

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

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

Student:

Final Grade: Satisfactory/Unsatisfactory

Semester: Spring

Date of Completion:

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

Faculty eSignature:

Teaching Assistant: None

DIRECTIONS FOR USE:

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

METHODS OF EVALUATION:

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

ABSENCE (Refer to Attendance Policy)

Date	Number of Hours	Comments	Make-up (/Date/Time)
1/29/2024	1 hour	Late DH Signature Form	1/30/2024, 1 hour

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

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

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

UNSATISFACTORY CLINICAL PERFORMANCE

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

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

OTHER

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

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

Date	Care Map Top Nursing Priority	Evaluation & Instructor Initials	Remediation & Instructor Initials	Remediation & Instructor Initials
2/1/24	Constipation	NI/NS	S/NS	NA
2/22/24	Impaired Gas Exchange	S/KA	NA	NA

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

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies:			N/A	S	S	S	S	N/A	S	S	N/A	S	N/A		N/A	N/A	
a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting)			N/A	S	S	S	S	N/A	S	S	N/A	S	N/A		N/A	N/A	
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			N/A	S	S	S	S	N/A	S	S	N/A	S	N/A		N/A	N/A	
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			N/A	S	S	S	S	N/A	S	S	N/A	S	N/A		N/A	N/A	
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			N/A	S	S	S	S	N/A	S	S	N/A	S	N/A		N/A	N/A	
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			N/A	S	S	S	S	N/A	S	S	N/A	S	N/A		N/A	N/A	
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			N/A	S	S	S	S	N/A	S	S	N/A	S	N/A		N/A	N/A	
g. Assess developmental stages of assigned patients. (Interpreting)			N/A	S	S	S	S	N/A	S	S	N/A	S	N/A		N/A	N/A	
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		S	S	S	S	S	N/A	S	S	S	S	N/A		N/A	N/A	
	Indicate your clinical site as well as your patient's age and primary medical diagnosis in this box weekly.	Meditech, FSBS, IV Pump Sessions	Infection control and Digestive health	4N, 83 years old, constipation	5T, 78 years old, left knee revision	4N, 69-year-old female, chronic	3T, 76 year old man, impaired gas exchange	NA	NA	5T, 84 year old female, left femoral neck	Erie County Senior Center	3T, 69 year old male, suspected small bowel	N/A		N/A	N/A	
Instructors Initials	KA	KA	DW	NS	MD	NS	KA	KA	KA	RH	DW	HS	DW				

Comments:

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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

Week 4 1(a-h) – Nice job this week discussing your patient’s pathophysiology alterations related to his admitting diagnosis of constipation. You were able to correlate his symptoms such as abnormal bowel movements, firm, distended abdomen, hyperactive bowel sounds, and abdominal discomfort to his priority problem. You discussed the diagnostic testing that was performed or scheduled to be performed, such as the KUB x-ray to visualize stool in the bowels. You did a nice job discussing the pharmacotherapy prescribed, such as the various stool softeners, laxatives, and bowel motility agents. You identified his nutritional status and needs, identifying his lack of appetite as being related to his bowel problems. Overall nice work. NS

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

Week 6 1(a-h) – You did well this week providing patient care and making connections in the pathophysiology involved with her disease processes. While this patient experience did have some similarities as your last 4N experience, you noted some important differences related to the underlying cause of the abdominal pain and constipation. You discussed the disease process of gastroparesis and its relation to diabetes. You noticed her significantly elevated HA1C and correlated it to poorly controlled type 1 diabetes and subsequent complications. You also noted her fluctuating FSBS levels and symptomatic hypoglycemia as being related to her chronic pancreatitis and poor nutritional status. You discussed her symptoms of poor appetite, gnawing abdominal pain, and hypoglycemia as being related to her pancreatitis. You identified numerous pharmacotherapies, specifically the metoclopramide prescription and the risks associated. You gained experience in observing a nerve block procedure as treatment related to her chronic pain due to chronic pancreatitis. During your patient’s hypoglycemic episodes, you discussed the nutritional needs, specifically incorporating a complex carbohydrate. Overall nice work in our discussion. NS

Week 7 – 1a, b, c, e– You did a nice job discussing on clinical your patient’s disease process related to his shortness of breath, flu, and pulmonary embolism and what nursing was doing to help the patient. You were able to discuss symptoms we were monitoring and managing in your patient as well as pertinent labs for your patient diagnosis. You were able to discuss the different patients on your team and prioritize the patients according to their diagnosis and assessment. You utilized your knowledge and change in patient status to reprioritize the patients as the day went on. KA

Week 7 – 1d – You did a nice job reviewing all your medications before you administered them to the patient. You were able to discuss the reason why the patient was taking the medication as well as what we were monitoring the patient for. You also were able to discuss what information was needed to determine if the medication should be administered (i.e. blood pressure, pulse). You were able to discuss the medications of all the patients on your team and was able to work with your team member to determine appropriateness of medication administration. KA

Week 9: (1 c, d, e)- This week you did a great job discussing your patient’s pathophysiology of their illness as well as had a great discussion of their medications and why they were relevant to their care. You also assisted your peers with their correlation of pharmacotherapy to diagnosis and treatment while acting as team leader. RH.

