EVALUATION OF CLINICAL PERFORMANCE TOOL
Nursing Foundations – 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Marilyn Miller

Final Grade: Satisfactory/Unsatisfactory

Semester: Fall

Date of Completion:

Faculty: **Frances Brennan**, MSN, RN; **Amy Rockwell**, MSN, RN;
Chandra Barnes, MSN, RN; **Nick Simonovich,** MSN, RN
Heather Schwerer, MSN, RN; **Brittany Lombardi,** MSN, RN, CNE

Faculty eSignature:

Teaching Assistant: Stacia Atkins, BSN, RN

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 in 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" the following week. 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. **An unsatisfactory or needs improvement as a final evaluation in any single competency results in a clinical course grade of unsatisfactory; this is a failure of the course. Patterns of performance over the course of the semester will be utilized to determine the final competency evaluations. The terms Satisfactory and Unsatisfactory will be used in evaluating the final grade or clinical course performance.**

METHODS OF EVALUATION:

Skills Lab Checklists
Care Map Grading Rubric
Administration of Medications
Simulation Scenarios
Skills Demonstration
Evaluation of Clinical Performance Tool
Clinical Discussion Group Grading Rubric
Lasater Clinical Judgment Rubric
Faculty Feedback
Documentation
Clinical Reflection

ABSENCE (Refer to Attendance Policy)

Date	Number of Hours	Comments	Make Up (Date/Time)

Faculty's Name	Initials
Chandra Barnes	CB
Frances Brennan	FB
Amy Rockwell	AR
Nicholas Simonovich	NS
Heather Schwerer	HS
Brittany Lombardi	BL

Stacia Atkins	SA

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 needed 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, and 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 weekly competency boxes do not need a student evaluation rating or faculty/teaching assistant initials.**

Objective

1. Describe how diverse cultural, ethnic, and social backgrounds function as sources of patient, family, and community values. (2,4,6)*

Clinical Experience	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Mid-Term	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14 Make-Up	Final
Competencies: a. Identify spiritual needs of patient (Noticing).									NA	S	n/a	S	n/a	S		
b. Identify cultural factors that influence healthcare (Noticing).									NA	S	n/a	S	n/a	S		
c. Coordinate care based on respect for patient's preferences, values, and needs (Responding).						n/a	n/a	S	S	S	n/a	S	n/a	S		
d. Use Maslow's Hierarchy of needs to determine the care needs of the assigned patient (Interpreting).						n/a	n/a	S	S	S	n/a	S	n/a	S		
						CB	CB	FB	FB	NS	NS	NS	NS			
Clinical Location; Patient age**						NA	NA	3T-84		4N-80	NA	4N-89		4N-78		

Comments

****Document your clinical location and patient age in the designated box above.**

Week 8 (1c)-Great job with responding to the needs of your patient and coordinating her care respectfully. FB

Week 9 1(c,d) – Marilyn, you did a great job coordinating your care effectively this week based on the patient's needs and wishes. You used Maslow's to prioritize physiological needs through assessment and intervention first, then focused your care on hygiene and self-esteem. You used good communication to ensure his level of comfort throughout the day and motivated him to get cleaned up prior to his surgery. Well done! NS

Week 11 1(a-d) – (a) – Great job this week respecting your patient's spiritual consideration when you noticed visitors in the room praying with your patient. You stood back, allowed them time to address her spiritual needs, then entered the room to continue your care. While we may not always have the same spiritual beliefs as our patients, its always important to ensure these needs are met. We as health care providers often get busy, and may accidentally disrupt a prayer or spiritual discussion. In those moments, its important that we step back and recognize this as an important aspect of their care. Great job helping your patient meet these needs this week! NS (c,d) – you coordinated your care well this week based on your patients wishes and needs. On day one, your patient was experiencing discomfort related to her hip fracture, You were able to meet her physiological needs while also maintaining her comfort pre-op. On day 2, you were able to care for her in the post-operative period. You were able to notice the differences in her care needs and helped addressed her hygiene needs while she was in the chair. Good work! NS

* End-of-Program Student Learning Outcomes
Clinical judgment terminology embedded in each competency – noticing, interpreting, responding, reflecting

Objective

1. Summarize knowledge of anatomy, physiology, chemistry, nutrition, psychosocial and developmental principles in performance of basic physical assessment through use of clinical judgment skills. (3,4, 5)*

Clinical Experience	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Mid-Term	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14 Make-Up	Final
Competencies: a. Perform head to toe assessment utilizing techniques of inspection, palpation and auscultation (Responding).						n/a	n/a	**NI**	NI	S	n/a	S	n/a	S		
b. Use correct technique for vital sign measurement (Responding).						n/a	n/a	**S**	S	S	n/a	S	n/a	S		
c. Conduct a fall/safety assessment and institute appropriate precautions (Responding).						n/a	n/a	**n/a**	NA	S	n/a	S	n/a	S		
d. Conduct a skin risk assessment and institute appropriate precautions (Responding).									NA	n/a	n/a	S	n/a	S		
e. Collect the nutritional data of assigned patient (Noticing).									NA	S	n/a	S	n/a	S		
f. Demonstrates appropriate insertion, maintenance, and/or removal of NG tube (Responding).									NA	n/a	n/a	NA	n/a	S		
g. Describe the findings and the rationale for diagnostic studies with the nursing implications for assigned patient (Interpreting).									NA	S	n/a	S	n/a	S		
						CB	CB	FB	FB	NS	NS	NS	NS			

