EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Dylan Wilson

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: **Dawn A. Wikel, MSN, RN, CNE**

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)
2/28/24	2 hours	Late to Simulation #1	2/28/24, 2 hours
3/15/24	1 hour	Late CDG	3/18/24, 1 hour
3/20/24	6 hours	Missed Clinical	3/27/24, 6 hours

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

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

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

UNSATISFACTORY CLINICAL PERFORMANCE

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

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

OTHER

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

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

Date	Care Map Top Nursing Priority	Evaluation & Instructor Initials	Remediation & Instructor Initials	Remediation & Instructor Initials
2/23/2024	Ineffective Airway Clearance	S/NS	NA	NA
4/3/2024	Impaired Bowel Elimination	S/NS	NA	NA

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

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies: a. Analyze the involved patho-physiology of the patient's disease process. (Interpreting)			S	S	S	NA	S	NA	S	S	S	S	S		NA	NA	S
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			S	S	S	NA	S	NA	S	S	S	S	S		NA	NA	S
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			S	NA	S	NA	S	NA	S	S	S	S	S		NA	NA	S
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			S	NA	S	NA	S	NA	S	S	S	S	S		NA	NA	S
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	NA	S	NA	S	NA	S	S	S	S	S		NA	NA	S
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			S	NA	S	NA	S	NA	S	S	S	S	S		NA	NA	S
g. Assess developmental stages of assigned patients. (Interpreting)			S	NA	S	S	S	NA	S	S	S	S	S		NA	NA	S
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		S	S	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, 84M, Heart Failure	Digestive Health, Infection Control	3Tower 74F, Gangrene Right Toe	ECSC	4 North 77F, GI Bleed	NA		3 Tower 92F, UTI	Rehab 51F, Acute Hypoxic Respiratory	Rehab 84M, MI/Post-op CBAG Sx	4N 69M, Small Bowel Obstruction		NA	NA	
Instructors Initials	DW		MD	HS	KA	DW	NS	DW	DW	HS	RH	RH	NS		DW	DW	DW

Comments:

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

Week 1 (1h)- During week 1, the Meditech, FSBS and IV pump sessions were all considered clinical hours. You came prepared to each of them and demonstrated competency accordingly. For this reason, you have earned an S for this competency. DW
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 5 – 1a, b, c, e– You did a nice job discussing on clinical your patient's disease process and what nursing was doing to help the patient you cared for with the necrotic toe. 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 5 – 1d – You did a nice job reviewing all your medications before you administered them to the patient. You were able to discuss the reason why the patient was taking the medication as well as what we were monitoring the patient for. You also were able to discuss what information was needed to determine if the medication should be administered (i.e. blood pressure, pulse). 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. You were extremely prepared and asked your classmates some very excellent questions during medication administration. KA

Week 7 1(a-h) – You were presented with a challenging situation this week as your morning was getting started. After helping to stabilize and transfer the patient, you did well to discuss the pathophysiology involved with the complications she was experiencing. You correlated her constricted pupils as being related to receiving too much medication. This resulted in the lethargy and the inability to clear her secretions. You discussed her low Spo2 levels and shallow respirations leading to respiratory compromise. You interpreted the ABG results demonstrating hypoxia and the rationale behind the EKG and CXR performed. Medical treatment and pharmacotherapy were related to the priority problem and nursing implications were identified. You correlated her nutritional needs and risk for aspiration related to her past medical and surgical history. Nice job discussing and making correlations regarding the situation that occurred. NS

Week 9 (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 currently experiencing. You were also able to review the diagnostics that the patient had and discuss how they correlated with the patients diagnosis. HS

Week 10 (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 12 1(a-h) – Dylan, you did a nice job this week caring for a patient admitted with a small bowel obstruction on day 1 and obstructing kidney stones on day 2. Day 1 was a challenging experience due to the patient's overall view on health care and his own health status. You did a nice job discussing the pathophysiology involved with his small bowel obstructions and risk factors that led to the complication. You identified the signs and symptoms that he experienced pre-operatively, and actively monitored for potential complications post-op. You discussed the importance of a focused abdominal assessment and monitoring intake and output and tolerance of his diet. You correlated his medication prescriptions to acute and chronic disease processes and discussed important nursing implications. On day 2, you discussed the manifestations that your patient presented with regarding his obstructing kidney stones. You discussed and answered my questions related to potential complications to monitor for and the possible cystoscopy procedure. You developed a strong care map related to your patient on day 1 demonstrating clinical judgment involved in his care. NS

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

Objective

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

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

Comments:

Week 1 (2f)- By attending the Meditech clinical update & providing your full, undivided attention during the demonstration of documenting insulin, IV solutions, and the Meditech 2.2 upgrades, you are satisfactory for this competency. NS
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 5 – 2a, d – You did a nice job thoroughly assessing your patient and notifying your nurse of any pertinent information. You were also able to work with your team to keep up on the assessment changes occurring with all patients on the team. KA
Week 5 – 2f – You utilized the EMR to research your patient and determine what care needed to be provided to your patient throughout the day. You also used the EMR to research all the patients on your team and to check your classmates charting for accuracy. KA

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

Week 7 2(a,e) – Nice job with your assessments this week. You noticed the increased sputum production and inability to clear secretions on her own. You performed a focused respiratory assessment and implemented interventions to help maintain her airway. You provided assistance in stabilizing the patient and performing focused re-assessments to determine the effectiveness of the interventions performed. NS
Week 9 (2a-f)- You did a nice job with your assessment as well as documenting it within the electronic medical record. You did a nice job communicating with your team members this week as well as making sure that the primary nurse was aware of anything pertinent. You were also able to discuss your focused assessment on your patient and the reasoning behind your decision of focus. HS

Week 10 (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. RH

Week 12 2(a,e) – Nice work with your assessments this week, noticing numerous deviations from normal. You discussed your priority focused assessments and identified signs and symptoms to monitor for regarding potential complications. Assessment findings were accurately portrayed within the EHR. NS

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

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

Comments:

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

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 5 – 3b – You did a wonderful job continually monitoring your patient and performing your focused assessment related to her pain and wound. You helped successfully manage her pain throughout your shift and ensured to administer your pain medication promptly upon report of pain. KA

