

EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Tylie Dauch

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:

Heather Schwerer, MSN, RN

Teaching Assistant: None

DIRECTIONS FOR USE:

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

METHODS OF EVALUATION:

Skills Lab Competency Tool & Skills Checklists

Simulation, Prebriefing, & Reflection Journals

Nursing Care Map Rubric

Meditech Documentation

Clinical Debriefing

Clinical Discussion Group Grading Rubric

Evaluation of Clinical Performance Tool

Lasater's Clinical Judgment Rubric & Scoring Sheet

Virtual Simulation Scenarios

ABSENCE (Refer to Attendance Policy)

Date	Number of Hours	Comments	Make-up (/Date/Time)
1/12/2024	3 hours	IV lab	1/17/2024, 3 hours
2/12/2024	4 hours	Late IC/ECSC/DH sign. forms & scav. hunt	2/13/2024, 4 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
2/2/24	Ineffective Airway Clearance	S/KA	NA	NA
3/15/2024	Impaired Mobility	Satisfactory/MD	NA	NA

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

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies:			S	S	S	S	NA	NA	S	S	NA	S			NA	NA	S
a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting)			S	S	S	S	NA	NA	S	S	NA	S			NA	NA	S
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			S	S	S	S	NA	NA	S	S	NA	S			NA	NA	S
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			S	S	S	S	NA	NA	S	S	NA	S			NA	NA	S
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			S	S	S	S	NA	NA	S	S	NA	S			NA	NA	S
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	S	S	S	NA	NA	S	S	NA	S			NA	NA	S
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			S	S	S	S	NA	NA	S	S	NA	S			NA	NA	S
g. Assess developmental stages of assigned patients. (Interpreting)			S	S	S	S	NA	NA	S	S	NA	S			NA	NA	S
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		S	S	S	S	NA	NA	S	S	NA	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, 62, stroke with left sided weakness	3 Tower, 62, SOB and exacerbation of CHF	Infection Control, Digestive Health, and	3 Tower, 71, lightheadedness and AKI	NA	NA		5T, 82, HIP REPLACEMENT	5T, 77, SUBDURAL HEMATOMA	NA	4N, HEMORRHAGIC SSTITIS 88, NEOPLASM APPENDIX 72		NA	NA	Final
Instructors Initials	HS		RH	KA	DW	HS	DW	HS	HS	MD	RH	DW	NS		HS	HS	HS

Comments:

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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

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

Week 4 – 1a, b, c, e– You did a nice job discussing on clinical your patient's disease process and what nursing was doing to help the patient. You were able to discuss symptoms we were monitoring and managing in your patient as well as pertinent labs for your patient diagnosis. You were able to discuss the different patients on your team and prioritize the patients according to their diagnosis and assessment. You utilized your knowledge and change in patient status to reprioritize the patients as the day went on. KA

Week 4 – 1d – You did a nice job reviewing all your medications before you administered them to the patient. You were able to discuss the reason why the patient was taking the medication as well as what we were monitoring the patient for. You also were able to discuss what information was needed to determine if the medication should be administered (i.e. blood pressure, pulse). You were able to discuss the medications of all the patients on your team and was able to work with your team member to determine appropriateness of medication administration. KA

Week 6- (1c, d, e)-Great job this week! You were also able to review the diagnostics that the patient had and discuss how they correlated with the patient's history. You were also able to understand the importance of the medications that your patient was taking and how they impacted the plan of care. HS

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

Week 10: (1 c, d, e)- You did a great job discussing your patient's pathophysiology this week and connecting it with their abnormal labs/diagnostics. You also connected their medications to their disease processes. You assisted your peers when acting as team leader with discussion of their patient's pathophysiology as well. RH

Week 12 1(a-h) – You were presented with a couple of challenging patient cases this week on 4N. You did a great job to discuss what was occurring with your patient's disease processes and complications to manage/monitor for. You identified the pathophysiology involved with each patient, the signs and symptoms that they were experiencing, and the medical management involved. On day two you gained valuable experience in closely assessing complications occurring, advocating for your patient and their concerns, and performed several new skills with beginning competence. Overall great job with your clinical judgment this week! NS

Objective

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

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

Comments:

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

Week 3: (2 a-f)- This week you did a good job of performing your head to toe when time was available to you due to the therapy scheduling. You also were able to document and find other assessment pieces in the electronic health record. RH

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

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

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 6 (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
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 10 (2 a-f)- You did a good job of prioritizing your time to ensure you did a full head to toe assessment on your patient. You performed a detailed head to toe assessment. While acting as team leader you also checked charting of your peers and used professional communication to discuss what needed to be changed or improved in their documentation. RH