Comments

Week 8 (2a,b)- You did a great job with systematically performing your head to toe assessment. You also recognized an abnormality related to the patient's ankle and pedal edema. FB

Week 9 2(a,c) – Good work this week in performing your assessments and appropriately determine the priority focused assessment at the end of your clinical experience. You noticed several deviations from normal in addition to normal assessment findings. In the cardiovascular assessment, you noticed an irregular pulse rhythm related to his diagnosis of atrial fibrillation, and noted the use of a doppler to obtain posterior tibial pulses. You notified faculty of difficulty obtaining the pulses and with assistance you were able to locate the pulse effectively, nice job! You also noticed non-pitting edema and the use of telemetry monitoring. For the musculoskeletal system, you noticed contractures to the hands and unilateral weakness with hand grasping. In the integumentary system, you noticed scabbing and bruising to the ear and lower extremities. For his genitourinary system, you noticed some incontinence and the use of an external urinary catheter for accurate output measurement. Nice job noticing this week! NS
(c) you performed the Johns Hopkins safety assessment to determine a fall score of 16. You did a great job in your CDG discussing the factors that led to this score and identifying potential safety concerns in the room. You were able to implement all of the appropriate precautions to maintain safety and promote positive outcomes. NS

Week 11 2(b) – This week when obtaining vital signs you noticed that your patient's blood pressure was elevated. You promptly reported your findings to faculty and discussed nursing measures to be taken. You identified the need to obtain a second reading in the opposite arm, but also realized she had fluids running in that arm. You used the knowledge obtain in class and practice in lab to verbalize the importance of obtaining a second reading for accuracy. You also discussed potential factors that related to the elevated blood pressure such as her pain level. Good job discussing this scenario and using good clinical judgement to provide care! NS

Week 11 2(d,e) – Due to your patient's immobility as a result of her hip fracture, it was important to conduct a thorough skin assessment to prevent skin breakdown. Providing good hygiene care and repositioning her frequently was a priority to prevent complications. You were also able to assess her hip incision site, noting the integrity of the skin around the dressing and monitoring for any drainage. (e) good job discussing her nutritional status in your CDG this week. You were able to correlate her clear liquid diet received in the morning following surgery and monitoring for tolerance prior to her diet being advanced. NS

* End-of-Program Student Learning Outcomes
Clinical judgment terminology embedded in each competency – noticing, interpreting, responding, reflecting

Objective

2. Select communication techniques and appropriate boundaries with patients, families, and health care team members. (1,2,3,4,6,7)*

Clinical Experience	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Mid-Term	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14 Make-Up	Final
Competencies: a. Receive report at beginning of shift from assigned nurse (Noticing).						n/a	n/a	**S**	S	S	n/a	S	NA	S		
b. Hand off (report) pertinent, current information to the next provider of care (Responding).						n/a	n/a	**S**	S	S	n/a	S	NA	S		
c. Use appropriate medical terminology in verbal and written communication (Responding).						n/a	n/a	**S**	S	S	n/a	S	NA	S		
d. Report promptly and accurately any change in the status of the patient (Responding).						n/a	n/a	**S**	S	S	n/a	S	NA	S		
e. Communicate effectively with patients and families (Responding).						n/a	n/a	**S**	S	S	n/a	S	NA	S		
f. Participate as an accountable health care team member in the provision of patient centered care (Responding).						n/a	n/a	**S**	S	S	n/a	S	NA	S		
						CB	CB	FB	FB	NS	NS	NS	NS			

Comments

Week 8 (3a-f)- Great job receiving report, providing important information related to assessment findings in a timely manner, and communicating with your assigned patient. You appropriately identified an abnormal edema finding in the lower extremities and realize the importance of the abnormality and possible cause, great job! FB

Week 9 3(a,b) – You are beginning to gain more experience and confidence in receiving and providing hand-off report. You were able to utilize the SBAR sheet to update the assigned RN on your patient's status prior to leaving the floor. (e,f) – you communicated well with the patient and the health care team throughout the day. You were

accountable for your assessments and nursing interventions and participated as an active member of the health care team. You noticed a significantly elevated blood pressure and correctly reported your findings to faculty and the assigned RN. Well-done! NS

Week 11 3(d,e) – You did well this week reporting changes to your patient's condition promptly. You reported her elevated blood pressure as previously mentioned. You also did well to report her pain levels promptly to the assigned RN to ensure she was medicated promptly. (e) you are a very kind-hearted and caring individual that recognized the importance of caring for the patient as well as her family in the room as a unit. You communicated well with her son in the room and asked if there was anything you good to for him while also caring for his mom. Great job! NS

* End-of-Program Student Learning Outcomes
Clinical judgment terminology embedded in each competency – noticing, interpreting, responding, reflecting

Objective																
3. Exemplify advanced searches in accessing electronic health care information and documenting patient care. (1,4,8)*																
Clinical Experience	**Week 1**	**Week 2**	**Week 3**	**Week 4**	**Week 5**	**Week 6**	**Week 7**	**Week 8**	**Mid-Term**	**Week 9**	**Week 10**	**Week 11**	**Week 12**	**Week 13**	**Week 14 Make-Up**	**Final**
Competencies: a. Document vital signs and head to toe assessment according to policy (Responding).						n/a	n/a	**S**	S	S	n/a	S	NA	S		
b. Document the patient response to nursing care provided (Responding).						n/a	n/a	**S**	S	S	n/a	S	NA	S		
c. Access medical information of assigned patient in Electronic Medical Record (Responding).		s				n/a	n/a	**S**	S	S	n/a	S	NA	S		
d. Demonstrate beginning skill in accessing patient education material on intranet (Responding).		s							S	S	n/a	S	NA	S		
e. Provide basic patient education with accurate electronic documentation (Responding).									NA	n/a	n/a	S	NA	S		
f. Consistently and appropriately post comments for clinical discussion groups on Edvance360 website (Reflection).						n/a	n/a	**S**	S	S	n/a	S	NA	S		
*Week 2 –Meditech		CB				CB	CB	**FB**	FB	NS	NS	NS	NS			