Week 7 3(c,d,e) – You were prompt in responding to your patient's inability to clear secretions. You reflected on the experience and discussed alternate interventions to be performed. You appropriately prioritized her respiratory status as it began to decline. You discussed your findings with the instructor and emphasized the importance of performing oral suction. After suctioning, you noticed her Spo2 was dropped to 74% and recognized the need for assistance. The health care team was notified and the team worked together to help stabilize the patient prior to transfer. NS

Week 9 (3 a-g,I,j)- Nice job this week as team leader! You were able to prioritize the plan for the day and adjust when necessary based on changes that occurred during the day. You were able to identify when your team members needed assistance and jumped in to help out. HS

Week 10 (3 c, d, e) This week you demonstrated good organization and time management when it was time for medication administration. This was difficult due to the varying therapy schedules we had to work around. You did a good job looking up your medications, administering medications, completing your head to toe, and charting your findings while also participating in therapy with your patient throughout both days. You were not afraid to ask for assistance when needed. RH

Week 12 3(c,d) – Good use of time management and prioritization this week for both assigned patients. You appropriately prioritized medications, interventions, and education needs for both patients you cared for. For difficult situations or questions from the patient, you utilized your resources and understood when help was needed. Overall great job this week! NS

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

Objective

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

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

Comments:

Week 1 (3o,r)- During the IV pump session, you actively participated in the programming and maintenance of the Alaris IV pump. Additionally, you accurately identified abnormal IV site assessment data with an IV site monitoring activity. HS
(3s)- The student was able to satisfactorily perform a Quality Control check of the glucometer as well as demonstrate skills and knowledge required for proper fingerstick blood glucose measurement with the ACCU-CHEK Inform II glucometer. DW

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

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 3 N, O, P, R-This week you were able to flush and administer IV antibiotics through an IV. You were able to use the proper precautions and administer these medications safely! Great job! MD

Week 5 – 3k – You did a nice job administering your medications this week. You observed the rights of medication administration and was able to answer all questions about your medications. You had the opportunity to pass PO, SQ, and IV medications this week. You performed the medication administration process with beginning dexterity. 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 5 – 3n – You did a nice job monitoring the patient's primary IV fluids and monitoring for continued patency of the IV line. You had the opportunity to practice administering slow IV push to your patient. You did a nice job priming your piggy back and connecting your patient to the medication for the first time. You performed all IV skills with practiced dexterity. You documented all medication administration and line care appropriately in the EMR. Nice job! KA
Week 5 – 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 5 – 3r – You did a nice job monitoring your patient's IV site this week and documenting your assessment in the EMR. KA
Week 5 – 3s – You did a great job performing the FSBS skill on your patient and reviewing the MAR to determine the need for insulin related to the results. KA

Week 7 3(k-r) – You gained experience with various skills related to medication administration. You reviewed each medication and discussed the implications, side effects, and nursing considerations for each. You identified the 6 rights and performed the three safety checks, including the use of the BMV scanner for patient safety. Dosage calculations were performed accurately. Several PO medications were administered safely with the use of applesauce to prevent aspiration. Numerous PO medications were administered appropriately. You also gained experience with reconstituting a powder medication to be administered IVP. Patency of the IV was confirmed with a saline flush and the IV site was monitored closely for complications. You gained experience with priming tubing for intermittent IV infusions and followed appropriate aseptic technique. Nice job! NS

Week 9 (3k,l,m)- You did a nice job with medication administration this week! You followed the rights of medication administration and completed all checks prior to administering medications. You were able to administer oral and subcutaneous medications this week. You also did a nice job reviewing the medications with your team member while being the team leader for the day. Since your patient had an infusaport you were unable to administer any IV medications this week. HS

Week 10 (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

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

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

Comments:

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! Awesome job with your reference and in-text citation as well for your initial post! Be sure to include an in-text citation with your response to a peer as well. Also, remember with a reference it should be the author, date, title of the article, journal title, and then website. Let me know if you need further clarification on this! MD

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

Week 4 (4e)- According to the CDG Grading Rubric, you have earned a satisfactory for your Infection Control discussion this week. You included both the citation and the reference with the post however, I do not completely understand the flow within your discussion. You listed the intervention of hand washing with soap and water and then went into your article discussing swabbing of infected areas. I do not see the flow in where you were going within that first question, be sure to tie sentences together or directly answer the questions within the CDG questions. Please let me know if you have additional questions regarding this. HS

Week 5 – 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 5 – 4e – Dylan, you did a nice job responding to all the CDG questions on your team leading experience this week. You were thoughtful and considerate in your original post as well as in your response to your classmate's post. Nice job including an in-text citation and a reference in both of your posts. Remember when in-text citing a direct quotation remember to include the page number or the paragraph number if there are no page numbers in your in-text citation. Overall you did a wonderful job and should be proud of everything you did throughout your time as team leader! KA

Week 6 (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. I have a few suggestions for improvement with future APA formatting. 1. The author listed in the reference should match the author you use in the citation. If there are more than two authors, the citation will include the first author, followed by et al. 2. When you use a direct quote, the citation should also include the page number that the information can be found. 3. Whenever possible, scholarly writing encourages the use of paraphrasing over the use of direct quotes. The correct in-text citation is- (Milanovic et al., 2013, p. 554). 4. Please make sure you utilize evidence from the literature that is up-to-date. This means resources that are 5 years old or less. A resource on aging from 2013 is extremely outdated, especially when considering the wealth of current resources. 5. All of the words in the journal name should start with a capital letter, except for in. If I can ever be of assistance with APA formatting, please let me know. DW

Week 7 4(e) – You did well to discuss important educational needs related to your patient experience. Her oxygenation status was declining and it was important to remind her to take deep breaths and perform frequent coughs to help clear her increased secretions. You were able to confirm understanding through return demonstration. Good job identifying barriers to education related to her difficulty hearing and visual alterations. Nice job in your response post to Andrea. You added additional insight to the conversation and supported your discussion with a reputable resource. Some tips for APA formatting: When using Skyscape as your resource, you want to cite the authors of the individual resource being used. Your references look spot on; however, the in-text citations stating (Skyscape, 2022) are not providing the authors with credit for their work. Be sure to cite the author(s) of the resource when using skyscape as follows – Doenges et al., 2022. When three or more authors are present, include the first authors last name followed by "et al." Also, when using a direct quote, be sure to include the page or paragraph number. I encourage you to practice paraphrasing information rather than using direct quotes as your progress with APA formatting. Let me know if you have any questions. NS