Week 12 2(a,e) – You did a great job this week with your assessments, prioritizing appropriate focused assessments and noticing numerous deviations from normal. You discussed how to prioritize assessments to identify and prevent complications and used your nursing judgment to analyze the assessment findings. NS

Week 12 2(c) – Experience was gained this week related to skin assessments and wound care. You demonstrated competence in the assessment and changing of two separate dressings for your patient on day 1. You discussed the appropriate steps, used good aseptic technique, and documented the care provided in the EHR. Great job! NS

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

Comments:

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

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

Week 3: (3h) this was changed to “S” due to you administering the enoxaparin injection to your patient. RH

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

Week 6 (3h)- This was changed to an “S” since you administered oral apixaban to your patient. HS

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

Week 10: (3c, d, e, g)- you did great this week with your time management and organization skills, both as a student nurse and as a team leader. You were able to work with different departments to ensure all your tasks were done without interfering with their schedules. You also stepped up and offered to perform foley care on a patient that was not yours, great job using an ACE attitude and going above and beyond to help on the floor. RH

Week 12 2(f,g) – You were able to gain experience with the care, maintenance, and removal of a foley catheter this week for your patient admitted with cystitis. You discussed the importance of timely removal of the catheter to prevent worsening complications, used strong aseptic technique, and safely removed the catheter without complications. Great work! NS

Objective

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

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

Comments:

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

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

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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

Week 4 – 3k – You did a nice job administering your medications this week. You observed the rights of medication administration and was able to answer all questions about your medications. You had the opportunity to pass PO and IV medications this week. You performed the medication administration process with 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 4 – 3p – You did a nice job flushing your patient’s IV this week and ensuring patency of the IV line. You were able to document this appropriately in the EMR. KA

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

Week 4 – 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 6 (3 k, l, m)- You did a nice job this week administering medications. You practiced the six rights and documented appropriately within the electronic medical record. You were able to discuss each medication and the indication as well as any side effects to monitor for. HS

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

Week 10 (3 k, l, m) You did great with medication administration this week. As team leader, you looked up all medications for all patients that were under our care and you were the one to question the student on their knowledge of the medication prior to medication pass. You were very thorough and paid close attention to detail. RH

Week 12 3(k-s) – Awesome work this week with several skills related to medication administration. You demonstrated competence and willingness to learn with administering IVP medications, saline flush, priming and initiating a continuous infusion, programming the IV pump, monitoring the IV site for complications, and safely discontinuing a peripheral IV catheter using aseptic technique. Implications, side effects, and nursing interventions to be performed for each medication were discussed. You identified the six rights and performed the three safety checks. All dosage calculations were performed accurately. NS

Objective

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

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

Comments:

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

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week -4 – 4b, g – You did a nice job keeping your nurse up-to-date on all pertinent information throughout the day. You completed the SBAR worksheet and provided your RN and Team Leader with handoff communication related to your patient utilizing the SBAR you developed. You did a nice job working with your team members to stay up-to-date with their patients and to ensure the nurse is notified as needed. KA

Week 4 – 4e – Tylie, you did a good job thoroughly responding to the CDG questions on your team leading experience this week. Your response to your peer was well written and though provoking. Please be careful and double check your post in the future. I can see where you in-text cited your information in your original CDG post, but the thought is incomplete. I could not tell if all the required information for an in-text citation would be at the end of your quote or not, so I will remind you to make sure to include the year and a page number not just the author. Overall great job! KA

Week 5 (4e)- According to the CDG Grading Rubric, you have earned an NI for your participation in the Infection Control and Erie County Senior Center discussions this week. Your discussion was thoughtful and supported by evidence; however, the in-text citation and the reference don't match (Cleveland Clinic for C-Diff vs. Bethesda Health Group for manual dexterity). Please be sure to be more accurate when citing and referencing future written work. Additionally, when you use a direct quote, the citation should include the author(s) last name, the year of publication and the page or paragraph number. This would be an example of an APA formatted citation- (Bethesda Health Group, 2022, para 3). I am also curious about the author you used in your reference. Where did the Bhg-Admin come from? I would have probably used Bethesda Health Group as the author of the content you cited. Otherwise, keep up the good work! DW

Week 6 (4e)- Great job with your CDG this week! Your post was very thorough and informative. You successfully met all of the requirements on the rubric for your initial posting and the response to a peer. You answered all of the questions with a thorough explanation for each one. You also provided an in-text citation with a reference. Nice job! HS

Rehab Clinical Objective 4 E-You had a wonderful CDG this week with response! You were able to turn in your CDG on time, have the adequate word count for both posts, and you were able to provide to the conversation with the information you gave! You provided a reference and in-text citation for both your initial post and your peer response. For your in-text citation for your initial response-it would be the Author and year so it would look like this: (U.S. Department of Health and Human Services, year). And then for your peer response the in-text would be (Medilexicon International, year). Let me know if you need further assistance with this. MD