Comments

Week 2(4c,d): Satisfactory for listening attentively and actively participating in the Meditech orientation clinical. You showed beginning competence in the ability to access a patient's EHR, document care in an intervention, and locate patient data. You were able to access Lexicomp to locate patient education materials. Additionally, nursing policies and procedures were located on the health system intranet. Great job! NS/CB

Week 8 (4a,c,f) Good job with head to toe and vital sign documentation this week. Documentation was completed with minimal corrections. You were able to access medical information on your assigned patient appropriately. Your clinical discussion followed all criteria within the rubric and was posted on time. FB

Week 9 4(f) - Overall you did a great job with your CDG this week! See my comments on your posts for further information. You did well to ensure all aspects of the CDG grading rubric were addressed. Both posts included an in-text citation and a reference using appropriate APA formatting. Your response post to Kayli included additional thought, provided thought-provoking questions, and enhanced the conversation. Overall job well done meeting all criteria for a satisfactory evaluation. NS

Week 11 4(f) - Great work with your CDG prompts this week. See my comments on your posts for further details. All criteria were met for a satisfactory evaluation. NS

* End-of-Program Student Learning Outcomes

Clinical judgment terminology embedded in each competency – noticing, interpreting, responding, reflecting

Objective

4. Exemplify psychomotor skills and nursing care safely using evidence-based practice. (3,4,5,7,8)*

Clinical Experience	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Mid-Term	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14 Make-Up	Final
Competencies: a. Demonstrate correct body mechanics and practices safety measures during the provision of patient care (Responding).						n/a	n/a	**S**	S	S	n/a	S	NA	S		
b. Apply the principles of asepsis and standard/infection control precautions (Responding).						n/a	n/a	**S**	S	S	n/a	S	NA	S		
c. Demonstrates appropriate skill with foley catheter insertion, maintenance, and removal (Responding).									NA	n/a	n/a	~~NA~~ S	NA	NA		
d. Manage basic patient care situations with evidence of preparation and beginning dexterity (Responding).						n/a	n/a	**S**	S	S	n/a	S	NA	S		
e. Organize time providing patient care efficiently and safely (Responding).						n/a	n/a	**S**	S	S	n/a	S	NA	S		
f. Manages hygiene needs of assigned patient (Responding).									NA	S	n/a	S	NA	S		
g. Demonstrate appropriate skill with wound care (Responding).									NA		n/a	NA	NA	S		
h. Document the location of fire pull stations and fire extinguishers. ** (Interpreting).						n/a	n/a	**S**	S							
						CB	CB	FB	FB	NS	NS	NS	NS			

Comments

****You must document the location of the pull station and extinguisher here for your first clinical experience.**

Week 8 (5h)-Fire extinguisher was on the left side of the nurses station when you walk out of the elevator on 3T; pull station was on the right side, or also next to room 3027.

Week 8 (5e,h)- Great job providing safe and efficient care to your assigned patient. Satisfactory location of fire extinguisher. FB

Week 9 5(d,e,f) – I thought you did a great job this week of showing beginning dexterity in performing various nursing skills and assessments. You organized your time efficiently to ensure important aspects of care were met, including providing a surgical bath prior to your patient going to surgery. You also addressed his hygiene needs by performing hygiene care included assisting him with shaving. I am glad that you were able to get this experience and increase your comfort level of providing hygiene care, well done prioritizing this aspect for your patient! NS

Week 11 5(b,c,f) – You were able to maintain asepsis in all care interactions this week, especially related to foley catheter management. We discussed important measures to be taken related to foley care to reduce her risk of developing a CAUTI. You were able to discuss the importance of preventing dependent loops in the tubing, monitoring the output in the catheter bag, and performing catheter care with hygiene care. These interventions will all go a long way in preventing infection. I changed competency 5c to "S" because you were able to gain experience in maintaining an indwelling urinary catheter appropriately. You also gained experience with emptying a drainage bag and measuring output, well done! (F) You were able to provide pre-surgical hygiene care to your patient in order to reduce the risk of infection during surgery. You also were able to provide a bag bath while she was in the chair and incorporated oral care into your nursing interventions. NS

* End-of-Program Student Learning Outcomes

Clinical judgment terminology embedded in each competency – noticing, interpreting, responding, reflecting

Objective																
5. Develop patient-centered plans of care utilizing the nursing process. (3,4,5,6,7)*																
Clinical Experience	**Week 1**	**Week 2**	**Week 3**	**Week 4**	**Week 5**	**Week 6**	**Week 7**	**Week 8**	**Mid-Term**	**Week 9**	**Week 10**	**Week 11**	**Week 12**	**Week 13**	**Week 14 Make-Up**	**Final**
Competencies: a. Utilize clinical judgment skills to develop a patient-centered plan of care (Responding).									NA	S	n/a	S	NA	S		
									FB	NS	NS	NS	NS			

