 4/11/24	Date: 4/15/24	Date: 4/25/24	Date: 4/29/24
Evaluation	S	S	S	S	U	S	S	S
Faculty/Teaching Assistant Initials	DW	HS	MD	MD	MD	MD	MD	MD
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	S 4/15/2024 MD	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. MD

Simulation 2-For the Prebrief and Reflection Journal you did not turn in the correct versions on time in your Dropbox. This was remediated on 4/15/2024. 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. MD

Lasater Clinical Judgment Rubric Scoring Sheet

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

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

GROUP #: **2**

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

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

CLINICAL JUDGMENT COMPONENTS						<u>OBSERVATION NOTES</u>
<p>NOTICING: (2) *</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 						<p><u>Focused observation:</u> Focused pain assessment performed due to complaint to bilateral lower extremities. Focused vital sign assessment performed. (Full set). Partial focused musculoskeletal assessment performed. Focused respiratory assessment performed. Used appropriate pronouns but did not focus on exploring social diversity with the patient.</p> <p><u>Recognizing deviations from expected patterns:</u> Noticed pain in bilateral lower extremities. Noticed tachypnea, noticed Spo2 89%, noticed tachycardia, noticed hypertension. Did not notice redness to the calf due to not focusing on the complaint initially (thought redness was a bruise). Eventually noticed redness to the leg. Noticed chest pain and respiratory distress. Noticed 8/10 chest pain. Noticed non-compliance with SCDs.</p> <p><u>Information seeking:</u> Sought additional information related to pain. (Description, numerical rating, location). Verified allergies prior to medication administration. Confirmed name and DOB. Consider asking about allergies to shellfish/iodine for CT scan. Asked injection location preference. Consider exploring non-compliance reasoning with the patient. Consider asking about preferred pronouns.</p>
<p>INTERPRETING: (1) *</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 						<p><u>Prioritizing data:</u> Prioritized pain assessment. Prioritized vital sign assessment. Prioritized focused assessment. Did not prioritize redness to the calf as potential DVT. Consider listening to lung sounds with respiratory distress, Prioritized calling the healthcare provider with new assessment findings. Prioritized pain relief with medication administration. Prioritized enoxaparin administration. Did not make sense of collecting all pertinent data prior to contacting the provider for full SBAR. Prioritized contacting the provider with diagnostic results.</p>

	<p><u>Making sense of data:</u> Did not make sense of DVT. Made sense of PE. Made sense of ABGs showing alkalosis and hypoxia. Made sense of CT results and d-dimer results. Made sense of non-compliance leading to complications. Made sense of enoxaparin order. Made sense of dosage calculation for enoxaparin.</p>
<p>RESPONDING: (2,3,4,5,6) *</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 	<p><u>Calm, confident manner:</u> Roles clearly defined between medication nurse and assessment nurse. Approach was calm during emergent situation. Communication with the patient regarding interventions to be performed. Confident demeanor in interactions with health care team members.</p> <p><u>Clear communication:</u> Caring approach, therapeutic communication provided. Minimal information provided during SBAR report. Be sure to read orders back to the provider to confirm. Review SBAR report. Gather all data prior to calling the provider. New orders received. Requested to repeat orders to confirm. Orders read back for confirmation. Communicated with lab and radiology to perform STAT diagnostics. Contacted provider with results from diagnostic testing. Updated on new findings. New orders received for enoxaparin. New order received for Morphine. Orders read back for clarification. Appropriate pronouns used although not clarified with the patient.</p> <p><u>Well-planned intervention/flexibility:</u> Focused assessment performed based on patient’s symptoms. Encouraged use and educated on incentive spirometer for resp. distress. Applied 2L of O2 via nasal cannula for respiratory distress. Elevated HOB for shortness of breath. Re-assessed vital signs after communicating with the provider. Updated patient on new orders. Educated on PE. Consider educating on post-op non-compliance and risk factors. Notified physician of abnormal diagnostic results.</p> <p><u>Being skillful:</u> Wasted excess dose of morphine with witness. Good dosage calculation. Appropriate needle size selected. Good technique with IM injection, aspirated prior to injection. Enoxaparin dosage calculation performed to identify dose of 142.5mg. Inappropriately thought to waste 0.05 ml rather than rounding up to full 1mL. Discussed during debriefing for clarification. Good technique with subQ injection. Educated on enoxaparin to be received daily. Consider using teach-back to confirm understanding.</p>