Week 9 (4a, b, c, d)- You did a nice job communicating with your patient, team leader and primary nurse. You identified and notified the appropriate individuals when necessary. You did a nice job communicating with your team members as well and identifying any key information that need to be passed along. HS
(4e)- Your CDG for this week Team Leader 2nd experience was turned in late and also did not meet the word requirements or the citation/reference requirement per the CDG rubric therefore is unsatisfactory. 3/18/2024 The CDG was resubmitted and now meets the requirements per the rubric. Based on your CDG it sounds like the you were already aware of your implicit bias and that the test confirmed what you had already suspected. I agree if you had a team member speaking negatively about caring for a patient it could be beneficial to discuss with them potential reasons for the patient's condition. HS

Week 10 (4 b, e, f, g) you upheld the professionalism standard while on the floor and interacting with staff and patients. You also did great with your discussion post and reply this week. You gave a good SBAR report prior to leaving for the day. RH

Week 12 4(e) – Good thoughts provided in your responses to the CDG prompt related to patient satisfaction and restorative care. You were detailed in your response and provided good insight for your fellow classmates to learn from. Appropriate use of APA formatting was demonstrated to help support your discussion. It appears you took feedback from previous weeks regarding APA formatting and demonstrated excellent improvement. All criteria were met for a satisfactory evaluation. NS

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

Objective

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

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

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

Comments:
Week 3 5a. This week in rehab my patient received education on ambulation. Within the chart there was a CXR showing small amounts of Atelectasis in the RLL. I delivered the education verbally describing how atelectasis can lead to pneumonia and worsening his SOB when they were already on 2L NC with SOB at rest and exertion. Using the teach back method my patient was able to recite why the education was important. I promoted getting into the chair he had in the corner of the room throughout the day and especially for meals. When in the bed the pt was able to turn and reposition himself in the bed, but boosting with the pad underneath him was still needed. I used materials learned in class from the respiratory system and our med/surg book. Awesome job!!! MD

Week 5 5a. This week on 3T my patient received education related to daily feet inspections. My patient was a chronic diabetic with neuropathy, wounds, and necrotic toes. She has a history of poor circulation resulting in an femoral angioplasty placed in January. Using the teach back method the patient acknowledge the information I had given her. The information I verbally taught the patient was from Table 53.23 in the book going over the importance of foot care. There it lists 16 ways to take care of your feet. The methods I mentioned included daily foot inspection, report skin infection to HCP, cut toenails rounded after a shower/bath, avoid open toed shoes, and do not wear clothing that leaves impressions that may hinder circulation. Great job utilizing your textbook. I am sure you could have also utilized Lexicomp to locate a handout you could have provided to the patient she could have taken home since this is a major concern for her. KA

Week 7- An educational need that was discussed with my patient was cough and deep breathing. My patient had received Ativan, Roxy, and Dilaudid all within a time span from 0300-0600. Side effects from the drugs made it so my patient couldn't clear her airway effectively. Thick mucus secretions built up in the back of her throat causing her Respiration rate to increase from 18-24/min, and oxygen on RA From 98-84%. During my initial head-to-toe, I had my patient take deep breaths and cough because of the pulse ox was 84%, and she sounded hoarse when trying to speak. It did bump up to 90% shortly after and I had made the mistake of thinking this could be her normal range of o2. After checking her chart, however, it was not baseline. I returned to the room to assess further, and the hoarseness had worsened. From this point, I grabbed a Yankaur suction and hooked it up to the suction canister. You could visibly see respiratory distress coming from the patient as we suctioned thick mucus from her throat. The pulse ox during this time dropped down to 73%. The pt was then placed on 2L NC which didn't help much, then moved onto 6,8,10, and 14L via ventiri mask before calling Respiratory to come assess the patient. Ultimately, she ended up on 35L at 70% saturation Vapotherm and was transferred to 4P to be better observed. Respiratory

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drew ABG to find that the Po2 was a critical low of 48.7% (80-100). I used Skyscape as a resource to verbally educate my patient on the importance of maintaining a clear airway. Since my patient was currently in respiratory distress at the time, she could only physically show that she understood the need by coughing/spitting into the "barf bag" and takin deep breaths. Her voice was so hoarse that you couldn't tell what she was saying. Good reflection on important teaching needs! Further comments related to this teach are provided under the CDG competency for this week. NS

Week 9- A teaching need of my patient this week was ambulation r/t general weakness and more importantly pneumonia. When ambulating my patient with Trigeminal Neuralgia she experience orthostatic hypotension. I then explained the importance of slow movement when first standing and maintaining good posture with a walker. My patient stated she has tinnitus and loses her balance easily because of her trigeminal neuralgia. I used past clinical experience along with skyscape to verbally explain to the patient what Orthostatic Hypotension was and how it is a High Fall risk. The patients BP did decrease >20 Systolic and >10 Diastolic when sitting up from the supine position. She is a retired nurse and told me that she did understand how it can affect her ADLs and she will make sure to move slowly when changing positions. Great job! She had several factors making her a high fall risk. HS

Week 10- A teaching need for my patient this week was be to maintain activity to prevent atelectasis and regain strength r/t her pneumonia and general weakness. I had the privilege of seeing my patient last week during my team leader rotation and he ability to move around with her walker was significantly increased. She was originally denied rehab when she really needed it and it proves now that she is regaining her ability to walk by herself that is was necessary. I explained the risks of atelectasis since she had pneumonia which could worsen her SOB and extend her time in the hospital. Using the teach back method she agreed that she did need to increase her mobility and get out of bed and into the chair throughout the day when not at her OT/PT. I used resources learned in Respiratory and patient experience to educate her. She did stay in the chair majority of the time during the day and we walked around her room for exercise. Great job using things used in lecture and from the semester to aid in your education of your patient! RH