Comments

Week 9 6(a) – Clinical judgement skills were utilized to identify a priority nursing problem based on the patient care provided and assessments performed. You correctly identified decreased cardiac output as a priority concern related to his AAA diagnosis and fluid retention. You did an excellent job of correlating his hypertension to potential complications of his AAA and identified the importance of closely monitoring his cardiovascular status. You also correlated his hypertension as potentially being related to increased stress and anxiety for his upcoming procedure. NS

Week 11 6(a) – You continue to enhance your clinical judgement skills with each clinical experience. This week you identified numerous nursing priorities and identified impaired mobility and pain as your priority nursing problem related to her recent hip fracture, surgery and altered mental status. Good work discussing the assessment findings and risk factors that supported your priority problem in your CDG. Your CDG demonstrated strong clinical judgement in correlating her nutritional status and mobility score to the healing process. I was impressed with the level of detail provided in your responses! NS

* End-of-Program Student Learning Outcomes
Clinical judgment terminology embedded in each competency – noticing, interpreting, responding, reflecting

Objective																
6. Convert basic pharmacology principles into safe medication administration. (3,5,6,7)*																
Clinical Experience	**Week 1**	**Week 2**	**Week 3**	**Week 4**	**Week 5**	**Week 6**	**Week 7**	**Week 8**	**Mid-Term**	**Week 9**	**Week 10**	**Week 11**	**Week 12**	**Week 13**	**Week 14 Make-Up**	**Final**
Competencies: a. Identify the action, rationale, dosage, side effects and the nursing implications of medications (Interpreting).									NA				NA	S		
b. Recognize patient drug allergies (Interpreting).									NA				NA	S		
c. Practice the 6 rights and 3 checks prior to medication administration (Responding).									NA				NA	S		
d. Administer oral, intra-muscular, subcutaneous, and intradermal medications using correct techniques (Responding).									NA				NA	S		
e. Review the patient record for time of last dose before giving PRN medication (Interpreting).									NA				NA	S		
f. Assess the patient response to PRN medications (Responding).									NA				NA	S		

g. Demonstrate medication administration documentation appropriately using BMV (Responding).									NA			S	NA	S		
*Week 11: BMV									FB			NS	NS			

Comments

Week 11 (7g) - You are satisfactory for this competency by attending the Bedside Medication Verification (BMV) clinical orientation, actively listening, observing, and discussing accurate medication documentation and safe administration with the use of the BMV scanner. NS/CB

* End-of-Program Student Learning Outcomes

Clinical judgment terminology embedded in each competency – noticing, interpreting, responding, reflecting

Objective

2. Exemplify professional conduct through self-reflection, responsibility for learning, and goal setting. (1,5,7)*

Clinical Experience	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Mid-Term	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14 Make-Up	Final
Competencies:																
a. Reflect on areas of strength**(Reflecting)						U	n/a	**S**	S	S	n/a	S	NA	S		
b. **Reflect on areas for self-growth with a plan for improvement. ****(Reflecting)						U	n/a	**S**	S	S	n/a	S	NA	S		
c. Incorporate instructor feedback for improvement and growth (Reflecting).						U	n/a	**S**	S	S	n/a	S	NA	S		
d. Follow the standards outlined in the FRMCSN policy, "Student Code of Conduct" (Responding).						U	n/a	**S**	S	S	n/a	S	NA	S		
e. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions (Responding).						U	n/a	**S**	S	S	n/a	S	NA	S		
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect (Responding).						U	n/a	**S**	S	S	n/a	S	NA	S		
g. Comply with patient's Bill of Rights (Responding).						U	n/a	**S**	S	S	n/a	S	NA	S		
h. Respect the privacy of patient health and medical information as required by federal HIPAA regulations (Responding).						U	n/a	**S**	S	S	n/a	S	NA	S		
i. Actively engage in self-reflection. (Reflecting)						U	n/a	**S**	S	S	n/a	S	NA	S		
*						CB	CB	**FB**	FB	NS	NS	NS	NS			

**** Strength/weakness reflection (a,b): Must have different written example each week of clinical/lab. You must explain your plan for how you will improve. Example, "I am having a difficult time with obtaining a manual BP. I will get a BP cuff from Amy and practice manual BP's with at least three members of my family this week." Please ensure that you answer this section in-depth with your plan of action. Each week must be different.**

Week 6(8a-i): Marilyn, you did not self-rate objective 8, competencies a-i. Please read the following statement to correct each of these competencies for week 7. **If the student does not self-rate, then it is an automatic "U". If a student receives a "U" in a competency, it must be addressed with a comment as to why it is no longer a "U" the following week. If the student does not state why the "U" is corrected, it will be another "U" until the student addresses it.** CB

For week 6 competencies (8a-i) , I did not scroll down far enough and missed the self evaluation! I should have marked it NA, because I did not have clinicals week 6. Marilyn, thank you for addressing the "U" received in week 6. CB

WEEK 8 (8a)-strength- My strength was talking to the patient and communicating what I was doing. When the patient asked me what something meant, I was able to answer their question in terms they could understand. For example, when my patient asked me what I meant when I said I was going to do a head to toe assessment on him, I explained that I was going to listen to his heart and lungs and other things to make sure everything was doing okay. Great job with communication, it is important to explain to patient's in simple terms so they understand. You can also explain as you are going along with the head to toe assessment, for example I am going to listen to your heart and lungs, now I am going to listen to your bowel sounds. FB
Week 8 (8b)-Weakness- My weakness was not being confident in the accuracy of the heart rate and respiratory rate that I obtained. It took me some time to find the radial pulse because it was weak. Not only finding the pulse, but focusing on the palpations so I don't lose count when looking at my watch. And also remembering the number I got before I move on to respiratory rate. I also need to remember to assess better. I forgot to look in the mouth to assess oral mucosa and also skin turgor. To improve, I will practice head to toe assessment on my dummy that I have at home and HR/RR x3 on my family members. Great plan Marilyn, practice will help you remember the process and will assist with not missing any part of the assessment. FB

