

EVALUATION OF CLINICAL PERFORMANCE TOOL
Nursing Foundations – 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Mallory Jamison

Final Grade: Satisfactory

Semester: Fall

Date of Completion: 12/2/2024

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: Heather Schwerer MSN, RN

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

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
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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	S	NA	S	NA	NA	S
b. Identify cultural factors that influence healthcare (Noticing).									NA	S	S	NA	S	NA	NA	S
c. Coordinate care based on respect for patient's preferences, values, and needs (Responding).						S	NA	NA	S	S	S	NA	S	NA	NA	S
d. Use Maslow's Hierarchy of needs to determine the care needs of the assigned patient (Interpreting).						S	NA	NA	S	S	S	NA	S	NA	NA	S
Clinical Location; 3T Patient age** 63		NS				BL	CB	CB	CB	HS	HS	HS	HS	HS	HS	HS
		Meditech Orientation				3T (Age 63)	NA	NA	NA	3T age 74	3T age 75	NA	3T age 43	NA	NA	

Comments

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

Week 6-1(c) Mallory, excellent job this week providing care to your patient while respecting his individual preferences, values, and needs. BL

Week 9 (1c, d)- You encouraged your patient to participate in the care based on her preferences when assisting her with eating and attempting to perform hygiene care. HS

Week 10 (1c,d)- You did a nice job planning your care around your patients preferences and needs. You made sure to ensure your patient had all of his hygiene needs were met including assisting him with a shower cap for his hair. HS

Week 12 (1c)- Nice job considering your patient's preferences while coordinating appropriate care to ensure positive patient outcomes. HS

* 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).						S	NA	NA	S	S	NA	S	NA	NA	NA	S
b. Use correct technique for vital sign measurement (Responding).						S	NA	NA	S	S	NA	S	NA	NA	NA	S
c. Conduct a fall/safety assessment and institute appropriate precautions (Responding).						S NA	NA	NA	NA	S	S	NA	S	NA	NA	S
d. Conduct a skin risk assessment and institute appropriate precautions (Responding).									NA	S	S	NA	S	NA	NA	S
e. Collect the nutritional data of assigned patient (Noticing).									NA	S	S	NA	S	NA	NA	S
f. Demonstrates appropriate insertion, maintenance, and/or removal of NG tube (Responding).									NA	NA	NA	NA	NA	NA	NA	NA
g. Describe the findings and the rationale for diagnostic studies with the nursing implications for assigned patient (Interpreting).										NA S	S	NA	S	NA	NA	S
		NS				BL	CB	CB	CB	HS	HS	HS	HS	HS	HS	HS

Comments

Week 6-2(a,b) Great job this week utilizing the correct technique for vital sign measurement, and completing a systematic head to toe assessment on your assigned patient. Your head to toe assessment was thorough and done in a timely manner. You did a great job recognizing that you originally omitted part of your assessment (pedal pulses), and then went back to complete it. Being that this was your first time, it is normal to accidentally omit areas of your assessment. In the future, you will have more time at

the bedside, so if this were to occur again, it would be important to go back and collect the data like you did. 2(c) This competency was changed to “NA” because you did not have the opportunity to perform a fall/safety assessment and institute appropriate precautions for your patient this week in clinical. Going forward, you will have more opportunities to do this and become satisfactory. Keep up all your great work! BL

Week 9 (1a-d)- Good job with your assessment this week. You cared for a patient that had numerous tubes and drains that you had not seen prior. You did a nice job ensuring that they were documented within the chart as well. HS

(1g)- You were able to discuss some of the associated lab values based on your patients’ condition. HS

Week 10 (2a-e)- You did a great job performing all assessments, especially neuro and musculoskeletal on your patient. You also demonstrated the ability to gather information from assessments performed to determine a priority problem for your assigned patient. After determining the priority problem, you implemented all necessary interventions. HS

Week 12 (2a,c,d)- You did a great job performing appropriate assessments. You provided pertinent information from assessments, labs, and diagnostic testing to determine a priority problem for your assigned patient. Associated interventions were implemented that were relevant to the priority problem based off of information gathered.