Week 10: (4e) Great job with your CDG this week. You were able to take the bias quiz and then discuss your results and how they surprised you. I also like how you answered the last question about having a nurse say they did not want to care for that patient. You made sure to include that nursing is caring for everyone, not just picking and choosing who we want to care for. Great job! RH

Objective

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

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

****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- I provided my patient with education on her constipation. My patient was becoming very worried about her bowels as she is normally regular at home and it had been a few days since she had made a bowel movement. I educated her on the fact that she is in a hospital post stroke and does not have the ability to get up and move around like she used to. When you lay in bed or in a chair your bowels do not move as often. I gave her a stool softener that I had found information on on skyscape and educated her on why I was giving it to her. She acknowledged that she understood and seemed to be more calm after my education. **Great job educating your patient but also keeping her calm about the situation. We were giving her some medications to assist with her moving her bowels as well as promoting PT. RH**

Week 4- I provided my patient with education on a blood thinning medication, lovenox. This medication was new to her and she was very worried about starting a new medication. Her nurse and I educated her on the fact that laying in bed can cause blood clots and it was important that she takes while she is in the hospital. After, explain the side effects and what it is used for, my patient understood and allowed us to give her the medication. I found my education information in skyscape and was able to accurately inform her on the medication. **Great job. If you wanted to give your patient a handout on the medication you could have also utilized Lexicomp on the hospital intranet. KA**

Week 6- I provided education on why his hemoglobin needed to be rechecked. My patient was supposed to be released on Thursday but needed to stay for another lab draw due to his hemoglobin being 6.7. I explained to him what this meant and asked if he was bleeding anywhere. He explained to me that he has hemorrhoids that were actively bleeding. He says he did not mention them because they do not hurt, and he is getting them removed next month. I told him this was pertinent information because he is on blood thinners. He understood the importance on why he had to stay in the hospital a little longer for this reason. To find further information about hemoglobin and bleeding I used skyscape. **Nice job educating your patient. It was very interesting that the physician did not inform him that he needed another lab draw before he would be discharged. Great job keeping him informed. HS**

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 9- I provided my patient with education about safety at home. My patient has frequent falls and was planning on going back home after his stay. I educated him about how to prevent falls in his home. I told him to remove any rugs, add handrails to his stair cases, and maybe try moving his laundry up to the first floor rather than the basement. All of these improvements in the home will help prevent any further falls. My patient seemed understanding and stated he will work with his neighbors to fix the hazards. I got all of my information for this education off of skyscape. **Great! MD**

Wek 10- I provided my patient education on her hematoma. She had some aphasia from her bleed and became very upset with herself when she couldn't form her words. I explained to her that she had a brain bleed and then consequently had surgery on her brain and it would take awhile for her speech to fully come back. I explained to her that with the therapy and not being so hard on herself that her speech would come back. I told her that she just needed time to form her words and she would be able to verbalize what she was trying to say. I allowed her time to form her words when I talked to her and she seemed to be less agitated with herself when I did so. I got my information for my teaching on skyscape. **This is such an important teaching topic because some patients want results right away, but it can take some time. We do not want them to give up trying, so encouraging them and informing them it may take longer than they think to get back to their baseline. RH**

Week 12- One teaching need I provided was on why my patient was constipated. My patient was concerned because he is usually pretty regular with his bowel movements, and he had not had one since he's been admitted. I explained to him that a lot of people become constipated in hospitals because they are not moving as much and it's an uncomfortable environment with people walking in and out when they please. I also explained to him that high fiber and some probiotics in his diet are necessary. He showed understanding by verbalizing and ordering a salad and frozen yogurt for lunch. I used skyscape for my information. **Great education on non-pharmacological techniques to help promote healthy bowel habits for a hospitalized patient! I know this was a concern of his, and the education provided can help him manage the constipation during his rehab stay and in his home setting! 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)			N/A	S	NA	NA	NA	NA	S	S	NA	NA	NA		NA	NA	S
b. Identify factors associated with Social Determinants of Health (SDOH) &/or cultural elements that have the potential to influence patient care.** (Noticing, Interpreting, Responding, Reflecting)			S	S	S	S	NA	NA	S	S	S	NA	S		NA	NA	S
			RH	KA	DW	HS	DW	HS	HS	MD	RH	DW	NS		HS	HS	HS

****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:

Week 3- My patient was 62 years old and had been married 3 times, resulting in children of the ages 40, 18, and 17. Since my patient was older and had health issues of her own, she expressed to me that it was hard to care for her young boys and herself. She still had children that she has to care for while also trying to care for her health issues and I can imagine this causes a lot of stress for her. I noticed she seemed to be on her phone a lot talking to her boys and making sure they got home from school okay while she was receiving therapy. I feel since she has children to care for, she puts their need above her own and this can be a great risk on her ability to recover from her stroke.