Week 11- A teaching need for my patient this week was to keep taking his blood thinners and anti-coagulant to prevent another MI or stroke. His family history was extensive including HF and MI with both brothers and Dad. Before his heart attack he wasn't taking any anti coagulants and told me that he stopped taking them at one point. When talking to him about the importance of taking his medications every day he seemed to be more responsible about his regimen. I used skyscape to verbally teach him about what would happen if he were to stop taking the medications and some S/S of adverse reactions. Teaching about maintaining FR even at home to prevent bleeding. Using teach back method he stated that he understood the teaching. He lives at home with his wife luckily and said he'll tell her about the precautions of being on blood thinning medications. Good job connecting the patient's family history with his history to enhance your education. RH

Week 12- A teaching need for my patient this week was to use the incentive spirometer to open his lungs because he had difficulty breathing at rest because he refused to wear his oxygen while satting 85-92%. He refused to get home oxygen with COPD because he thought the hospital was using him as a guinea pig. I verbally informed him on how it promotes lung expansion. He performed using it twice and was able to maintain up to 1500 for about 5 seconds. He did take the device home to practice with which I think will somewhat help since he refuses home o2. This was a challenging situation regarding compliance with health promotion. Your patient was very skeptical of health care resulting in refusal of many different aspects. We certainly can't ever force things upon our patients as they are autonomous and have the right to make their own decisions. When this happens, the best thing we can do is provide and re-enforce education so that they are aware of potentials risks or complications. Sometimes our education makes an impact, other times patients are simply going to do what they want to do. From our standpoint, we do the best we can to promote positive health outcomes and document the education that was provided. I thought overall you handled the situation well and provided good education. 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)			NA	NA	~~S~~ NA	NA	S	NA	**S**	NA	NA	NA	S		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	S	S	S	S	NA	**S**	S	S	S	S		NA	NA	**S**
			MD	**HS**	**KA**	**DW**	**NS**	**DW**	**DW**	**HS**	**RH**	**RH**	**NS**		**DW**	**DW**	**DW**

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

Comments:

See Care Map Grading Rubrics below.

Week 3 6b. A major factor that will affect my pt after discharge is the need for physical activity. Unfortunately, the pts insurance will only allow his to stay until Sunday this week and I didn't feel like he was ready to go home with no home health. He lives with his elderly wife who is able to ambulate but from Wednesday to Thursday his mobility significantly decrease along with his mental capacity. ADL's were difficult to complete for him on Thursday as he was feeling extremely fatigued and unmotivated to complete therapy. He hasn't had a fall within the last six months but without home health or a longer stay in the rehab unit I'm concerned for fall risk and further injury that could be preventable. This is a great concern and I agree I do not feel he is ready to return home. He has a lot of rehab to go through. MD

Week 4 6b. During my time in Digestive health most patients seemed to have similar SDOH relating toward either smoking or drinking. These risks factors commonly lead to health related problems such as cancer which was found in a couple of patients. Resources that could be used for this situation is to verbally remind the patient to stop smoking/drinking and printing out paper copies from Lexicomp over these sensations. I think you may be headed in the direction of concern for your patients based on their lack of access to education, and without that education they may be unaware of the risks associated with drinking and smoking. Educating the patient is always beneficial and the sooner the better. HS

Week 5 6b. A SDOH that I noticed with my patient was from her loving family that came to visit her everyday. Psychosocial support goes a long ways when you are stuck in a hospital in pain and getting ready to have your toe amputated. The difference of having emotional support after an amputation can make a huge difference. It is arguably just as important and the physical aspect post surgery. Losing a part of your body can cause major self doubts and mental depression. Being able to go home to a husband and other family members that are willing to be there for you after leaving the clinical setting will impact her treatment plan in a major effect. What great thoughts. SDOH can definitely positively impact out patient as well and made help your patient in her overall recovery and management of her chronic conditions. KA

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Week 5 – 6a – You did not complete a care map this week, therefore this competency is NA. KA

Week 6- A SDOH I noticed this week at the ECSC was the lack of resources that some members have. The lack of food, transportation, education, and funds were the most noticeable. The elders relied on public transportation to get from point A to B because many of them suffered from chronic illness that led to them not being able to operate a vehicle. Other relied on the ECSC for meals, socialization, and education. The ECSC gets various donations of food specifically on 2/14 they had cakes and bread for anyone who needed it all the FREE. The Seniors loved to hear the word FREE. I would recommend any seniors that need resources such as these to participate in the ECSC or another local Senior Center. Dylan, I appreciate that you have identified several SDOH, as well as resolutions to the problem. Keep up the good work! DW

Week 7- A SDOH I noticed this week while on 4 North was housing and support. My 77F patient lived alone in a trailer while having an extensive history of chronic illness such as glaucoma, legally blind, HOH, HTN, cataracts, wounds etc. The pt mobility was very limited with muscle dystrophy making her unable to perform ADL's. I believe home health would benefit and or staying in rehab for a period of time if insurance allows it. These are important SDOH to consider, especially considering the chronic illnesses that she has to manage. You can see how upon discharge her health outcomes would be a concern. Her ability to understand and implement discharge instructions is limited due to her difficulty hearing and visual deficits. Transportation to follow up appointments will be difficult. Who could we consult to address these concerns with discharge planning? Its important we help to identify resources to address these SDOH for our patients. Nice reflection. NS

Week 9- A SDOH I noticed this week while on 3 Tower My 92F patient was religion. The hospital had a priest come say prayer to her every morning before/during her breakfast. I could tell the pt had a strong religious belief by the way she spoke about it and while wearing a gold cross necklace with a diamond on it. I didn't know they had in house priest come to pray with patients before this week. That is a great example of her community support. HS

Week 10- A SDOH I noticed this week while on Rehab was physical activity related to getting into her house. She has 3 steps leading into her 1 story house but is unable to get up stairs without heavy assistance. She needs to get a ramp that leads into her fron door but doesn't have the funds available to cover the cost. Insurance won't provide ramp. This also includes financial strain as she cannot afford it now. If it is a requirement for her have before discharge, she will have to find the funds or ask for assistance prior to leaving so it can be set up. RH

Week 11- A SDOH this week while on Rehab was that he lived and was supported by his wife especially for his age. His wife visits him at the hospital post-op and supports him as much as she can at home. RH