Week 11 (1a-e)-Great job this week! You were able to identify the pathophysiology for your patient this week utilizing his history and the symptoms he was currently experiencing. You were also able to review the diagnostics that the patient had and discuss how they correlated with the patient’s diagnosis. HS

Objective

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

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

Comments:

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

Week 4 2(a,e) – You appropriately prioritized your assessments this week based on the patient's priority problem and chief complaints. You noticed numerous deviations from normal related to his gastrointestinal assessment, including irregular bowel pattern, distention, lack of appetite, and very hyperactive bowel sounds. 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 6 2(a,b,e) – Good work with your assessments this week, noticing numerous deviations from normal. You noticed her abnormal GI assessment related to her admitting diagnoses and prioritized your focused assessment appropriately. You also noted her bruising to her eye/face as a result from a fall while in the hospital and responded by conducting a focused fall assessment and ensured precautions were implemented to promote safety. During your patient's hypoglycemic episode, you

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

analyzed the appropriate assessment skills, noticed her increased lethargy and cool/clammy skin, and responded by obtaining a FSBS, identifying severe hypoglycemia. Nice work! NS

Week 7 – 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 7 – 2f – You utilized the EMR to research your patient and determine what care needed to be provided to your patient throughout the day. You also used the EMR to research all the patients on your team and to check your classmates charting for accuracy. KA

Week 9: (2 a-f)- This week you did a good job of performing your head to toe when time was available to you due to the therapy scheduling. You worked around therapy schedules to get your head to toe as well as your reassessment done. You also were able to document and find other assessment pieces in the electronic health record. You also checked documentation and assisted your peers in correcting their charting while acting as team leader. RH

Week 11 (2a-f)- You did a nice job with your assessment as well as documenting it within the electronic medical record. You also did a nice job communicating your findings to your team leader and your primary nurse. You were also able to discuss your focused assessment and the reasoning behind your decision of focus. HS

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

Comments:

Week 4 3(b,c,d) – You were prompt with your care, performing all necessary assessments in a timely manner which allowed you to prioritize your medication administration. You prioritized your patient's insulin administration, using nursing judgement to determine the best plan of action related to a high dose of long acting

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

insulin and poor PO intake. When new orders were received, you were prompt in administering the newly prescribed medications to help alleviate the patient's symptoms that he was experiencing. Nice job with your time management and prioritization throughout the week. NS

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

Week 6 3(c,d,e) – During your care this week, you noticed a patient experiencing symptomatic hypoglycemia. During medication administration, you identified a FSBS result of 304. Since your patient had already eaten breakfast early that morning and was scheduled to be NPO for 6 hours prior to her procedure, a decision was made to administer half of the prescribed insulin dose. Unexpectedly, during your mid-morning rounds, you noticed that your patient was increasingly lethargic and difficult to arouse. You also noted her to be diaphoretic, with cool/clammy skin. You appropriately responded by obtaining a FSBS with a result of 26. You accurately re-obtained a FSBS reading to confirm your findings, noting a result of 28. You demonstrated promptness and prioritization by quickly notifying the bedside RN to initiate the hypoglycemic protocol. Dextrose was administered intravenously and FSBS re-check was 108. You noticed that your patient became more alert and less symptomatic following the intervention. You discussed the importance of on-going monitoring due to her NPO status. Overall nice work handling the situation and quickly responding to prevent further complications. NS

Week 7 – 3b – You did a great job managing your patient's care and ensuring he had everything he needed while you were there. You also did a great job not interacting with him differently after hearing he had a verbal disagreement with his healthcare provider. KA

Week 9: (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 11 (3 c, d)- You were able to prioritize your care for the day and adjust when necessary based on changes that occurred during the day. You were available to help others when needed. HS

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

Comments:

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

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

Week 4 3(k-s) – You were safe and demonstrated competence with medication administration this week. You gained experience administering various PO medications, noting the implications, side effects, and nursing assessments to be performed prior to administering medications. You discussed the 6 rights and performed the 3 safety

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

checks, utilizing the BMV scanning for patient safety. All dosages were calculated accurately. You accurately administered an IVP medication over the prescribed rate, performed a saline flush to confirm patency, and monitored the IV site for complications using aseptic technique. A FSBS was obtained accurately to determine the appropriate dosing for his prescribed insulin. Nice job with medication administration this week! NS

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

Week 6 3(k-s) – Good work with medication administration this week, gaining experience with several nursing skills. You discussed the six patient rights, performed the three safety checks, and utilized the BMV scanner for patient safety. You administered several PO medications safely. Experience was gained with administering subQ medications, including the use of insulin pens and enoxaparin injections. You also demonstrated improved competence with drawing up medications via a vial and reconstituting medications to be administered via IVP. You ensured patency of the IV site by assessing for blood return and performing a saline flush prior to medication administration. You monitored the IV site for complications. You also gained experience with preparing IV infusions for a fluid bolus and helped program the IV pump per provider orders. NS

Week 7 – 3k – You did a nice job administering your medications this week. You observed the rights of medication administration and was able to answer all questions about your medications. You had the opportunity to pass PO and SQ 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 7 – 3q – You successfully DC'd an IV catheter this week using proper technique. You monitored the site for bleeding and dressed the site appropriately after discontinuation. Great job! KA

Week 7 – 3r – You did a nice job monitoring your patient's IV site this week and documenting your assessment in the EMR. KA

Week 9: (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

Week 11 (3k,l,m)- You did a nice job with medication administration this week! You successfully administered medications that were IV push, subQ, new IV bags, and a suppository per rectum. You followed the rights of medication administration and completed all checks prior to administering. HS

Objective

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

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

Comments:

Week 3 (4e)- According to the CDG Grading Rubric, you have earned a satisfactory for your Infection Control discussion this week. While your content was thoughtful and appropriate, please ensure that all future CDG posts utilize proper punctuation and sentence structure. Pay extra close attention to avoiding run-on sentences. I know it can be challenging to identify mistakes in your own writing, but it may be helpful to read it out loud before submitting it. This often helps me. Additionally, your APA