Week 9 (a)- strength: My strength was providing and maintaining patient comfort, as well as time management/teamwork. For example, I was able to take care of my patient and also help my classmate with her patient. I loved witnessing the teamwork and collaboration between you and your peers! Teamwork is so important in healthcare, it was great to see you prioritize this in your day. With this being your first full clinical experience, I could tell your eagerness to learn and engage with your patient. You showed no hesitation in jumping into your patient's room to complete your nursing tasks, well done! NS

Week 9 (b)- weakness: My weakness was lack of knowledge on my patient's diagnosis and the cardiac catheterization, aneurism, and heart rhythms he had. I struggled finding a priority problem for my cdg. My patient was pretty much stable, and he didn't show any S/S like abdominal pain or chest pain that may come with AAA. I knew that there had to be a priority problem or else what would be the point of him being in the hospital. I had to do research on Afib so I could have some kind of background information. I also had to recall knowledge from anatomy on cardiac output and how hypertension can affect it. The priority problem I decided to go with was decreased cardiac output. To improve my judgement on priority problems, next time I will look more into the EMR, look at the admitting dx, providers notes, review past medical hx. Marilyn, I was impressed in reading your CDG response related to the priority problem. His admitting diagnosis is beyond anything you would have learned at this point in nursing foundations; however, you took the initiative to research your patient and used strong Clinical judgement skills in discussing his priority. Perfect example of using your previous knowledge and resources to promote critical thinking! I think you have a great plan in place to increase your knowledge moving forward. Keep up the hard work! NS

Week 11 (a)- strength: my strength was noticing and interpreting cues. Everything my patient said to me, I was always interpreting and using that to anticipate her needs. Especially because my patient was confused/forgetful, I had to keep track of the things she said that she might forget to mention later. For example, saying her ear hurt to me, but then denying pain to her nurse. It's just things like this so I can stay updated on her status. Maybe that pain was because of the nasal cannula, so I asked, and she said no. Another thing, her room was cold, her feet were cold and uncovered when I walked into her room on day one. Then she had hx of anemia. The type was not specified, but I overheard her mention that she takes iron supplements, so I inferred it was iron deficiency anemia. Awesome, Marilyn! I love seeing you use the clinical judgment terms in your reflection. I can tell you are working hard to enhance your clinical judgement skills. You continue to demonstrate numerous strengths during your clinical experiences. I can tell how eager you are to learn and the excitement you present with during your clinical days. You truly are doing a great job and I am excited watching your growth and commitment, keep it up! NS

Week 11 (b)- weakness: My weakness was my time management. I did everything I had to do but I always felt rushed towards the end of the shift. On day one I had enough time to document and look into my patient's chart. Day two I did not. I went to help a classmate with her patient, then got sidetracked and had a lot of things I needed to document still. There was other people that could have helped, but at the same time I wanted more exposure and more learning opportunities. I didn't get a chance to look at post-op lab values, which I even made a note for myself to do. To improve I will make sure to do what I need to do for myself and my patient before doing anything else. While I was helping, I ended up missing seeing my patients plate one last time before they took her plate and seeing how PT get her out of the bed. If I would've went back to her room sooner I could have encouraged her to drink some more of her juice, to put that idea in her head. Good reflection, Marilyn! This is a tough juggling act between focusing on the specific care needs of your assigned patient while also trying to learn from other experiences. Time management will come with more experience. As long as your patient's needs are met and your documentation is done in a timely manner, I encourage you to continue seeking out

opportunities to help your classmates and gain new experiences. Next semester during med-surg, you will have many opportunities to dig through their charts and interpret various findings. With patient care being new to you, I think its great that you are providing teamwork and collaboration with your peers. Good thoughts! NS

Week 13 (a)- strength: my strength was calming down the pt to the best of my abilities, lightening the mood, listening to his concerns, establishing presence.
Week 13 (b)- weakness: my weakness was noticing… my patient took his yellow socks off to clean himself in the bathroom and then was walking around his room without the socks for a short period because he wanted new socks. Also, the floor is dirty. I really wanted to say something but I should have told him to sit down. Also, I wasn't in the bathroom with him to give him privacy of course, and I left to go grab something and he could have slipped while I was gone.

He was my first independent pt so I didn't know how that works, leaving the room while they are in the bathroom and what not. However… because of the fact that he was deemed fall risk, next time I would have stayed until he sits, then go get what I need. I know other times I walked by his room and he wasn't in bed, he was in the bathroom. Me being new to this, I don't know if I really should've turned the bed alarm on or not. It was obviously not on if he was getting up to go to the bathroom and I didn't even know it, and it's no different than me leaving the room to grab extra supplies while he was in the bathroom.

Back to the bag bath, he didn't take the bandage off to clean the surgery site with the chlorohexidine pre op bath… which defeats the whole purpose. I didn't realize until after I left the room. But I did tell the nurse and they said it was fine, they'll sterilize the area in surgery. But that's another one of those things I mentioned in debriefing. Do you really have to do it or not? I felt like it wouldn't be a standard order if they didn't want it done. Plus, with infection being the priority problem, I thought they would've really wanted it done again.