(2g) Great job interpreting the lab data and diagnostic procedures that provides substantial information for the priority problem. HS

* 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:						S	NA	NA	S	S	S	NA	S	NA	NA	S
a. Receive report at beginning of shift from assigned nurse (Noticing).																
b. Hand off (report) pertinent, current information to the next provider of care (Responding).						NA	NA	NA	NA	S	S	NA	S	NA	NA	S
c. Use appropriate medical terminology in verbal and written communication (Responding).						S	NA	NA	S	S	S	NA	S	NA	NA	S
d. Report promptly and accurately any change in the status of the patient (Responding).						S	NA	NA	S	S	S	NA	S	NA	NA	S
e. Communicate effectively with patients and families (Responding).						S	NA	NA	S	S	S	NA	S	NA	NA	S
f. Participate as an accountable health care team member in the provision of patient centered care (Responding).						S	NA	NA	S	S	S	NA	S	NA	NA	S
		NS				BL	CB	CB	CB	HS	HS	HS	HS	HS	HS	HS

Comments

Week 6-3(e) You did an excellent job communicating with your patient this week during clinical, as well as providing discussion related to your communication in your CDG. BL

Week 9 (3a-f) You were able to get a report from the night shift nurse and update the nurse prior to leaving at the end of the shift. You did a nice job communicating with your patient and the other members of the healthcare team during the shift. HS

Week 10 (3a-f) Great job receiving and providing pertinent information during shift report, and hand off report. Appropriate medical terminology was used during all communications provided. Good job communicating appropriately to the primary RN and other health care disciplines when necessary. HS

Week 12 (3a,b): Good job this week receiving report from the off going shift and giving appropriate information to the bedside nurse when leaving clinical for the day. HS

* 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:									NI							
a. Document vital signs and head to toe assessment according to policy (Responding).						S NI	NA	NA		S	S	NA	S	NA	NA	S
b. Document the patient response to nursing care provided (Responding).						S	NA	NA	S	S	S	NA	S	NA	NA	S
c. Access medical information of assigned patient in Electronic Medical Record (Responding).		S				S	NA	NA	S	S	S	NA	S	NA	NA	S
d. Demonstrate beginning skill in accessing patient education material on intranet (Responding).		S							S	U NI	S	NA	S	NA	NA	S
e. Provide basic patient education with accurate electronic documentation (Responding).									NA	NA S	S	NA	S	NA	NA	S
f. Consistently and appropriately post comments for clinical discussion groups on Edvance360 website (Reflection).						S	NA	NA	S	S	S	NA	S	NA	NA	S
*Week 2 –Meditech		NS				BL	CB	CB	CB	HS	HS	HS	HS	HS	HS	HS

Comments

Clinical Week 9: I gave myself an unsatisfactory because I did not go into the intranet to access patient education material as I did not know we were supposed to do so.

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 6-4(a) Overall, you did a great job with your documentation this week in clinical. Your documentation for your head to toe assessment was thorough and accurate. For your vital sign's documentation, be sure to take your time and review your documentation before submitting. There were several measurements that were entered incorrectly that you had to change after review with the instructor. It is very important that these are entered correctly to give an accurate representation of the patient's status. With that being said, I know this was your first clinical experience and nerves are to be expected. Be sure to pay special attention to this moving forward. 4(c) Great job in your CDG discussing the use of informatics and technology in the clinical setting. You provided a nice description of how you utilized the patient's vital signs data to look for trends and identify any changes. 4(f) Satisfactory completion of your CDG this week. Keep up all your hard work! BL

Week 9 (4a) – You did a nice job documenting all of your assessment findings within the EMR. HS
(4d,e)- I changed these competencies because, your patient was being discharged and while we don't do the discharge instructions we are able to provide some education to the patient such as what signs and symptoms to look for regarding signs and symptoms of infection. You also encouraged your patient to cough and deep breath since he was spending a lot of time in the hospital bed. HS
(4f)-Nice job on your initial CDG post and response this week, you met all of the rubric requirements. I do encourage you to review the APA formatting example handout for your in-text citations. It looks like you have put a direct quote but finished with (...), if that is not the case you could consider paraphrasing the statement as an option as well. HS

Week 10 (4a-c)- You did a nice job documenting all of your assessment findings and vital signs within the EMR. You were also able to retrieve all of the necessary patient information from the chart. Documentation continues to improve with each clinical experience.
(4f)- You met all of the CDG rubric requirements for this week for both your initial and peer responses. You did a nice job associating your patient's current diagnosis as well as health history in order to identify the priority problem for him. HS

Week 12 (4 a,b,c) Great job with head to toe assessment, vital signs, and focused assessment. You documented thoroughly and in a timely manner. Nice job accessing pertinent information and additional information within the electronic medical record. You were able to identify and gather important information regarding your patient's problems and testing to provide an accurate plan of care, nice job!
(4f) You met all of the CDG rubric requirements for this week for both your initial and peer responses. Be sure when identifying interventions for the priority problem and listing medications, that you only include those that are specific to the identified priority problem. HS