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Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

formatting was nearly right on point, so nice job. I have just one suggestion for improvement with the in-text citation. When you use a direct quote, the citation should include the author(s) last name, the year of publication and the page number. This would be an example of an APA formatted citation- (Potter et al., 2019, p. 251). Notice that when there are more than two authors, you include the first and add “et al” to represent the others; I also used “p.” to identify 251 as the page number. I realize APA formatting can be confusing. For additional support, there is an APA Formatting Example document in the Clinical Resources on Edvance360. I also find the Purdue Owl website to be quite helpful (https://owl.purdue.edu/owl/research_and_citation/apa_style/apa_formatting_and_style_guide/index.html). If I can assist in anyway, please feel free to reach out. Lastly, with future CDGs, please be sure to read the directions and then close out of them and create a new post of your own. Do not reply to the directions. DW

Week 4 4(a) – You communicated well this week with a patient and family members that were anxious regarding the health status of your assigned patient. That had numerous questions and were seeking answers for the problems he had been experiencing. This can be overwhelming as a nursing student trying to communicate effectively and address their concerns. I thought you did well providing therapeutic and motivational communication to promote positive outcomes for your patient.

Week 4 4(c) – This is as a reminder to report abnormal vital signs promptly to the assigned nurse or instructor. On day one, your patient’s blood pressure was in the 200s systolic, and this was not mentioned until it was time to do medication administration. Although he had been running high, anytime you have an abnormal finding or vital sign reading, be sure to report this promptly so that the appropriate measures can be taken to avoid complications. NS

Week 4 4(e) – Overall nice work with your CDG this week. You identified an article that was pertinent to your patient care experience. You summarized the article well to provide insight into current best practices for chronic constipation. An in-text citation and reference were provided. Your response to Stevi provided additional thought and insight with the use of a reputable resource to support your discussion. All criteria were met for a satisfactory evaluation. Some tips for future success with APA formatting: Be sure to utilize resources such as Purdue OWL for APA formatting to better understand the requirements. While an in-text citation and reference were provided, there were some errors to improve upon. When providing a reference, the authors should be listed by last name followed by a comma, then their initials, then the publishing year. The title of the article should include capitalization for only the first word and any word following a colon. The journal title itself should be *italicized* and include the volume # and edition #. Proper APA referencing for your initial post is as follows:

Rao, S.S.C., & Brenner, D.M. (2021). Efficacy and safety of over-the-counter therapies for chronic constipation: An updated systematic review. *American Journal of Gastroenterology*, 116(6). doi: 10.14309/ajg.000000000001222.

The in-text citation should include each author(s) last name(s) and the publishing year. (Rao & Brenner, 2021). Let me know if you have any questions! NS

Rehab Clinical Objective 4 E-You had a wonderful CDG this week with response! You were able to turn in your CDG on time, have the adequate word count for both posts, and you were able to provide to the conversation with the information you gave! Your reference and in-text citation were appropriate for both posts. Nice job! MD

Week 6 4(c) – Nice job recognizing a complication occurring with your patient related to hypoglycemic and promptly reporting your findings to the bedside RN to ensure interventions occurred in a timely manner to prevent worsening complications. NS

Week 6 4(e) – Overall good job with your CDG requirements this week. See my comments on your initial post for more details. Nice work in your response post to Kaden, noting the importance of fall prevention. You supplemented your discussion with a reputable resource including both an in-text citation and reference. NS

Week 7 – 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 7 – 4e – Kennedy, you did a wonderful job responding to all the CDG questions on your team leading experience this week. You were thoughtful with your responses and did a nice job describing your use of SBAR and how you prioritized your day. You were respectful with your response to your classmate and added to the conversation about their team leading experience. You included a reference and in-text citation with both of your posts. Keep up the wonderful work! KA

Week 9: (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 this week. You chose the age category for the quiz. You did a great job in the last question in the post regarding what to do if a nurse was refusing to care for a patient. You said

that as a nurse we are to advocate for our patients and we must put our personal beliefs aside, that is exactly what we do as nurses, so we can provide the best care to all patients. Great job! You gave a good SBAR report prior to leaving for the day. RH

Week 10 (4e)- According to the CDG Grading Rubric, you have earned an S for your participation in the Erie County Senior Center discussion this week. Your discussion was thoughtful and supported by evidence. Also, your APA is very close. I just have a few suggestions: 1. The in-text citation should include the year of publication as well. Ex. (Potter et al., 2019, p. 754). 2. Scholarly writing utilizes paraphrasing of information whenever possible, as opposed to directly quoting. Please try to incorporate more paraphrasing with your citations in future writing. DW

Week 11 (4a, b, c, d)- You did a nice job communicating with your patient, team leader and primary nurse. You identified and notified the appropriate individuals when necessary. HS

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

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:			N/A	S	S	S	S	N/A	S	S	N/A	S	N/A		N/A	N/A	
a. Describe a teaching need of your patient.** (Reflecting)																	
b. Utilize appropriate terminology and resources (Lexicomp, UpToDate, Dynamic Health, Skyscape) when providing patient education. (Responding)			N/A	S	S	S	S	N/A	S	S	N/A	S	N/A		N/A	N/A	
	KA	KA	DW	NS	MD	NS	KA	KA	KA	RH	DW	HS	DW				

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

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

Comments:

5A/B (week 4) – My patient’s biggest teaching need was how to naturally regulate/promote bowel movements at home. I educated him and his wife about the importance of a routine, daily and frequent ambulation and physical activity, the effects of insufficient fluid intake and imbalanced nutrition, and how to reduce stressors. I delivered this education by discussion and demonstration; this teaching was necessary because it is important to attempt natural measures because medications put him at risk for dependence of bowel aids. I used materials from Skyscape under the tab “constipation and risk for constipation” within the nurses pocket guide I validated this information by using the touchback method. **Very good, Kennedy! This was a well thought out response and discussion. With his bowel focused mindset, these instructions will greatly benefit him in maintaining regularity at home. Nice job and good use of resources to provide education! NS**

5A/B (week 5) – My patient’s biggest teaching need was how to manage being at home safely. I educated her on the importance of listening to doctors’ orders, utilizing her support system, not doing certain activities until physically prepared, thoroughly assessing situations before commitment, and using motivating factors to encourage return to normal day-to-day life. I simply discussed these factors with the patient and explained that all these factors are important to stay safe at home. I used materials from Skyscape under the tab “Surgery, general” then under the subtab “deficient knowledge regarding surgical procedure, expectations, postoperative routines, therapy, and self-care needs” all within the nurse’s pocket guide. My patient was able to validate these methods by teachback. **Nice job! MD**

5A/B (week 6) – A teaching need for my patient is how to maintain a stable glucose level. I educated her on how to plan and make lifestyle changes according to her glucose needs. This can be done by consulting a doctor and attempting to find alternative ways to lower her A1C and manage glucose levels. Her blood sugar is extremely unstable, and it is imperative that she attempts further control to avoid hyperglycemia and hypoglycemia. I used materials from Skyscape under the tab “diabetes” then the tab “Juvenile (type 1)” and then “Diabetes mellitus” and finally “Risk for Unstable Blood Glucose Level”. My patient was able to recall this education by teachback. **Very good, Kennedy! You noted her significantly elevated HA1C levels and correlated her diagnoses as complications associated with uncontrolled diabetes. This prompted you to incorporate education related to diabetes management, which was very important for her to understand. You noticed the severe fluctuations in her glucose levels and prioritized education related to your findings. Good use of resources and teach-back method! NS**

5A/B (week 7) – A teaching need of my patient is how to manage shortness of breath at home. I educated him on the importance of rest, activity, and exercise that would decrease shortness of breath and improve life. I used materials from Skyscape under the tab “shortness of breath” then “pulmonary edema” and finally “impaired gas exchange”. My patient used recall and teachback to return the teaching to me. **Great job with your education! KA**

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5A/B (week 9)- A teaching need of my patient is how to avoid falls. I educated her by verbalizing how to determine factors related to individual situation and the extent of the risk of trauma. Failure to implement safety measures can be detrimental. I used Skyscape under the tab “falls” and then “risk for physical trauma”. My patient used teach back to allow me to recognize her understanding of the information. **Great teaching topic. RH**

5A/B (week 11) – Since my patient had dementia, it can be very difficult to educate or explain a teaching need. However, educating on a procedure right before it was done was enough for him to understand what we were doing while we were doing it to avoid uncertainty or fear. I used Skyscape under the tab “dementia” then the tab “Alzheimer’s disease” then the tab “chronic confusion”. My patient was able to give me vague answers to show understanding, I tried to speak loud and clear as well as using simple terms and few words. I understand he did not retain this information; however, it was important that he knew what we were doing in the moment as chronic confusion is degeneration and physiological changes. **Yes, that is very important. Healthcare providers should always explain things prior to doing them to patients, even if the patient may not fully understand what is going on. HS**

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
a. Develop and implement a priority care map utilizing the nursing process and clinical judgment. (Noticing, Interpreting, Responding, Reflecting)			N/A	S NI/S	N/A	N/A	S	N/A	S	S NA	N/A	N/A	N/A		N/A	N/A	
b. Identify factors associated with Social Determinants of Health (SDOH) &/or cultural elements that have the potential to influence patient care.** (Noticing, Interpreting, Responding, Reflecting)			S	S	S	S	S	N/A	S	S	S	S	N/A		N/A	N/A	
	KA	KA	DW	NS	MD	NS	KA	KA	KA	RH	DW	HS	DW				

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

See Care Map Grading Rubrics below.

Comments:

6B Week 3 – A social determinant of health that I noticed in digestive health was education, this is because a patient received information that led her to believe she did not need anesthesia for a procedure when it was a crucial aspect, the lack of education could have led her to refuse the procedure. A cultural element that could potentially influence patient care is how dark or light a patient's skin color is, this is because a nurse mentioned that she had a much more difficult time finding veins on darker skinned patients from lighter, this cultural difference could lead to excess pain and trauma towards the patient when getting an IV placed. **Thank you for sharing your insight related to SDOH. To enhance your reflection even further, I'd like for you to consider education from a different lens. When you are thinking about SDOH, it is the patient's education/literacy level that impacts knowledge and understanding of a procedure. Additionally, it is the healthcare professional's responsibility to tailor education to the patient and to ensure that the patient understands. This is a classic example of how it is not enough to just ask a person, "Do you understand what we discussed?" Teachback is an evidence-based approach to determine actual learning and understanding. DW**

6B Week 4 – A factor associated with social determinants of health is access to nutritional foods that promote peristalsis. My patient was religious so providing religious materials may help decreased some of the depression he is experiencing, this impacts patient care because if he was not feeling depressed, he would probably be more willing to participate in hygiene or getting up and out of bed. **NS**