* End-of-Program Student Learning Outcomes
Clinical judgment terminology embedded in each competency – noticing, interpreting, responding, reflecting

Date	Care Map Top Nursing Priority	Evaluation & Instructor Initials	Remediation & Instructor Initials
		*	*

Note: Students are required to submit one satisfactory care map by 11/18/2024 at 0800. If the care map is not evaluated as satisfactory upon initial submission, the student may revise the care map based on instructor feedback/remediation and resubmit one time by 11/25/2024 at 0800 to receive a satisfactory evaluation. ***See Attached Nursing Care Map Grading Rubric**

Firelands Regional Medical Center School of Nursing
Care Map Grading Rubric

Student Name:				**Course Objective:**			
Date or Clinical Week:							
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)**		
	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. 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)**		
Interpreting	4. List all nursing priorities and highlight the top priority problem.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**		
	5. State the goal for the top nursing priority.	**Complete**			**Not complete**		
	6. 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**		
	7. Identify all potential complications for the top nursing priority problem.	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**		
	8. Identify signs and symptoms to monitor for each complication.	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**		
Responding	9. List all nursing interventions relevant to the top nursing priority.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**		
	10. Interventions are prioritized	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**		
	11. All interventions include a frequency	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**		
	12. All interventions are individualized and realistic	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**		

	Criteria	3	2	1	0	Points Earned	Comments
	13. An appropriate rationale is included for each intervention	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**		
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	**>75% complete**	**50-75% complete**	**<50% complete**	**0% complete**		
	15. Evaluation includes one of the following statements: • Continue plan of care • Modify plan of care • Terminate plan of care	**Complete**			**Not complete**		

Reference

An in-text citation and reference are required.
The care map will be graded "needs improvement" if missing either the in-text citation or reference, but not both.
The care map will be graded "unsatisfactory" if no in-text citation AND reference is included.

Total Possible Points= 45 points
45-35 points = Satisfactory
34-23 points = Needs Improvement*
< 23 points = Unsatisfactory*
***Total points adding up to less than or equal to 34 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.**

****Students that are not satisfactory after 2 attempts will be required to meet with course faculty for remediation. ****

Faculty/Teaching Assistant Comments:

Total Points:

Faculty/Teaching Assistant Initials:

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

Simulation Evaluation Performance Codes: **S**: Satisfactory **U**: Unsatisfactory	Simulation #1 (2,3,5,8) *	Simulation #2 (2,3,5,7,8) *
	Date: 11/5/2024	**Date: 11/25/2024 or 11/26/2024**
Evaluation (See Simulation Rubric)	S	
Faculty Initials	NS	
Remediation: Date/Evaluation/Initials	NA	

* Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Marilyn Miller (A), Leah Shelley (M), Brittany Rodisel (O), Madison Wright (O)
GROUP #: 4
SCENARIO: NF #1
OBSERVATION DATE/TIME(S): 11/5/2024 1330-1430

CLINICAL JUDGMENT COMPONENTS					Observation Notes
NOTICING: (1,2,4,6,7) *					**Focused observation**
• Focused Observation:	E	A	D	B	Focused observation on vital signs when entering the room
• Recognizing Deviations from Expected Patterns:	E	A	D	B	Focused observation and shortness of breath.
• Information Seeking:	E	A	D	B	Focused observation on patient's cough.
					Focused observation on patient's head-to-toe assessment
					Focused observation on patient's heels when prompted by the patient stating discomfort.
					Recognizing deviations from expected patterns
					Noticed patient's cough.
					Noticed temp of 99.2, BP 130/74, Spo2 of 90%, HR 80, RR 20
					Noticed tissues in the bed, noticed yellow sputum production
					Noticed crackles upon auscultation
					Did not notice order to maintain oxygen >93% initially.
					Did not notice reddened heels initially. When patient complained of soreness, redness was noticed.
					Information seeking
					Confirmed name and DOB with wristband.
					Sought information related to mental status (orientation questions).
					Sought information on normal blood pressure
					Sought additional information on patients cough.
					Medication nurse asked patient what she preferred to be called (name)
					Remember to assess for patient allergies prior to med administration

INTERPRETING: (1,2,4,6,7) * • Prioritizing Data: E A D B • Making Sense of Data: E A D B	**Prioritizing data** Prioritized vital sign assessment when entering the room. Prioritized focused assessment on patient's cough and shortness of breath Did not prioritize oxygen administration initially. Consider prioritizing oxygen administration earlier. **Making sense of data** Made sense of crackles being related to pneumonia. Did not make sense of symptoms related to low Spo2 initially Made sense of reddened heels and impaired skin integrity from pressure. Made sense of provider order for oxygen. Made sense of guaifenesin order. Made sense of the MAR. Made sense of medications to be administered (indication)
RESPONDING: (1,2,3,4,5,6,7) * • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B	**Calm, confident manner** Demonstrated confidence in nursing actions and communication with patient and team member. Answered patient's questions appropriately. Great teamwork and collaboration **Clear communication** Introduced self and role when entering the room. Med nurse introduced self and role when entering the room Good communication with the patient throughout assessment. Good teamwork and communication throughout Good communication with the patient during medication administration. Educated on coughing and deep breathing, elevated the HOB for shortness of breath. Educated patients on medications to be administered. Educated on avoiding grapefruit juice with atorvastatin. **Well-planned intervention/flexibility**