Week 12- A SDOH this week while on 4N was lack of education & access r/t healthcare. He talked about his insurance kicking him off the plan because he wasn't able to afford the monthly payments and said their trying to kill him by not allowing him to have healthcare insurance. He lacked education r/t healthcare and thought everyone was out to get him when really we were trying to solve his health problems such as his lack of oxygen. He became very frustrated when someone was to explain why he needs treatment to improve his health. Good thoughts! He was skeptical of the health care system in general, and I imagine these thoughts are a result of previous health care experiences. His lack of access and knowledge deficit certainly put him at risk for negative health outcomes. A challenging situation but a good learning opportunity. 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	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	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	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	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	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~~ U	U	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	S		NA	NA	**S**
h. Actively engage in self-reflection. (Reflecting)	S		S	S	S	S	S	NA	**S**	S	S	S	S		NA	NA	**S**
	DW		**MD**	**HS**	**KA**	**DW**	**NS**	**DW**	**DW**	**HS**	**RH**	**RH**	**NS**		**DW**	**DW**	**DW**

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

Comments:

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Week 1 Strength- I felt very comfortable and confident when practicing with the finger stick blood sugar. Being able to test for quality control, and having to collect blood was a big strength because of the practice I have done at work. I will continue to use this skill in clinicals to check the glucose level of patients. Excellent! It's nice to have some outside experience when going over new skills in the curriculum. Keep up the great work! DW
Week 1 Weakness- I struggled with IV dosage calculation more than regular dosage calculation. Doing on paper calculations weren't hard but getting used to looking at the med bags and having to come up with the equations made it most difficult. I plan to practice IV dosage calculations this weekend so become more familiar with how the questions are set up. I will spend at least one hour on Saturday and Sunday practicing in order to become proficient before any tests or clinicals. Great idea! Kelly sent out some additional practice problems and the IV math application stations will also be available during the open lab on 1/16/24 if you'd like to review them. DW

Week 3 Strength - During med pass I felt more comfortable getting the medications out of the pyxis and scanning the in the patients room. After communicating the reasonings for the medications with Monica, I was able to go into the patients room and answer any questions they had regarding the medications was were give n PO &SQ. You did a FANTASTIC job! I am so proud of the progress you have made! I look forward to watching your growth throughout the semester! MD
Week 3 Weakness- I struggled with getting back into the rhythm of relating lab values to my patients diagnosis. Some values were familiar, but most were not. I will do more critical thinking exercises, and look over material relating electrolyte imbalances to the needs of my future patients. Next clinical I will ask more questions on how and why these lab values correlate. This is a great goal! Let me know if there is anything I can assist you with! MD

Week 4 Strength- My strength this week was communicating with the Doctor and asking questions. It was a different environment to have the doctor in the room at all times with a patient and be able to ask questions over GI related problems. The doctor was able to provide more in depth detail than the book could and having a real life situation actively going on is helpful to remember the information. Sounds like you had a great experience! Yes, that in person experience of asking those questions in real time are very beneficial. Great job! HS
Week 4 Weakness- My weakness this week was remembering my way around Firelands campus . It had been awhile since going to all the different floors, but luckily my partner this week on clinical was Savannah. She was very helpful and familiar with the floors since she works in 4T. As we continued to rotate throughout the different floors I'm confident in my ability to get more familiar with the layout and being able to find the PAR/Pyxis/linens, etc. Be sure to include a goal with your weakness and your plan on how you can meet that goal in the future. HS

Week 5 Strength- My strength this week was having good communication as team leader and being organized. I felt that my team did a great job timely getting their assessment and medications done. They were excellent in answering call lights and using their critical thinking skills to complete care maps and relate labs to their patients health concerns. You did a terrific job managing your team and ensuring they had the assistance they needed and helped them correct their charting as applicable. KA
Week 5 Weakness- A weakness I experienced this week was operating the IV pumps. I feel that I could do a better job knowing my way around the machine and knowing when and where to hit certain buttons. Luckily I was able to get plenty of experience hanging IV antibiotics and fluids on 3 Tower, but I may need to practice on the pumps at the school too better navigate medication administration for my next clinical. If you want to practice on the pumps just ask and we can make sure the lab is open and you have the supplies you need. Overall, I thought your did an excellent job managing all the IV administrations we had to complete on your patient both as a team leader and as the primary nurse. KA

Week 5 – 7e – You did a terrific job providing your classmate with the opportunity to administer an antibiotic and hang it for the first time on your patient. What a great way to ACE it and help share this learning experience with others. You are a good example of teamwork and an ACE attitude! Excellent job! KA

Week 6 Strength- My strength this week was going out of my comfort zone by walking up to the Seniors and asking them questions about their lives while listening to stories they have from years back. Talking to random strangers can be difficult for both parties but the Seniors seemed to enjoy talking about the past experiences and reminiscing. Excellent, Dylan! I really appreciate that you pushed yourself beyond your comfort zone. I can relate to this feeling and also know how gratifying it is to successfully push yourself beyond your usual. DW
Week 6 Weakness- My weakness this week at ECSC was not participating in helping to ambulate the Seniors. While assistance was given I feel that I could have used myself more to navigate the Seniors from places such as the table to the lunch line, getting on the bus, etc. In order to improve, I will look for more opportunities when out in the community to assist those in need. Or even in the hospital setting as an intern or student. When will you complete this goal by? Please make sure that all future goals include what you will do, how often you will do it and when you will accomplish it by. DW

Week 7 Strength- My strength this week was noticing the need for suctioning in my patient while experiencing respiratory distress. While I did not realize the need initially for suctioning, I was in the hallway right as I walked out of the room and thought it would be beneficial. If we had not suctioned my patient when we did I believe she could've went into respiratory failure by aspirating on her own secretions. ABG's showed Po2 levels of 48.7% which is severely hypoxic. Good strength to note! This was a great learning experience that luckily turned out well for the patient. You recognized alterations and considered nursing interventions to be performed. While initially taking actions such as encouraging coughing and deep breathing helped to increase her Spo2, you noticed this was not maintained. Outcomes certainly could have looked a lot different if suctioning wasn't prioritized. Good job handling a stressful situation and collaborating with the health care team. NS
Week 7 Weakness- My weakness this week was from taking vitals during my head to toe. Originally my pt o2 was 84% and with elevating the bed and deep breathes it bumped up to 90%. My mistake was thinking this was her baseline without looking at her previous vitals. I assumed from the many disease processes and Hx of smoking that she had COPD. In the future I won't assume diagnoses especially when it comes to respiratory assessment. I appreciate the reflection provided her and during debriefing regarding changes you would make in the care of your patient. Reflection is such an important tool in developing clinical judgement. Taking a step back to review the situation and consider how things could have been performed differently will help you with similar situations in the future. Great job learning from the experiencing and identifying ways to improve in the future. NS