Great observation! RH

Week 4- My patient did not have any family at the hospital with her, but they continuously called her all day. Although, it was good she has a support system that cares about her, it was hard to do assessments on her when she always on the phone. I found it difficult to talk to her about her health and perform vital signs periodically throughout the day without being worried I would break HIPPA. My patient also got very agitated and annoyed at the endless phone calls and ended up turning her phone off. I feel if her family would've come to visit her instead of calling her, it would better her health. She explained to me that they all lived in Sandusky so it shouldn't have been hard for them to come see her. I feel if she wasn't so irritated, she would heal faster. **Great thoughts. Having a well established support system can overall positively impact the patient's ability to manage her health. However in this situation as you pointed out sometimes a good support system can negatively impact the patient, KA** See Care Map Grading Rubrics below.

Week 4 – 6a – You satisfactorily completed your care map on your patient this week. Please see comments on the rubric at the end of the tool for details. KA

Week 5- One social determinant of health I noticed this week was during my digestive health clinical. The patient had been a one pack a day smoker for 35 years. This definitely showed in her endoscopy. She had so many polyps in her digestive tract and her esophagus was very inflamed and red. Dr. Asaad had told her her results when she woke up and told her that she needs to quit smoking to fix her GI issues. The patient stated, "I've been smoking for 35 years, why stop now? If it kills me it kills me". This really shows how smoking consumes her life and she is really paying for it with her health. **Good reflection here. Way to tie in the SDOH of substance use into the**

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

observation you had in DH. Though the patient was not interested in smoking cessation now, healthcare providers have a duty/obligation to continue pursuing this in an unbiased way until the time comes that she may be interested. DW

Week 6- One social determinate of health I noticed was that my patient is an alcoholic. He stated that he has 1-2 shots of alcohol a day. His alcoholism showed in his labs. Although his liver seemed to be working fine currently, his kidney has really taken a hit. His BUN and Creatinine are consistently high, but while he was in the hospital they were elevated to 32 and 2.48. The nurse had to explain to him why his kidney levels were so high and why he had a kidney infection. Although he listened, he did not seem to have any interest in quitting. Education could play a part in his understanding of what the alcohol could be doing to his kidneys and even the issue that he experienced when he was admitted to the hospital. HS

Week 9- One social determinant of health was that my patient was his wife's full-time caregiver, as she has Alzheimer's. I find this to be very unsafe because my patient is 82, has frequent falls, and has a lot of issues with his heart. I feel as though they both need to be in a nursing home or assisted living to get the care they both need and deserve. My patient stated that he laid on the floor for a few hours before help finally arrived because his wife did not understand how to call 911. I fear for both of their safety living at home alone. Awesome! MD

Week10- One social determinant of health I noticed was that my patient had an amazing support system. Her husband visited everyday and sat with her as long as he was allowed to do so. He always encouraged her and made sure she knew how amazing she was doing. When I was in there he talked so highly of her and you could really tell how in love they were. I feel as though this can play a huge part on my patient's recovery. She always has someone cheering her one, even on her bad days and this can really help for a faster recovery. Her husband was so involved in her care, it was very sweet to see. RH

Week 12- One social determinant of health I noticed was the belief in the healthcare system. My patient was very understanding and happy with his care. He let us do whatever we needed and verbalized that we do not even have to ask because he trusts that what we are doing is for his health. He improved very quickly with his trust in us. Trusting your healthcare providers plays a huge part in recovery and compliance. He also enjoyed his stay and made taking care of him very easy and enjoyable. His appreciation of care and trust in the health care system will certainly help him feel safe in patient care and promote positive outcomes! Good thoughts! NS

Objective

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

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

****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:

1a. An area of strength I demonstrated this week was my ability to learn new calculations for IV pumps. I was able to catch on quickly and remember the equations in a timely manner. **Great job! HS**

1b. One weakness I had was that I had a hard time remembering how to do the skills we learned last semester. I will fix this weakness by reading over my material in the red folder from last semester and watching the Youtube videos as well. I will also keep practicing my skills as much as possible. **That is a great plan! HS**

3a. An area of strength that I demonstrated this week was trying something new. I performed a bladder scan, an IV flush, and a subcutaneous injection for the first time this week. I believe that I executed all of these tasks with ease and confidence and was able to complete these tasks with little corrections from my nurse and Rachel. **You did so well this week with these new skills! RH**

3b. One area I can improve on is getting adequate amounts of sleep before clinicals. I noticed that throughout the day I could not keep myself awake and could not focus on what I was supposed to be learning. I can improve the by getting enough sleep the night before clinicals and reducing distractions throughout the night. **This sounds like a good plan. Clinical can be a tiring experience because we try to stay busy so making sure we are well rested helps the day not feel so long. RH**

4a. An area of strength I demonstrated this week was team leading. I was able to care for two patients and look after two students this week and feel I did a fair job. I was able to make sure my students got all of their tasks done and manage two patients' health. I was also able to help both students throughout the day and feel I provided physical and emotional support for them.