	Elevated HOB due to patient's cough and shortness of breath. Focused assessment on patient's cough/sputum Pillow placed under heels to offload pressure. Educated on coughing and deep breathing, elevated the HOB for shortness of breath. Re-assessed patient after medication administration. **Being skillful** Confirmed name and DOB prior to medication administration. Good hand hygiene. Good body mechanics by raising the height of the bed. HEENT assessment performed accurately with PERRLA Neuro assessment performed ROM assessed in all extremities. Pulses assessed and compared bilaterally Heart and lung sounds assessed accurately Remember to auscultate stethoscope to skin, not over the gown. Integumentary system assessed. Be sure to look at bony prominences such as heels, elbows, etc. Extremity strength assessed accurately. GI assessment performed accurately. Asked about last BM. GU assessment performed accurately. Observed 7 rights of medication administration. Asked patient how she takes her medications safely. Three medication safety checks performed. BMV scanner used for patient safety
REFLECTING: (1,2,4,5,6,8) * • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	Observers did an excellent job actively paying attention to detail throughout scenario. Constructive feedback was provided during debriefing. Observers provided good insight on safe medication administration, including the rights of medication administration. Observers also praised students for initiating O2 via nasal cannula for low Spo2 per orders while also discussing the need for prompt intervention. Constructive feedback was provided related to areas for improvement. Good discussion and support amongst those performing in the scenario and the observers. Everyone participated well in debriefing. Each member of the team reflected on the experience and asked appropriate questions. Members of the team noticed areas for improvement and discussed ways to make improvements in the future. The assessment nurse and medication nurse demonstrated collaborative communication between the team members and the patient.

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:

- Demonstrate collaborative communication with patients and healthcare team members (1,3,8) *
- Execute accurate and complete head to toe assessment (1,5,6,8) *
- Select and administer prescribed medications following the six rights (1,4,5,7) *
- Identify and provide accurate patient education (1,2,3,4,5,7) *

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. Identifies obvious patterns and deviations, missing some important information. 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: Makes an effort to prioritize data and focus on the most important, but also attends to less relevant or useful data. In most situations, interprets the patient's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse.

Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Develops interventions on the basis of relevant patient data; monitors progress regularly. Displays proficiency in the use of most nursing skills; could improve speed or accuracy.

Reflecting: Independently evaluates and analyzes personal clinical performance, noting decision points, elaborating alternatives, and accurately evaluating choices against alternatives. Demonstrates commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops specific plans to eliminate weaknesses.

Skills Lab Competency Evaluation

Performance Codes:

S: Satisfactory

U: Unsatisfactory

Lab Skills

Satisfactory completion of NF Scenario #1.

	Week 1 (4)*	Week 2 (2,3,5,8)*	Week 3 (2,3,4,5,8)*	Week 4 (2,3,4,5,8)*	Week 5 (2,3,4,5,8)*	Week 6 (1,2,3,4,5,8)*	Week 7 (2,3,4,5,8)*	Week 8 (2,3,4,5,8)*	Week 9 (2,3,4,5,8)*	Week 10 (2,3,4,5,6,8)*	Week 11 (2,5,7)*
	Date: 8/19/2024	**Date:** 8/26/2024	**Date: 9/4/24**	**Date:** 9/9/2024	**Date:** 9/16,19/ 2024	**Date:** 9/23/2024	**Date:** 9/30/2024	**Date: 10/7/2024 & 10/9/2024**	**Date:** 10/14/2024	**Date:** 10/21/2024	**Date:** 10/29/2024
Evaluation:	**S**	**S**	**S**	**S**	**S**	**S**	**S**	**S**	**S**	**S**	**S**
Faculty Initials	HS	HS	NS	AR	AR	AR	HS	NS/CB	HS	AR	AR
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

***Course Objectives**

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

Student Name: Marilyn Miller

Comments:

Week 1 (Technology Lab): During this lab you were able to satisfactorily navigate:

- Edvance360 Learning Management System.
- Skyscape Resource System.

- Assessment Technologies Institute (ATI) / Virtual Simulation (vSim) Systems.
- Guided tour of library and computer lab. HS

Week 2 (Hand Hygiene; Vital Signs; PPE): During lab this week you were able to satisfactorily demonstrate:

- Appropriate hand hygiene utilizing hand sanitizer and soap/water.
- Accurate verbalization of procedure for donning & doffing PPE.

Appropriate level of skill during guided practice with measurement of radial and brachial pulses, along with manual blood pressure. Vital signs skills will be observed 1:1 with faculty during Week 3. Keep up the good work! HS

Week 3 (Vital Signs):

Awesome work in the lab this week! You satisfactorily completed the vital sign check off during 1:1 observation, including oral temperature, radial pulse, respiratory rate, pulse oximetry, and blood pressure measurement. During the blood pressure measurement, you accurately obtained two out of three blood pressure results on the Vital Sim manikin for a satisfactory evaluation. The first blood pressure measurement was set at 108/66, and you identified it as 100/62, which was slightly out of the range for a satisfactory result. The second measurement was set at 126/88 and you interpreted it as 126/88, which was spot on! The third measurement was set at 146/80, and you interpreted it as 142/82 – well within the desired range! You were able to verbally discuss the following measurements: axillary and rectal temperature along with orthostatic vital sign assessments. You did not require any prompts throughout the whole checkoff, great work! You provided accurate detail in your communication with the "patient". Your documentation was 100% accurate. Keep up the great work!! NS

Week 4 (Assessment):

Satisfactory with head to toe assessment guided practice, hand-off report activity, Lexicomp/Intranet navigation activity, and the assessment/safety activity utilizing your clinical judgment skills. Great job! You will be observed 1:1 for Head to Toe Assessment competency during Week 5. AR

Week 5 (Assessment; Mobility):

Great job in lab this week! You have satisfactorily demonstrated a basic head to toe assessment in the skills lab. Your approach was systematic, thorough, and overall well done. You did require 1 prompt related to assessing the breathing pattern, ease of breathing, cough, etc. You demonstrated excellent, friendly, professional, and informative communication. You were able to correctly identify the lung sounds as crackles and the bowel sounds as hyperactive. Great job!