Midterm- Dylan, 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 growth has been amazing from last year to now. Your tool demonstrates your ability to provide patient-centered care, prioritize and make appropriate clinical judgments. Your skills and communication have been consistently satisfactory. At midterm, you are satisfactory for all clinical competencies within this tool. Please continue to actively seek out opportunities to perform your skills and to "think like a nurse" over the next few weeks of clinical. You have satisfactorily completed one of the two required care maps for this semester. 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

Week 9 Strength- My strength this week was effective patient communication. I got to spend a lot of time in my pt's room with her and the family having good conversations about their career as a Nurse. Not only was my patient a Nurse but also her 3 daughters and multiple nieces/nephews. We also spoke about her past medical Hx with Bladder and Breast Cancer. She's had a port since 1984, double mastectomy, and chronic urostomy. Great job! She was a great patient as well as a great learning experience. HS
Week 9 Weakness- My weakness this week was not answering many call lights. I did answer about 3-5 but there were times where I could've answered more. The PCTs on the floor are very quick to answer them though. Anytime I would walk to a call light or bed alarm a PCT would already been in the room or right behind me readily available. Next week at clinicals I will focus a bit more on moving to a room with a call light more promptly. Answering call lights are very important especially if they are your patients' lights or if you are not busy. Being a student is a bit challenging because there are multiple responsibilities that you are tasked with. If you are not busy and there is a call light you should most certainly answer it, as it is everyone's responsibility to do so. HS
Week 9 (7f)- The CDG for the week was turned in late therefore resulting in an unsatisfactory for the competency of professionalism. You will need to address the U for week 10 stating why it is no longer a U. Failure to address the U with a comment will result in a U for the next week or until it is addressed. HS
Week 9 Unsatisfactory- During week 9 I turned in my CDG late for the team leader discussion. Next CDG I will be more prepared and aware of the time when needing to post my post and responses. I wrote in my "To Do for the week" about my CDG, and clinical evaluation tool. RH

Week 10 strength- This week my patient was very flat and difficult to have a conversate with, but I felt I did a good job to keep her engaged in conversation and bring up her attitude to a point where she felt comfortable asking questions and carrying on a topic without answering just "yes, no". RH
Week 10 weakness-This week is demonstrated unprofessional behavior related to not showing up for the clinical day on Wednesday. Going forward I will be more aware of my phone alarm clock and making sure my phone doesn't die overnight. I will set an alarm on my phone and iPad to make sure I don't miss any future clinicals. I appreciate you addressing your U and also making it your weakness for the week. Just a few more weeks to go, let's try to turn a new leaf and get "S" on the remainder of the tool. RH

Dylan, please address the U from week 9 otherwise you will continue to get a U in the future. RH

Week 11 Strength- I improved on my medication pass without dropping any on the floor and safely verifying the patient and the demonstrating the 6 rights. You also used clinical judgment to identify that your patient's blood pressure was too low to administer his two blood pressure medications and held them rather than giving them to him. RH

Week 11 Weakness- I could be better when it comes to collaborating with the other Nurses and Therapist on the floor and ask if they need help with my patients or if they need to do simple tasks such as taking a patient to the bathroom or getting them up into the chair. RH

Week 12 Strength- My strength this week was dealing with a difficult patient not wanting education r/t his health concerns. I still continued to educate the patient over oxygen and use of stool softeners r/t his lack of o2 and his small bowel obstruction. Despite his malice toward education and healthcare we still need to educate patient on why what we are doing is for the better. Good strength to note! I thought you handled it well and to the best of your ability. Sometimes all we can do is educate and explain we have their best interests in mind, however, patients are autonomous and make their own decisions. Good job re-enforcing education and providing strong care to your patient. NS

Week 12 Weakness- My weakness this week was dealing with the patient when he was leaving the hospital. He was very adamant of leaving as soon as his ride got to the hospital. Despite explaining to him that that's not how it works and he needs to wait for discharge paperwork he left his room and waiting next to the nurses station awkwardly after the charge nurse explained why he needs to wait even though I explained to him the same thing. He roamed around the hall and even walked behind the nurses station before I explained that he wasn't allowed to do that. Next time if this was to occur again, I would make sure the patient stays in the room until the discharge papers were explained and given to the patient. Good reflection! There is no easy way to deal with these situations. What we can do is document the situation so that it is well described and accurate. He seemed pretty adamantly against received education or following the routine of the hospital. I hope for his sake he has positive outcomes despite his frustrations. NS

Final- Dylan, Congratulations on successfully meeting the MSN course objectives in the hands-on portion of the course (clinical, lab and simulation). You have demonstrated growth in your knowledge, skill, and clinical judgment. As you reflect back on the semester, I hope you realize all you've accomplished and feel a sense of pride in it. Keep striving to do your best and putting your all into everything you do. Good luck as you continue on in the program. DW

Student Name: Dylan Wilson	**Course Objective:** 6a
Date or Clinical Week: Week 7	