Tylie, you did a great job managing your team and helping with the care of the patients. KA

4b. One area of weakness I need to work on is keeping myself busy throughout the day. I feel as though I was standing around a lot and didn't have much to do as I had easier patients. I will improve on this by answering more call lights when needed and asking other nurses if they need help with anything. **Great idea. Another idea would be to think of a focus for the week and delve into on your patient such as labs/diagnostics or diagnosis. You can spend time researching the patient related to that area and focus on connecting all the pieces together related to your findings. KA**

5A. One strength I demonstrated this week was that I was able to finally find my way through the hospital. I consider this a huge improvement for me because I used to get so lost. During infection control I was able to know where I was at and figure out how to get to where I need to be. **Excellent! Confidence in navigating the hospital environment is very important. DW**

5b. One weakness I demonstrated this week was that I did not do as well on my pharm quiz as I would've hoped. I will fix this by studying more for the quiz and maybe changing the way I study. I can try flashcards this week and see if that helps more. **You will get the hang of it. While flashcards will be helpful in memorizing the specific details of the medications on the list, I would also encourage you to think of each medication in the way you do when you research meds in the clinical setting. Considering this, you will be able to not just know the medications but to also be able to apply them to a patient situation. Also, one side note. I appreciate the reflection on wanting to improve with the future pharm quizzes, but please keep in mind that this tool focuses on clinical. While I can see the relationship with med administration, future opportunities for growth should be clinically focused and you did not pass meds during clinical this week. DW**

Week 5 (7a,b)- Unfortunately, you have earned a U for these competencies due to leaving them blank and not evaluating yourself. This was a simple mistake, so don't beat yourself up about it. In the future, be sure to double or even triple check your tool for completeness prior to submitting it. Additionally, please be sure to comment on how you have improved in this area when you submit your tool for week 6. Please know that failure to comment on improvements will result in a continued rating of U. Please let me know if you have any questions. **DW**

Week 5 (7f)- Due to the late submission of your Infection Control, Erie County Senior Center and Digestive Health signature forms, as well as the Infection Control Scavenger Hunt form, you have earned a U for professionalism and accountability, as well as 4 hours of missed clinical time (1 hour for each late submission). This was made up with the submission of all requirements. Please be sure to address your U with the week 6 tool to explain how you have made a change and will prevent this from happening in the future. Failure to comment on your improvement will result in a continued rating of U regardless of your performance. **DW**

Week 6A- One strength I demonstrated was that I was able to connect my patient's lab values with his diagnoses. I was able to realize that his BUN and creatinine were elevated due to the kidney infection and drinking. I also knew to look at his liver function tests to see if his liver was functioning correctly. I also caught that his hemoglobin was dropping really low and connect this with his bleeding hemorrhoids. **His BUN and creatinine were elevated due to his acute kidney injury, not infection. I am curious to what they found regarding his low hemoglobin since he stated he had hemorrhoids with some bleeding but not enough to be concerning he stated. HS**

Week 6B- One thing I'd like to work on for the future is to do better on IM injections. During my administration of my flu shot I hit the patient's bone. Although it did not hurt the patient, I knew that I hit it. I hope to be able to realize in the future that my patient's arm was a little too small for a 1 ½ inch needle and know to not go in so deep with the needle. **Overall you did a great job with the injection. You will gain confidence with the more injections you administer. HS**

U 1- In the future I will not only double check, but triple check to be sure that I have all competencies filled in so I do not miss anything. I will go through my tool multiple times to be sure that I did not miss anything. HS

U 2- In the future, I will be sure to check my calendar nightly to be sure I have all my assignments turned in. I will also set an alarm on my phone to remind myself that I have assignments due the following day. HS

Midterm- Tylie -Great job this semester! You demonstrate great communication with your patients and team members within the clinical setting. You have increased your clinical judgment skills. It is evident that you are really beginning to recognize the significance of abnormal labs and diagnostics in correlation with the patient's diagnosis. You are also able to identify abnormal assessment findings. You seek out additional opportunities to keep busy and expand your knowledge while on clinical. Keep up the hard work! HS

You have not had an opportunity to insert or maintain a Foley this semester so far during clinical. You also have not discontinued an IV on a patient in clinical. You may want to practice these skills next week in the skills review lab day since it has been a bit since they were reviewed in lab. Please make sure your clinical instructors are aware you still need experience with these skills within the next few weeks while at clinical. HS