Feedback on documentation this week: With this being the first time that you fully documented these interventions, there are some areas for improvement. You did a good job, overall, with your Meditech documentation. You documented on the interventions listed below; however, some areas were inaccurate and omitted. Please review each area of documentation within the next two weeks so you can examine areas that were omitted. I want you to feel comfortable and confident with Meditech documentation.

Pain- all okay

Vital signs- documented temp as 100.5 rather than 100.4; omitted pulse rate "99"

Safety- all okay

Physical reassessment-

Respiratory (observation)- omitted "symmetric" from chest shape

Neurological (pupils)- omitted "2mm" from left pupil size

Mobility Lab 9/19/2024: Satisfactory completion of mobility lab through demonstration of the following: Logrolling/turning a patient, lifting a patient in bed, repositioning from lying to sitting, repositioning from sitting to standing, stand/pivot transfer from a bed to a chair, ambulating with a walker, ambulating with crutches, ambulating with a cane, use of a gait belt, and safe use of a wheelchair. Proper body mechanics were utilized to promote safety for the health care worker and the patient. Great job with active participation throughout the duration of the lab. AR

Week 6 (Personal Hygiene Skills):

Satisfactory with patient hygiene, making an occupied bed, shaving, oral care, hearing aid care, application of ace wraps, TED Hose/SCD's, and clinical readiness scenario during guided practice. Completed Meditech documentation for Hygiene and Ted Hose. Keep up the great work! AR

Week 7 (NG Skills: Insertion, Irrigation, and Removal; Feedings):

Great job this week in lab demonstrating competence for Nasogastric Tube Insertion, Irrigation, and Removal through 1:1 observation. You are satisfactory in all NG skills. During insertion you did not require any prompts. You did require one prompt during irrigation, be sure to keep the HOB elevated to at least 30degrees. Excellent patient education provided! One prompt was needed during removal as a reminder to flush the tube with 20mL of air in the clear port and not the blue port. Great job! You were able to verbalize understanding of the difference between irrigation and flushing. You were able to practice administering intermittent tube feeding using the gravity method while also confirming tube placement with gastric residual. Additionally, you participated in the PO intake station for accurate calculation of carbohydrate intake, accurately measured gastric output through the NG tube, practiced assisting a visually impaired patient with their meal, and completed the assigned documentation in Meditech. Keep up the hard work! HS

Week 8 (Foley Skills: Insertion, Removal; Sterile Gloves; I&O, Documentation Lab):
You did a great job in the lab this week and were satisfactory with the following skills: Sterile Glove Application, Foley Catheter Insertion (female), and Foley Catheter Removal. You did not require any prompts throughout the procedure, nice work! You maintained the sterile field throughout the Foley insertion, and did not contaminate the catheter or your gloves at any point. You correctly verbalized the differences in catheter insertion for a male patient. You also actively participated in the Intake and Output stations, and completed Meditech documentation related to Urinary Catheter Management and Intake & Output. Keep up the great work! NS
Documentation Lab – You have satisfactorily completed the documentation lab by actively participating in Meditech documentation related to vital signs, physical re-assessment, safety and falls, pain assessment, patient rounds, TED hose/SCD/Ace wrap, feeding method, Intake and Output, urinary catheter management, and writing a nurse note. You utilized your time wisely, asked appropriate questions, and gained experience with each intervention listed in preparation for clinical. Great job! CB
Week 9 (Dressing Change: Dry Sterile, Damp to Dry Packed, Stoma Skills):
You have demonstrated competence in the skill of wound assessment and wound care through guided observation of Dry Sterile Dressing and 1:1 observation of Damp to Dry Packed Wound Dressing Change. During the Damp to Dry Packed Wound Dressing Change, you did not require any prompts and initiated/maintained the “clean” field and followed aseptic technique throughout. Your communication with the patient was excellent. Documentation was completed related to wound care and patient rounds in the Meditech system. Additionally, you participated in the stoma care station to gain additional knowledge and skills. Clinical scenario questions were presented to the group with active participation from all students. Great job this week! HS

Week 10 (Safety; Infection Control; Prioritization; Weight; Pressure Ulcer Prevention; Soft Restraints; Doppler BP):
Satisfactory participation with the following stations: Prioritization, Patient Weight, Restraints, Doppler BP, Meditech documentation, and Patient Scenario involving Safety, Infection Control, and Pressure Ulcer Prevention. Keep up the hard work! AR
Week 11 (Medication Lab):
Satisfactory participation and performance of the following skills in the medication lab: Oral, IM, SQ, and ID medication administration; performance of IM injection on fellow student; performance of SQ & ID injection on practice sponge; use of and drawing medication out of ampule and vial; communication/accountability activity with awareness of allergies & dosage calculation. AR

EVALUATION OF CLINICAL PERFORMANCE TOOL
Nursing Foundations – 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

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

Student eSignature & Date: _____