<p>REFLECTING: (7) *</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Scenario discussed in regards to complications that occurred and interventions performed. Focused discussion on prioritizing focused assessment vs. full head to toe assessment based on situation. SBAR communication highlighted and discussed held on gathering all pertinent data, providing full background and situation to the provider, and reading back orders.</p> <p>Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.</p>
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p> <p>Scenario Objectives:</p> <ol style="list-style-type: none"> 1. Select focused physical assessment priorities based on individual patient needs. (2)* 2. Implement appropriate nursing interventions based on patient’s assessment. (1,3,6)* 3. Communicate appropriately with the patient, family, team members, and healthcare providers incorporating elements of clinical judgment and conflict resolution. (4,7)* 4. Provide patient-centered care with consideration to cultural, ethnic, and social diversity. (2,3,6)* 5. Provide appropriate patient education based on diagnosis. (5)* <p>* Course Objectives</p>	<p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Makes limited efforts to seek additional information from the patient and family; often seems not to know what information to seek and/or pursues unrelated information.</p> <p>Interpreting: Makes an effort to prioritize data and focus on the most important, but also attends to less relevant or useful data. In most situations, interprets the patient’s data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse.</p> <p>Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. 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.</p> <p>Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.</p>

Lasater Clinical Judgment Rubric Scoring Sheet

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

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

GROUP #: 2

SCENARIO: MSN Scenario #2 – GI/Endocrine

OBSERVATION DATE/TIME(S): 4/11/24 0800-1000

CLINICAL JUDGMENT COMPONENTS	<u>OBSERVATION NOTES</u>
<p>NOTICING: (2) *</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 	<p>Introduce self, ask name/DOB</p> <p>Pain assessment: rating, location,</p> <p>Notice lightheadedness, shakiness, and feeling “off.” Connects to blood sugar</p> <p>Assess NG tube placement and suction set up. Continues with GI assessment (auscultation, signs/symptoms of nausea, bowel habits)</p> <p>Continues to respiratory and cardiovascular assessment</p> <p>Ask about home life and living situation. Does not connect SDOH with aspirin use.</p> <p>Does not address medical history or aspirin use with SDOH</p>
<p>INTERPRETING: (1) *</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 	<p>Pain assessment first, vitals second, GI third</p> <p>Notice lightheadedness, shakiness, and feeling “off.” Connects to blood sugar. Identifies blood sugar is low and contacts healthcare provider for new orders quickly.</p> <p>Call social work for assistance with financial aid and housing.</p>
<p>RESPONDING: (2,3,4,5,6) *</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 	<p>Check finger stick blood sugar. Identify borderline low blood sugar level</p> <p>Call healthcare provider: SBAR not organized, no background information. Does provide good information. Handles self well with rudeness. Reads back orders to healthcare provider.</p> <p>Medication administration: IVF. Does not check name/DOB prior to medication administration. Discussion in debriefing about importance of verifying name/DOB and all other checks prior to administering medications. This remediation allows the evaluation to become “D”.</p> <p>Medication administration: Morphine. Check name/DOB, allergies,</p>

	<p>dose, route. Checks IV site prior to administration. Flushes IV and checks aspiration for blood return prior to medication administration. Clean port and use of aseptic technique. Flushes IV after medication administration.</p> <p>Good conversation with patient about SDOH (financial and living situation). Asks for social work/case management to further inquire and provide resources to patient.</p> <p>Recheck vitals after medication administration and changing of IV fluids.</p>
<p>REFLECTING: (7) *</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Detailed group discussion about patient and interventions done by nursing students. Discussion of clinical judgment and why certain decisions were made and thought process behind them. Students walked through process of medication administration and included all 6 checks. Further discussion as to why these checks are necessary and how they impact patient care. Discussion of how to improve and ensure all checks will be one in the future. Group did well with discussion but did need prompting for continued flow of conversation.</p> <p>Review of objectives and how group met the objectives. All members participated and provided an area for improvement for the future.</p>
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p> <p>Scenario Objectives:</p> <ol style="list-style-type: none"> 6. Identify priority nursing interventions from a list of physician’s orders. (1, 3, 6)* 7. Communicate professionally with the healthcare team utilizing SBAR communication. (4)* 8. Demonstrates ability to resolve conflict when interacting with healthcare team members with respect and civility. (4,7)* 9. Prioritize and implement appropriate nursing interventions based on nursing assessment findings. (1,3,6)* 10. Provide patient-centered care with consideration to cultural, ethnic, and social diversity. (2, 3, 6)* <p>* Course Objectives</p>	<p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Actively seeks subjective information about the patient’s situation from the patient and family to support planning interventions; occasionally does not pursue important leads.</p> <p>Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. In most situations, interprets the patient’s data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse.</p> <p>Responding: Assumes responsibility; delegates team assignments; assesses patients and reassures them and their families. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport.</p>

	<p>Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. Is hesitant or ineffective in using nursing skills.</p> <p>Reflecting: Even when prompted, briefly verbalizes the most obvious evaluations; has difficulty imagining alternative choices; is self-protective in evaluating personal choices. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.</p>
--	--

EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

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

Student eSignature and Date:

12/27/2023