Week 9- One area of strength I demonstrated was answering call lights. Usually, I avoid call lights because I never knew what I was going to walk into. This week I never hesitated to answer a call light, even if it wasn't my own patients. Awesome growth! MD

One weakness I demonstrated was that I did not go to all of my patient's PT/OT with him. I found myself looking up things for my care map instead of prioritizing my patient's rehab. In the future, I will pay for attention to what time his rehab is and what time I can get other work done. Great goal! MD

Week 10- One area of strength I demonstrated was helping the nurse do wound care. I have never seen a stage 4 pressure ulcer before, and I was able to help the nurse change the bandages on it. I was not sure how I was going to do with this because it was pretty bad, and I have yet to see something stomach churning yet. I actually handled it very well and it was very cool to see and experience as a student. Great job! RH

One area of weakness I demonstrated was going too quick with my medication administration. I always get so nervous and end up going too fast and I dropped a pill on the floor this week. I will improve on this by slowing down and taking my time with my administration. Good idea! Thankfully it was only a Tylenol tablet, but if that was a controlled substance, we would have had to find a second nurse to properly waste the medication and pull a new tablet from the medication station. RH

Week 12- One area of strength I demonstrated was educating my patients and their families. Both days my patients and their families had many questions of their diagnoses or why I was doing certain things I was doing. I was able to answer their questions confidently and quickly. One family member was even shocked that I was a student and stated she thought I was his actual nurse with how educated I sounded. That's awesome! Its fun to see your knowledge from theory shine in the clinical setting. This is an excellent reflection for your last week of clinical because it shows how all the hard work you have put in has paid off. Keep it up! NS

One area of weakness I demonstrated was second guessing myself with things that I knew. For example, before removing the foley I asked Cameron about 5 times if I was doing the steps correctly and I needed Nick's guidance through setting up the maintenance IV fluids, even though I knew how. I will work on this by trusting myself and my knowledge in the nursing field. This is all natural with learning. Confidence comes from learned experience and the ability to practice what has been learned. With each experience, your confidence will grow, and demonstrated in your strength reflection this week. Trust yourself, you are doing a great job! NS

Final Comment- Tylie, congratulations on completing the clinical, lab, and simulation portion of the MSN course with a satisfactory evaluation! You have done a great job throughout clinical this semester! You have demonstrated growth in your clinical judgment and assessment skills by incorporating the knowledge that you gained from the classroom into the clinical setting. You are able to correlate the disease process with the symptoms that the patient is experiencing as well as the anticipated treatment plan. You are able to identify the priority problem in order to focus your assessment and identify any potential problems that the patient may experience. I enjoyed working with you throughout the semester, both in the classroom and clinical setting. I look forward to seeing the continued growth in the upcoming semester this summer as you get another step closer to becoming a nurse. Keep up the hard work! HS

Student Name: Tylie Dauch				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	Tylie, you did a nice job including all relevant information on the patient in the assessment, lab/diagnostic, and risk factor sections. KA
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)	3	
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	You did a nice job including the patients nursing priorities and highlighting your focus. You did a great job highlighting all the pertinent information in the noticing section that relates to your priority nursing problem. You did a nice job choosing 3 complications and listing S&S to assess for with each. Confusion could be listed as acute mental status changes. 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	Tylie, you did a nice job ensuring all pertinent nursing interventions were included for your identified nursing problem. Your interventions had identified frequencies, prioritized, individualized, realistic, and included rationale. 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	
Ref	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	Tylie, nice job ensuring all highlighted assessment and lab/diagnostic findings were reassessed in your evaluation section.

ecting	14. Evaluation includes one of the following statements: - Continue plan of care - Modify plan of care - Terminate plan of care	Complete			Not complete	3	KA
Total Possible Points= 42 points 42-33 points = Satisfactory 32-21 points = Needs Improvement* < 21 points = Unsatisfactory* *Total points adding up to less than or equal to 32 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines. Faculty/Teaching Assistant Comments: Tylie, you satisfactorily completed your care map. Please see comments above for things to think about. Keep up the great work! KA							Total Points: 42/42
							Faculty/Teaching Assistant Initials: KA

Student Name: Tylie Dauch				Course Objective: 6a			
Date or Clinical Week: 3/15/2024							
Criteria		3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)	3	All criteria met. MD
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)	3	
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	All criteria met. MD
	5. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	6. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	3	
	7. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	3	
Responding	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	All criteria met. MD
	9. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	10. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	11. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	12. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
Ref	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	All criteria met. MD

ecting	14. Evaluation includes one of the following statements: - Continue plan of care - Modify plan of care - Terminate plan of care	Complete			Not complete	3	
Total Possible Points= 42 points 42-33 points = Satisfactory 32-21 points = Needs Improvement* < 21 points = Unsatisfactory* *Total points adding up to less than or equal to 32 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines. Faculty/Teaching Assistant Comments:							Total Points: 42/42 Satisfactory MD
							Faculty/Teaching Assistant Initials: MD