6B Week 5 – A factor associated with social determinants of health for my patient would be an easier accessible entrance to her home. She is non weightbearing on her left leg so stairs in her environment will make things extremely difficult. A cultural element that could be an issue is family structure, this is because she mentioned that her husband and daughter just left out of state for a trip, this could be extremely problematic if she were to have a medical emergency. This factor could also lead to loneliness, depression, or feeling left out/abandoned. **This is very true! Something definitely to consider! MD**

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6B Week 6 - A social determinant of health for my patient is lack of education. She received a procedure that she has had before, however, this time around they did not provide her with the same amount of sedation as previously. This turned her against the procedure because it was once a near-painless procedure that reduced her pain and this time it was very painful for her and left her in 10/10 pain. A cultural element that has the potential to influence care is her dark skin, this is because it would be difficult to determine if she is experiencing pallor which is a common side effect of hypoglycemia. **When reflecting on SDOH, you want to consider how education impacts her overall health. According to Healthy People 2030, people with higher levels of education are more likely to be healthier and live longer. I believe you are referring to her educational level in understanding instructions that can impede her health. Perhaps education was provided related to her reaction to anesthesia in the past and she did not fully comprehend what was being discussed. This led to frustration with the second procedure. Be sure to review the SDOH website for enhanced understanding. NS** <https://health.gov/healthypeople/objectives-and-data/browse-objectives/education-access-and-quality>

6B Week 7 – I think a social determinant of health is his support system because I noticed his wife had to sit down in the waiting room to catch her breath before she went into the room. This influences his care because if we believe his wife cannot be his total support system (meaning if she is also having her own health issues), we may shift focus on educating him on how to be his own support system or to reach out to others. **Great observation. It is important to determine if patient's not only have a support system but and effective one. KA**

Week 7 – 6a – You satisfactorily completed your care map on your patient this week. Please see comments on the rubric at the end of the tool for details. KA

6B Week 9 – A social determinate of health for my patient was financial related. She is 84 years old and still has a job that is outside. This is important to note because there are many risks with her continuing to work such as injury, being out in the elements, and exhaustion. I believe that this is unsafe for her to partake in, however, she is determined to continue her job. This influences her health because she could potentially be rushing her recovery to meet the deadline for her job to continue. In addition, she might experience financial related stress which can be extremely distracting while in the hospital. **RH**

Week 9: I changed 6a to NA because you did not complete a care map this week. You have already completed the two required care maps for the semester. RH

6B Week 10 – A social determinate of health for the seniors at the senior center adequate nutrition. This is because although they receive a hot meal at the senior center, there is a high chance that they eat there because they have issues preparing their own meals. I believe this because there were quite a few seniors who were having difficulty ambulating and standing on their own. The senior center is an important resource to reduce issues with nutrition, however, the participants are only there until 1pm. **Great job in recognizing a potential problem and also spinning it to the positive by including the resources that are available to prevent this SDOH. DW**

6B Week 11 – A major social determinant of health for my patient was being able to communicate personal issues. He has dementia, so communicating is extremely difficult, for example, if he had soiled himself, he is not able to communicate that need. In addition, he is a resident at a nursing home, in this case, some of his needs are forced to wait due to busy staff or the lack of staff. In addition, his health is compromised simply because he cannot be his own advocate. **I would agree, his communication is definitely impacted and can cause reason for concerns. HS**

Objective

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

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

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

Comments:

7A Week 1 – An area of strength for me this week was calculating IV math, this is because I felt as if it was one of our easier topics as it can be solved easily with the right information and formulas. **Terrific! KA**

7B Week 1 – An area I can work on is using the glucometer. I will improve in this area by reviewing the Firelands video demonstration (before each clinical), either observe another nurse at clinical or perform a FSBS with my instructor during each clinical. Finally, I will stop in skills lab with an instructor at least once to perform additional practice with the

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glucometers before my first clinical and continue to do so if I still need improvement. **Great idea! I am sure you will have plenty of practice on clinical, if you do not just let your faculty member know so they can seek out learning experiences for you. KA**

7A Week 3 – An area of strength I had this week was noticing when people were doing hygiene in the infection control clinical, this is because we were asked to mark down who was and was not performing hand hygiene and I felt I was very observant in this aspect. **Kennedy, I'd like you to think a little more outside of the box and really reflect on your strengths each week. What about your ability to observe made this a strength? Why was it important to identify correct and incorrect hand hygiene? I have a feeling you had many other strengths during clinical this week. Don't be afraid to identify accomplishments. You deserve to be recognized and to celebrate achievements. DW**

7B Week 3 – An area I could improve on this week is knowing my way around the hospital. I will improve on this by paying better attention to where I am and trying to find my way before asking others each clinical. In addition, I will review a map of where I need to be once before each clinical and continue to do so until I am able to find my destination with out help.

Navigating the hospital can be very important. Excellent idea to get this down early on. DW

Week 3 (7f)- This competency was evaluated as a NI improvement related to meeting submission deadlines. While the Infection Control scavenger hunt and signature form was submitted on-time, the Digestive Health signature form was submitted late after being prompted by faculty. Please be sure to set reminders for yourself in whichever way you see fit to ensure all deadlines are met. I would encourage you to stick with the mindset of submitting the clinical paperwork immediately after attending the clinical. Monday's are busy and its easy to forget when your mind is on a quiz/test and lecture. Obviously, this is your decision; just a suggestion. Let's chalk this up to a lesson learned and move on. Don't beat yourself up over it. I know you've got this. DW

7A Week 4 – An area of strength that I had this week during clinical was prioritizing care throughout the day, I was able to sort out what needed done and when. I especially did well prioritizing vital signs, blood sugars, and medication administration. **I certainly agree! This was a good strength to note. You were timely in your assessments, allowing you to be prepared to administer medications as prescribed. You also ensured prioritization of education as discussed above. Overall good work managing your time well to promote positive outcomes for your patient. NS**