	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	Consider including her additional risk factors, especially related to her risk of aspiration. We discussed her history of hiatal hernia, GERD, gastroparesis, and esophageal dilation as risk factors related to reflux of gastric contents. Her history of difficulty swallowing plays an important role in her potential aspiration pneumonia that occurred.
	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**	0	You identified "risk for aspiration" as your top priority problem. "Risk for" priorities are not considered top priorities if other issues are present. You identified ineffective airway clearance as one of your nursing priorities. This would be more appropriate to be selected as the top priority problem because this is what led to her respiratory distress. Although she was at risk of aspiration, her inability to clear secretions led to hypoxia and the respiratory distress that ensued. We discussed this as being the main focus of your care.
	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**	1	A list of 8 nursing interventions were listed. Several pertinent nursing interventions were omitted. Think back to the care provided. You included an intervention related to assessing the need for suction, but did not include actually performing suction, which she did require during your care. You did well with the assessment interventions but did not include many related to actually helping the identified problem. We would consider elevating the head of the bed, performing oral suctioning, encourage coughing and deep breathing, administering medications such as breathing treatments. Additionally, you did not include any of the interventions related to the oxygen being administered. We started with nasal
	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**	3	

							cannula, progressed to venti-mask, and eventually placed vapotherm. These would be important interventions to include. Be sure to be more thorough in the "do" interventions after assessing the patient. As nurses there are many interventions that could be performed to reduce her respiratory distress caused by ineffective airway clearance and be more individualized to the patient specific situation.
Reflecting	13. List all of the highlighted reassessment findings for the top nursing priority.	**>75% complete**	**50-75% complete**	**<50% complete**	**0% complete**	3	You appropriately listed re-assessment findings based on your last encounter with the patient. You were thorough in identifying the assessment findings to determine the effectiveness of the care provided. I was unable to locate a statement related to the continuation, modification, or termination of the plan of care. You want to reflect on the most recent assessment findings to determine the effectiveness of the interventions. If the patient has improved and met the intended outcomes, we can terminate the plan of care. If the patient is declining, we would consider modifying the plan of care. If the patient is making progress, we would continue the plan of care.
	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: 33/42 – Satisfactory

Faculty/Teaching Assistant Initials: NS

Faculty/Teaching Assistant Comments: Dylan, you have received 33/42 points for a satisfactory evaluation of your first care map this semester related to your patient's oxygenation status. Be sure to closely review the comments provided for clarification and continued success. You had some very strong areas of the care map and some areas that were lacking important details. Be sure to utilize the care map guidelines document and care map grading rubric, in addition to the comments provided, for success in the future. You have completed the required satisfactory care map prior to midterm. You are required to complete one more satisfactory care map by the end of the semester. Let me know if you have any questions or concerns. NS

Student Name: Dylan Wilson	**Course Objective:** 6a
Date or Clinical Week: Week 12	

	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	Thorough list of abnormal assessment findings provided related to the day of care. 15 abnormal findings listed. Abnormal diagnostic tests were identified through review of the EHR and listed in the appropriate location. Ten risk factors were identified based on past medical and social history.
	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	Ten potential nursing priorities were identified based on the care provided. Relevant data from the noticing section was appropriately highlighted to support the top priority problem if impaired bowel elimination related to a bowel obstruction. Essential complications that could arise were identified with signs and symptoms to monitor for each listed appropriately.
	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	A list of 12 nursing interventions were listed. I want you to consider additional nursing interventions that would be appropriate to prevent obstruction from constipation in the future. Such as, encouraging oral water intake to soften stools, increasing fiber in the diet, modifying the diet for prevent constipation, etc. Some interventions were prioritized appropriately, others were not. All assessment interventions should take highest priority – intake and output and assessment of bowels absorbing water were not prioritized first. Be sure to include specific dosages, route, and frequencies when including prescribed medication to ensure they are individualized to your patient. Rationale was only provided for three of the listed
	9. Interventions are prioritized	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	2	
	10. All interventions include a frequency	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	11. All interventions are individualized and realistic	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	12. An appropriate rationale is included for each intervention	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	1	

							interventions. Be sure to provide a well written rationale for each listed intervention.
Reflecting	13. List all of the highlighted reassessment findings for the top nursing priority.	**>75% complete**	**50-75% complete**	**<50% complete**	**0% complete**	3	Re-assessment findings based on last assessment of the patient were listed to determine effectiveness of the plan of care. No statement was made regarding the plan to continue, modify, or terminate the plan of care.
	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: 35/42 - Satisfactory

Faculty/Teaching Assistant Initials: NS

Faculty/Teaching Assistant Comments: Dylan, you have received 35/42 points based on the care map grading rubric resulting in a satisfactory evaluation. Looking back at your previous submission, it appears several of the areas missed and commented on the first time were also missed again with your second submission. I encourage you to review your feedback closely and work hard to make improvements in the future. While you are satisfactory, there are several areas that can be improved by simply reviewing the grading rubric and the comments received in feedback. Don't hesitate to reach out with questions or concerns.

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

Student name: Dylan Wilson								
Skills Lab Competency Evaluation	**Lab Skills**							
	Week 1	**Week 1**	**Week 1**	**Week 1**	**Week 1**	**Week 2**	**Week 2**	**Week 9**
Performance Codes: **S**: Satisfactory **U**:Unsatisfactory	**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:** 1/11/24	**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	DW	DW	DW	DW	DW	DW	DW	HS
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. DW

Week 2

(Trach Care & Suctioning) - During this lab, you satisfactorily demonstrate competence with tracheostomy care and tracheostomy suctioning. You were able to maintain sterile field when necessary and you did not need any prompts for either skill. You answered my questions regarding knowledge and competence of both procedures. Great job! 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-(NG tube and Foley)- You satisfactorily completed the lab day skills review on 3/12/2024. You practiced both NG tube insertion and Foley's in order to gain confidence in these skills. HS

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

Simulation Evaluation Performance Codes: **S**: Satisfactory **U**: Unsatisfactory	**Student Name:** Dylan Wilson							
	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	S	S	S	S
Faculty/Teaching Assistant Initials	MD	KA	NS	DW	DW	DW	DW	DW
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	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

Simulation #2- Please review the comments placed on the Simulation Scoring Sheet below. In addition, review the individual faculty feedback placed within the Simulation #2 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): Dylan Wilson (M) and Paige Knupke (A)
GROUP #: 2
SCENARIO: MSN Scenario #1 – Musculoskeletal/Respiratory
OBSERVATION DATE/TIME(S): 2/28/2024 1230-1430