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

Student name: Tylie Dauch								
Skills Lab Competency Evaluation	Lab Skills							
	Week 1	Week 1	Week 1	Week 1	Week 1	Week 2	Week 2	Week 9
	Insulin (2,3,5,7)*	Assessment (2,3,4,5,7)*	IV Math Application (3,7)*	Lab Day (1,2,3,4,5,6,7)*	IV Skills (2,3,5,7)*	Trach (1,2,3,4,5,6,7)*	EBP (3,7)*	Lab Day (1,2,3,4,5,6,7)*
	Date: 1/9/24	Date: 1/9/24	Date: 1/10 or 1/11/24	Date: 1/10 or 1/11/24	Date: 1/12/24	Date: 1/17 or 1/18/24	Date: 1/17 or 1/18/24	Date: 3/12/24
Performance Codes: S: Satisfactory U:Unsatisfactory								
Evaluation:	S	S	S	S	U	S	S	S
Faculty/Teaching Assistant Initials	HS	HS	HS	HS	HS	HS	HS	MD
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	1/17/2024 S HS	NA	NA	NA

*Course Objectives

Comments:

Week 1

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

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

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

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

(IV Skills)- Absent from lab. HS

(IV Skills)- Remediation (1/17/2024)-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 complications. MD

Week 2

(Trach Care & Suctioning 1/18/2024) - During this lab, you satisfactorily demonstrated competence with tracheal airway suctioning and tracheostomy care. You provided comforting communication with your patient throughout the procedure by explaining each step of the process. You communicated the need to suction based on the assessment findings. You did well to maintain your sterile field, ensuring the inner cannula was cleaned away from the sterile field, and applying sterile gloves. You answered my questions appropriately demonstrating knowledge and competence of each procedure. No prompts were required for either skill. Keep up the hard work! NS (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

Mandatory Lab 3/12/2024-You showed satisfactory competence when you demonstrated the NG tube insertion and foley insertion. MD

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

<u>Simulation Evaluation</u> Performance Codes: S: Satisfactory U: Unsatisfactory	Student Name: Tylie Dauch							
	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	DW	DW	HS	HS	HS	HS	HS	HS
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. HS

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. HS

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Karli Schnellinger (A) & Tylie Dauch (M)

GROUP #: 1

SCENARIO: MSN Scenario #1 – Musculoskeletal/Respiratory

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

CLINICAL JUDGMENT COMPONENTS	<u>OBSERVATION NOTES</u>
NOTICING: (2) * • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B	<u>Focused observation:</u> Full vital sign assessment obtained. Pain assessment performed (numerical rating only). Be sure to focus on additional subjective data (full pain assessment). Focused neurovascular assessment performed. <u>Recognizing deviations from normal:</u> Noticed pallor. Noticed absent pulse. Noticed paralysis. Noticed pain. Noticed absent sensation. Did not ask about pressure (5/6 Ps). Noticed NPO order, noticed aspirin home medication. Noticed abnormal vital signs (hypertension, tachycardia, tachypnea). <u>Information seeking:</u> Asked about allergies prior to medication administration. Consider asking about injection location preference Remember to ask about patient allergies prior to med administration. Consider asking about last tetanus shot. Sought information on pronouns during report. Sought information on preferred pronouns with the patient. Sought preferred name.
INTERPRETING: (1) * • Prioritizing Data: E A D B • Making Sense of Data: E A D B	<u>Prioritizing data:</u> Prioritized vital signs when entering the room. Prioritized focused pain assessment. Prioritized looking at the affected extremity. Prioritized focused neurovascular assessment. Prioritized removing sock for focused assessment. Prioritized bilateral extremity assessment. Prioritized pain medication administration. Prioritized antibiotics and fluids prior to surgery. Prioritized removing sock and pillow when recognizing complication occurring. <u>Making sense of data:</u> Made sense of potential compartment syndrome. Prioritized contacting the provider for compartment syndrome. Prioritized collection of all data prior to contacting provider. Made sense of dosage calculation for morphine order. Made sense of antibiotic order prior to surgery.