7B Week 4 – This week I feel I could improve on using the eMAR when preparing medications. I will review the ATI videos twice before each clinical and I will continue this process until I feel confident in the steps on the eMAR prior to medication administration. **Strong plan for improvement! NS**

7A Week 5 – I feel as if I did a much better job navigating the Pixus as well as the eMAR when passing medications. **You did a great job with this! MD**

7B Week 5 – I could improve on using adaptive devices such as a knee stabilizer. This is because I had a hard time ensuring the knee stabilizer was up high enough on her leg and was not too tight. I will research Skyscape for proper ways to apply devices such as the knee immobilizer, I will do this before each clinical and continue to do so until I feel comfortable applying crucial devices such as braces and immobilizers. **Very good goal! MD**

7A Week 6 - My strength this week was prioritizing care because I had a total of 11 medications to give as well as blood sugars and I think I did a good job timing them appropriately. **Good strength to note this week! I would also include your identification of hypoglycemic symptoms and quick response to prevent worsening complications. You prioritized your day well and managed a challenging situation with confidence and competence. Nice job this week! NS**

7B Week 6 – My weakness this week was drawing medication s up in a syringe because I kept losing fluid as I was drawing up my dose. I did improve the next day; however, I will review the ATI video at least once before the next clinical to make sure I have a better understanding. I will repeat this plan if I still need some improvement. **Great plan for improvement! As you noted, you learned from your experience on day one and showed great improvement on day 2. That's what learning is all about! Keep up the hard work. NS**

7A Week 7 - My strength this was giving a subcutaneous injection, this is because I feel really confident in doing them now, I didn't question or second guess myself when I was preparing or administering. **You did a great job administering the SQ medication to your patient. KA**

7B Week 7 – My weakness week was looking through charts and reading providers notes, this is because I found that what I had thought it said the other student said it stated otherwise. I will ensure I thoroughly read each chart and note at least twice until I feel confident on the information being presented. **Great idea seeking clarification if something is different than what you thought. KA**

Midterm – Kennedy, you did a nice job during the first half of the semester. Your midterm clinical grade is satisfactory. You have had the opportunity to care for a variety of patients and work on all competencies except one. Please let the faculty you are working with during the second half of the semester know that you have not had the opportunity to work with a patient with a Foley so they can help you seek out this opportunity to work on this competency. You have also satisfactorily completed both of your required care maps for the semester before midterm. Continue the hard work into the second semester and finish strong. KA

7A Week 9 - My strength this week was jumping on opportunities and being calm and thorough doing a new skill (taking staples out), in addition, I had a difficult time locating her dorsalis pedis pulse and I made it a point to try again a few minutes later given that her feet were slightly discolored, once I found her pulses they were great, however, it is important that no stone is left uncovered. **Great job! RH**

7B Week 9 – My weakness this week was body mechanics, this is because the bed was not high enough up when we were removing staples, and I was in a very uncomfortable position. In the future, I should continue to adjust the bed until I can comfortably perform the task. I will improve on this by thoroughly assessing what I am doing and asking myself if I am comfortable. I will review material on body mechanics and continue to research proper form until I am confident in my posture. **RH**

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7A Week 10- My strength this week was preparing and planning our activity as well as explaining to the participants how to make it and I put together a sample for them to reference. **I am glad communication came easy to you with this clinical experience. It can sometimes be challenging to speak to a person from a different generation. DW**

7B Week 10 – My weakness this week was thinking ahead, this is because I wish I had not brought so much extra supplies. This is because the woman who ran the center decided to cut popsicle sticks with scissors to make an additional part for the craft. I believe this made things more complicated because it is hard to cut wood with scissors and I was afraid that there was going to be wood flying during the cuts. In addition, I had brought my personal scissors for this, and the wood being cut ruined them. In the future, I will thoroughly think of ways to reduce safety issues and keep things simple when necessary. **Good reflection here! You live and you learn and I'm sure that if you ever did this activity again in the future, this experience would help to make it even better the second time. DW**

7A Week 11 – My strength this week was maintaining professionalism and my composure while my patient was vomiting. This was my strength because I was fighting the urge to vomit. I feel as if others would not have been able to handle this, and I am proud of myself for continuing to support him while he was getting sick. **You did very well with this! HS**

7B Week 11 – My weakness this week was delving into health history within his chart. This is because I got so caught up with his bed bath and cleaning him up that I neglected to research some of his preexisting conditions that I have not heard of. I will improve on this in the future by writing down everything from the chart that I am uneducated on and attempt to research it during clinical, if I do not have the extra time to do so, I will bring the list home to research on my own. I will continue this pattern if there are things I haven't learned. **Great plan! HS**

Student Name: Kennedy Baker		Course Objective: 6a					
Date or Clinical Week: Week 4							
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	A list of ten abnormal assessment findings was provided. Consider including his date of last BM and characteristics of last BM (observed or reported) to help support your priority problem. Eleven abnormal diagnostics were identified, including specific patient data from his most recent lab results. A thorough list of 15 risk factors were identified.
	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	Eight relevant nursing priorities were identified. Consider including priorities related to his anxiety/depression caused by his recent health problems. Otherwise, I agree with your stated priorities to focus on. Most relevant data were highlighted from the noticing section to support his altered bowel pattern as being the top priority problem. Consider including highlighting his loss of appetite in the assessment findings and stress in the risk factors. Three potential complications were discussed, including signs and symptoms to monitor for each.
	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	1/3	A list of five nursing interventions were listed. There are many relevant nursing interventions that were omitted. None of the listed interventions included a form of assessment to determine if the patient is improving or declining. When listing interventions, you want to look at your abnormal assessment findings related to the priority problem. Each abnormal finding should include an assessment, and intervention to help improve, and potentially an education intervention. For example, you listed diarrhea/constipation as an abnormal assessment finding. You would want to include an intervention that assesses bowel pattern and characteristics Q4H and PRN. You may also want to include an intervention that assesses the patient's usual bowel pattern. For firm
	9. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	0/3	
	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	1/3	
	12. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	