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	**Focused observation:** Focused observation on patient's pain. Partial pain assessment performed. Focused observation on vital signs when entering the room. Full set obtained. Focused assessment performed on bilateral lower extremities for comparison of findings. Focused respiratory assessment performed based on new patient complaints. Did not focus on preferred pronouns or social diversity with the patient. Used appropriate pronouns in communication. **Recognizing deviations from expected patterns:** Noticed abnormal vital signs (tachycardia, hypoxia, tachypnea, hypertension). Noticed respiratory distress. Noticed immobility post-op and home medication coumadin. Noticed non-compliance. Noticed warmness of the right lower extremity. Noticed redness. Noticed abnormal diagnostic results. **Information seeking:** Sought information related to medications already administered. Sought information regarding last pain medication administration. Sought additional information related to pain. Consider asking about patient allergies prior to medication administration. Consider asking about allergies to shellfish/iodine prior to CT scan. Sought additional information related to non-compliance. Consider asking the patient about preferred pronouns.
INTERPRETING: (1) * • Prioritizing Data: E A D B • Making Sense of Data: E A D B	**Prioritizing data:** Prioritized vital sign assessment. Prioritized focused assessment of bilateral lower extremities due to complaints of pain. Prioritized Percocet for pain relief. Prioritized focused respiratory assessment. Prioritized education on side effects of enoxaparin. Consider prioritizing education on non-compliance. Prioritized contacting the health care provider when complications arose. Consider prioritizing full data collection for complete SBAR (background and situation). Prioritized administration of enoxaparin. Prioritized notifying the provider with diagnostic results.

	Making sense of data: Did not make sense of abnormal assessment findings being related to DVT. Made sense of PE complication. Prioritized contacting the provider for emergent situation. Made sense of diagnostic findings and need to update the healthcare provider. Made sense of non-compliance being related to complications. Made sense of enoxaparin order. Did not make sense of dosage calculation to be performed (assistance provided during scenario).
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	**Calm, confident manner:** 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. **Clear Communication:** Good communication with the patient regarding pain relief measures. Use of appropriate pronouns. Did not ask the patient. Confirmed vital signs with assessment nurse prior to narcotic administration. Review SBAR communication. Be sure to provide full background of the patient. Communicated new assessment findings, recommended potential embolism. Be sure to read orders back to the provider. Updated the patient regarding PE as a post-op complication. Good teamwork and collaboration with SBAR communication after diagnostic results received. Recommended blood thinners. Communicated with lab for STAT orders. Communicated diagnostic findings with the provider (CT results). Remember to read orders back to the provider for enoxaparin. **Well-planned intervention/flexibility:** Focused assessments performed based on situation presented. Elevated HOB and applied O2 for respiratory distress. Re-assessed vital signs. Re-assessed right lower extremity after medication administration. Consider focusing on post-op compliance education. Physician notified about new diagnostic results. Accurate dosage calculation for enoxaparin (142.5mg). Confusion with quantity in mL to give. Assistance needed for dosage calc. Education provided regarding bleeding risk with enoxaparin. **Being Skillful:** Mostly accurate focused assessments performed. Some confusion with quantity related to dosage calc. Accurate dose in mg identified. Be sure to read all orders back to the provider for confirmation. Name and DOB prior to med administration. BMV scanner used. SubQ injection performed accurately, good needle safety.

REFLECTING: (7) * • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: 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 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: 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 subtle patterns and deviations from expected patterns in data and uses these to guide the assessment. 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: 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. 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. Is hesitant or ineffective in some nursing skills 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.

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Paige Knupke (M) Dylan Wilson (A)
GROUP #: 2
SCENARIO: MSN Scenario #2 – GI/Endocrine
OBSERVATION DATE/TIME(S): 4/10/24 1230-1430

CLINICAL JUDGMENT COMPONENTS					OBSERVATION NOTES
NOTICING: (2) *					Introduce self, check name/DOB
• Focused Observation:	E	A	D	B	Pain assessment: location, rating, duration, description
• Recognizing Deviations from Expected Patterns:	E	A	D	B	Checks NG tube and suction
• Information Seeking:	E	A	D	B	Respiratory assessment and cardiac assessment completed after called healthcare provider
					Ask questions about employment, housing, and financial situation. Does good job of asking open ended questions. Asks about food availability and resources uses the patient is using.
INTERPRETING: (1) *					Prioritize vitals and pain assessment
• Prioritizing Data:	E	A	D	B	Relates the low blood pressure, elevated heart rate, and "not feeling right" as signs of hypoglycemia and fluid loss from NG tube
• Making Sense of Data:	E	A	D	B	Recalls that patient is NPO and cannot offer snack or juice
					Reassess blood pressure after changing fluids
					Patient request for social work for financial assistance.
					Reassess finger stick blood glucose after changed fluids
RESPONDING: (2,3,4,5,6) *					Calm with patient, explains steps to patient about what is happening and what is going to happen next
• Calm, Confident Manner:	E	A	D	B	Medication administration: holding morphine due to low blood pressure and risk of medication lowering blood pressure more.
• Clear Communication:	E	A	D	B	Call healthcare provider: SBAR, no "B" provided but other data present. Gets new orders from healthcare provider and reads back orders back to provider.
• Well-Planned Intervention/ Flexibility:	E	A	D	B	medication administration: IVF (D5). Explain to patient why changing fluids. Does not check name/DOB or perform other checks prior to administering medication. Discussion in debriefing about importance of verifying name/DOB and all other checks prior to administering medications and how it relates to patient safety.
• Being Skillful:	E	A	D	B	Call healthcare provider to double check order for morphine due to continued lower blood pressure reading.
					Medication administration: morphine: check name/DOB, check allergies, does correct dosage calc,

	checks IV patency, checks for blood return, assesses site, administers over 2 minutes, flushes when finished.
REFLECTING: (7) * • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	Group discussion about patient and interventions done by nursing students. Discussion of clinical judgment and why certain choices were made including importance of IVF before NG tube placement and BMV with medication administration. Discussion of checking 6 rights of medication administration prior to all medication administration for patient safety. Group did well talking but did need prompting for conversation. Review of objectives and how group met objectives. All members participated and provided area of improvement for future.
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:** 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)* * Course Objectives	Lasater Clinical Judgement Rubric Comments: Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes most obvious patterns and deviations in data and uses these to continually assess. 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: 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. 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. 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. 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.

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:

N/A

Student eSignature and Date:
-

Dylan Wilson 4/29/2024

`12/27/2023