RESPONDING: (2,3,4,5,6) * • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B	<u>Calm, confident manner:</u> Roles clearly defined between medication nurse and assessment nurse. Approach was calm during emergent situation. Communication with the patient regarding interventions to be performed. Calm communication with significant other to avoid distress. Confident demeanor in interactions with health care team members. Good teamwork and collaboration for focused assessment. <u>Clear communication:</u> Good communication among team members with closed-loop communication. Interventions explained to patient throughout the scenario. Appropriate pronouns used in communications. Discussed conflict resolution with off-going shift. Updated significant other on change in patient status and need to move surgery up. Updated patient on communication with significant other. Good SBAR communication with the provider. Assessment information provided. Described interventions performed. Vitals communicated. Great SBAR communication to the OR nurse. Good detail in assessment and interventions performed. <u>Well-planned intervention/flexibility:</u> Pain medications and fluids/antibiotics administered in a timely manner. NPO order maintained. Removed pillow and ice after recognizing complication. Excess narcotic wasted with a witness. Education provided regarding compartment syndrome (increased pressure causing decreased circulation). Patient re-assessed after pain medication administered. <u>Being Skillful:</u> Good dosage calculation. Remember correct needle size administered with blunt tip needle (recognized and discussed in debriefing). Good technique with injection. Never recap after injection. Remember needle safety. Confirmed patency of IV with saline flush using aseptic technique. IV tubing primed accurately. Good teamwork and collaboration with IV medications. Remember to always clamp the tubing first to avoid loss of medication when spiking.
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: Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful information. 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: Focuses on the most relevant and important data useful for explaining the patient’s condition. Even when facing complex, conflicting, or confusing data, is able to (a) note and make sense of patterns in the patient’s data, (b) compare these with known patterns (from the nursing knowledge base, research, personal experience, and intuition), and (c) develop plans for interventions that can be justified in terms of their likelihood of success. 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. Interventions are tailored for the individual patient; monitors patient progress closely and is able to adjust treatment as indicated by patient response. Displays proficiency in the use of most nursing skills; could improve speed or accuracy. Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.
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Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Tylie Dauch (M) Karli Schnellinger (A)

GROUP #: 1

SCENARIO: MSN Scenario #2 – GI/Endocrine

OBSERVATION DATE/TIME(S): 4/10/24 1000-1200

CLINICAL JUDGMENT COMPONENTS	<u>OBSERVATION NOTES</u>
NOTICING: (2) * - Focused Observation: E A D B - Recognizing Deviations from Expected Patterns: E A D B - Information Seeking: E A D B	Check name/DOB Pain assessment: location, rating, duration, description Check pulses in upper extremities but not lower extremities Notices coffee ground emesis and tarry stool. Relates to GI bleed Relates aspirin use to GI bleed and coffee ground emesis/tarry stools
INTERPRETING: (1) * - Prioritizing Data: E A D B - Making Sense of Data: E A D B	Vitals and pain assessment first then GI assessment GI assessment includes bowel sounds/auscultation, palpation Connects Aspirin use to GI bleed and PUD Has pulse ox on patient during NG placement IVF started before NG placed Does not recheck vitals after NG placed
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	Medication administration: Phenergan and morphine. Checks name/DOB, does all checks and uses BMV. Phenergan IM. Correct dosage calc for both medications. Correct technique used for IV administration. Correct needle size used for IM injection, correct technique used for IM injection, needle safety engaged. does not elevate head of bed after emesis. Did not offer emesis basin for future emesis events call healthcare provider to clarify orders/get new orders. SBAR organized. Readback orders to provider. Does not address conflict/rudeness calls GI for consult hang IVF before NG tube placement. Checks name/DOB prior to

	starting fluids, does checks with order. NG tube insertion: explain procedure to patient, put patient in proper position, provide emesis basin, measure proper length, secure with tape, secure to gown, hook up to LIWS. Does not check for placement with gastric content. Call healthcare provider to report NG placement and NG tube output.
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: - Identify priority nursing interventions from a list of physician’s orders. (1, 3, 6)* - Communicate professionally with the healthcare team utilizing SBAR communication. (4)* - Demonstrates ability to resolve conflict when interacting with healthcare team members with respect and civility. (4,7)* - Prioritize and implement appropriate nursing interventions based on nursing assessment findings. (1,3,6)* - 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 subtle patterns and deviations from expected patterns in data and uses these to guide the assessment. Makes limited efforts to seek additional information from the patient and family; often seems not to know what information to seek and/or pursues unrelated information. 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 the most obvious data; monitors progress but is unable to make adjustments as indicated by the patient’s response. Displays proficiency in the use of most nursing skills; could improve speed or accuracy. Reflecting: Even when prompted, briefly verbalizes the most obvious evaluations; has difficulty imagining alternative choices; is self-protective in evaluating personal choices. Demonstrates awareness of the need for ongoing improvement and makes some effort to learn from experience and improve performance but tends to state the obvious and needs external evaluation.

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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:

N/A

Student eSignature and Date:

Tylie Dauch 5/2/2024

12/27/2023