							<p>distended abdomen, you would want to include an assessment of the abdomen to identify if the firmness is improving or worsening. Same with bowel sounds. In order to properly prioritize your interventions, assessments should always come first, followed by interventions to help the problem, and lastly education interventions. There are also numerous additional interventions that were performed, such as encouraging water intake, administering of medications, education, etc. In order to make the intervention list individualized to your patient, include specific medications and dosages that were administered or prescribed during your care that would help with his altered bowel pattern. We gave quite a few to consider.</p> <p>2/7/2024 Remediation: Pertinent interventions specific to the patient were added. Each intervention was appropriately prioritized. Specific medications were included with prescribed doses to make the intervention list more individualized. NS</p>
Ref	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	0/3	Be sure to review the care map rubric and care map guidelines related to the evaluation section. Your evaluation

ecting	14. Evaluation includes one of the following statements: <ul style="list-style-type: none"> • Continue plan of care • Modify plan of care • Terminate plan of care 	Complete			Not complete	0/3	<p>section should include a re-assessment of all the abnormal assessment findings that you identified were related to your priority problem. It appears you listed a set of goals for the patient to accomplish in your evaluation. You will simply go back to your listed assessment findings and provide an update from your most recent assessment. The interventions we are performing are aimed at improving the abnormal assessment findings. The only way we can identify if the patient is improving is through evaluation of the assessment findings following interventions being performed. Based on the most recent assessment findings, you will determine if the plan of care should be continued, modified if the condition is worsening, or terminated if the patient has returned to normal with their assessment findings. A statement regarding the plan of care was not included.</p> <p>2/7/2024 Remediation: Re-assessment findings were listed based on abnormal findings to evaluate the plan of care. Based on lack of progress, you appropriately determined the need to modify the plan of care to help meet intended outcomes NS</p>
	<p>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.</p> <p>Faculty/Teaching Assistant Comments: Kennedy, you have received 29/42 points per the care map grading rubric for a needs improvement evaluation. The main areas for improvement relate to the intervention section and evaluation section. I have provided detailed comments within the rubric to help guide you in your revision. As a reminder, you are required to turn in 2 satisfactory care maps for the semester. Carefully review the comments provided, refer to the grading rubric and care map guidelines, and make the necessary revisions to achieve a satisfactory evaluation. Please turn in your revised care map to your individual dropbox by Saturday, February 10th, at 2200. You do not have to re-do the entire care map, just refer to the sections in which points were missed and make the necessary changes. I will re-grade the revisions in a separate color and return your rubric to you. Please don't hesitate to reach out with any questions or concerns. NS</p> <p>2/7/2024 Remediation: Kennedy, thank you for reviewing the feedback provided and making the necessary revisions. Your changes were well thought out and met the criteria for the grading rubric. You have now received 42/42 points for a satisfactory evaluation. Great job! NS</p>						<p>Total Points: 29/42 – Needs improvement</p> <p>2/7/2024 Remediation: 42/42 – Satisfactory</p>
						<p>Faculty/Teaching Assistant Initials: NS</p>	

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Student Name: Kennedy Baker		Course Objective: 6a					
Date or Clinical 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	You did a nice job including all pertinent patient data related to his assessment, labs/diagnostics, and risk factors in the noticing section. KA
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)	3	
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	You did a great job including the patient's nursing priorities and highlighting the nursing priority you focused on. You listed with related complications for your chosen nursing priority and signs and symptoms to monitor for with each. KA
	5. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	6. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	3	
	7. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	3	
Responding	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	You did a good job including relevant nursing interventions and ensuring they were prioritized, included frequencies, were individualized, realistic, and all had rationales. The only additional nursing interventions I would suggest is monitoring for Ias as well and not just the chest x-ray and assessing all vital signs not just SpO2. KA
	9. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	10. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	11. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	12. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
Refl	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	You did a nice job reassessing all highlighted data in the noticing section and stating you would modify your plan of

ecting	14. Evaluation includes one of the following statements: <ul style="list-style-type: none"> • Continue plan of care • Modify plan of care • Terminate plan of care 	Complete			Not complete	3	care for this patient. KA	
<p>Total Possible Points= 42 points 42-33 points = Satisfactory 32-21 points = Needs Improvement* < 21 points = Unsatisfactory*</p> <p>*Total points adding up to less than or equal to 32 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.</p> <p>Faculty/Teaching Assistant Comments: Kennedy, you satisfactorily completed your second care map. Congratulations! You can see comments above for things to consider in the future when writing your care maps. KA</p>							<p>Total Points: 42/42</p>	<p>Faculty/Teaching Assistant Initials: KA</p>

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

Student name: Kennedy Baker								
Skills Lab Competency Evaluation	Lab Skills							
	Week 1	Week 1	Week 1	Week 1	Week 1	Week 2	Week 2	Week 9
	Insulin (2,3,5,7)*	Assessment (2,3,4,5,7)*	IV Math Application (3,7)*	Lab Day (1,2,3,4,5,6,7)*	IV Skills (2,3,5,7)*	Trach (1,2,3,4,5,6,7)*	EBP (3,7)*	Lab Day (1,2,3,4,5,6,7)*
Performance Codes: S: Satisfactory U:Unsatisfactory	Date: 1/9/24	Date: 1/9/24	Date: 1/10 or 1/11/24	Date: 1/10 or 1/11/24	Date: 1/12/24	Date: 1/17 or 1/18/24	Date: 1/17 or 1/18/24	Date: 3/11/24
Evaluation:	S	S	S	S	S	S	S	S
Faculty/Teaching Assistant Initials	KA	KA	KA	KA	KA	KA	KA	RH
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	N/A

*Course Objectives

Comments:

Week 1

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

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

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

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

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

Week 2

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

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

Week 9

Lab day: You satisfactorily demonstrated NG tube and IV skills/pump competencies during lab this week. Keep up the good work! RH

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

<u>Simulation Evaluation</u>	Student Name: Kennedy Baker							
	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)
Performance Codes: S: Satisfactory U: Unsatisfactory								
	Date: 1/29/24	Date: 2/12/24	Date: 2/26/24	Date: 2/28 or 2/29/24	Date: 4/10 or 4/11/24	Date: 4/15/24	Date: 4/25/24	Date: 4/29/24
Evaluation	S	S	S	S				
Faculty/Teaching Assistant Initials	NS	MD	KA	KA				
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA				

* Course Objectives

Comments:

Vincent Brody vSim assignment – all requirements were met for a satisfactory evaluation. NS

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 KA

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Baker (M) Pulizzi (A)

GROUP #: 2

SCENARIO: MSN Scenario #1 – Musculoskeletal/Respiratory

OBSERVATION DATE/TIME(S): 2/28/24 1230-1430

CLINICAL JUDGMENT COMPONENTS	<u>OBSERVATION NOTES</u>
<p>NOTICING: (2) *</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 	<p>Pain assessment done first: location, rating</p> <p>Notice redness and swelling/heat to right lower leg</p> <p>Notices it is not surgical leg</p> <p>Check pulses/cap refill</p> <p>Vitals: notice low oxygenation and elevated pulse</p> <p>Refers to patient in appropriate pronouns</p>
<p>INTERPRETING: (1) *</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 	<p>Prioritize pain assessment: rating and location</p> <p>Respiratory assessment second: full respiratory assessment</p> <p>Did a lot of messing with oxygen before calling healthcare provider but after not seeing improvements does call HCP</p> <p>Connection made between lack of ambulation, DVT, and PE</p> <p>Correct ABG interpretation!</p>
<p>RESPONDING: (2,3,4,5,6) *</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 	<p>Elevated head of bed to assist with shortness of breath</p> <p>Apply oxygen to help with SpO2</p> <p>Call healthcare provider when SpO2 not improving</p> <p>SBAR: good job! Very organized, all data present</p> <p>Receives new verbal orders, read back orders for confirmation</p> <p>Teamwork: medication nurse is medicating while assessment nurse continues assessment</p> <p>Education on SCDs while patient is anxious from low oxygen levels; stops education and continues to fix anxiety</p>

	<p>Interprofessional communication: communicates well with lab, respiratory, and radiology departments</p> <p>Call HCP with results: gets another verbal order and does read back order. Correct medication math done at this time.</p> <p>Medication administration: correct dosage calculation for morphine. Correct IM technique, check name/DOB, does all checks with BMV. Needle safety engaged. Waste morphine with witness prior to administration. Enoxaparin: correct technique and needle size for subcutaneous injection.</p> <p>Attempt to re-educate patient on SCD use and offers TED hose instead. Explains how lack of mobility impacted DVT and PE. Ensures patient understands importance of ambulation.</p>
<p>REFLECTING: (7) *</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Good group discussion regarding a refresher of all 6 “P”s as well as discussion of proper SBAR. Discussion of how to improve SBAR and how to organize all important data. Group led discussion about teamwork and how teamwork could have been improved and communication could have influenced decision making in the simulation. Minimal prompting needed throughout discussion.</p> <p>All members listed a goal/improvement for next simulation.</p>
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p> <p>Scenario Objectives:</p> <ol style="list-style-type: none"> 1. Select focused physical assessment priorities based on individual patient needs. (2)* 2. Implement appropriate nursing interventions based on patient’s assessment. (1,3,6)* 3. Communicate appropriately with the patient, family, team members, and healthcare providers incorporating elements of clinical judgment and conflict resolution. (4,7)* 4. Provide patient-centered care with consideration to cultural, ethnic, and social diversity. (2,3,6)* 5. Provide appropriate patient education based on diagnosis. (5)* <p>* Course Objectives</p>	<p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Actively seeks subjective information about the patient’s situation from the patient and family to support planning interventions; occasionally does not pursue important leads.</p> <p>Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. Even when facing complex, conflicting, or confusing data, is able to (a) note and make sense of patterns in the patient’s data, (b) compare these with known patterns (from the nursing knowledge base, research, personal experience, and intuition), and (c) develop plans for interventions that can be justified in terms of their likelihood of success.</p> <p>Responding: Assumes responsibility; delegates team assignments; assesses patients and reassures them and their families. Communicates effectively; explains interventions; calms and reassures patients and families; directs and involves team members, explaining and giving directions; checks for understanding. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. Displays proficiency in the use of most nursing skills; could improve speed or accuracy.</p> <p>Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.</p>

EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

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

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

Student eSignature and Date:

Kennedy Baker 4/29/24

12/27/2023