*** 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).						S	NA	NA	S	S	NA	S	NA	NA	NA	S
b. Apply the principles of asepsis and standard/infection control precautions (Responding).						S	NA	NA	S	S	NA	S	NA	NA	NA	S
c. Demonstrates appropriate skill with foley catheter insertion, maintenance, and removal (Responding).									NA	NA	NA	NA	NA	NA	NA	NA
d. Manage basic patient care situations with evidence of preparation and beginning dexterity (Responding).						S	NA	NA	S	S	NA	S	NA	NA	NA	S
e. Organize time providing patient care efficiently and safely (Responding).						S	NA	NA	S	S	NA	S	NA	NA	NA	S
f. Manages hygiene needs of assigned patient (Responding).									NA	S	S	NA	S	NA	NA	S
g. Demonstrate appropriate skill with wound care (Responding).									NA		NA	NA	NA	NA	NA	NA
h. Document the location of fire pull stations and fire extinguishers. ** (Interpreting).						S	NA	NA	S							S
		NS				BL	CB	CB	CB	HS	HS	HS	HS	HS	HS	HS

Comments

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

- There is a fire pull station and fire extinguisher diagonally from the 3T east wing desk, at the front of a hallway. There is another fire pull station by the nurse director's office as well as another extinguisher by the stair exit next to room 3027. Great job! BL

Week 9 (5d,e,f)- Nice job working with a patient that had bilateral nephrostomy tubes and a urostomy which were both new to you. You did a great job looking up the necessary information prior to entering the patients room and then also incorporating the patient into the plan of care. HS

Week 10 (5d,e) You demonstrated great management of care for your assigned patient making sure all pertinent interventions were completed. You organized your time appropriately to provide safe, efficient care to ensure positive patient outcomes. Since you had the same patient for two days in a row, you were able to priority your second day more efficiently knowing some of the information from the previous day. HS

Week 12 (5 c,d,e)-You have demonstrated great management of care for your assigned patient making sure all pertinent interventions were completed. You organize your time appropriately to provide safe, efficient care to ensure positive patient outcomes. Great job with time management this week with your medication administration. HS

* 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	S	NA	S	NA	S	S
		NS							CB	HS	HS	HS	HS	HS	HS	HS

Comments

Week 9 (6a)- You did a nice job utilizing clinical judgement skills based on your patient's priority problem and then identifying interventions specific to the patient and developing the plan of care. HS

Week 10 (6a)- Excellent job utilizing your clinical judgment skills to care for your patient this week. You assured the plan of care fit your patient's needs and preferences. You will continue to grow these skills as you progress through the semester and program. HS
Great job on your care map! You were able to identify a priority problem based on your abnormal assessment findings, lab values, and risk factors. You then successfully identified the plan on care and determined interventions specific to the patient. HS

Week 12 (6a)- Good job this week assessing your patient and gathering information from the electronic medical record to help you identify your patient's priority problem, and centering patient care around that. HS

* 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:									NA							
a. Identify the action, rationale, dosage, side effects and the nursing implications of medications (Interpreting).									NA				S	NA	NA	S
b. Recognize patient drug allergies (Interpreting).									NA				S	NA	NA	S
c. Practice the 6 rights and 3 checks prior to medication administration (Responding).									NA				S	NA	NA	S
d. Administer oral, intra-muscular, subcutaneous, and intradermal medications using correct techniques (Responding).									NA				NI(only gave oral) S	NA	NA	S
e. Review the patient record for time of last dose before giving PRN medication (Interpreting).									NA				S	NA	NA	S
f. Assess the patient response to PRN medications (Responding).									NA				S	NA	NA	S
g. Demonstrate medication administration documentation appropriately using BMV (Responding).									NA			NA S	S	NA	NA	S
*Week 11: BMV		NS							CB			HS	HS	HS	HS	HS

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

Week 12 (7a-d, g)- Great job with medication administration! You were able to identify why your patient was receiving the medication, potential side effects, and appropriate patient education. You reassessed your patient after giving medications, ensuring their safety. You followed the 7 rights of medication administration with 3 medication checks, verifying the correct patient and their allergies. You were able to utilize the BMV for medication administration documentation. HS

*** 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)						S	NA	NA	S	S	S	NA	S	NA	NA	S
b. Reflect on areas for self-growth with a plan for improvement. ** (Reflecting)						S	NA	NA	S	S	S	NA	S	NA	NA	S
c. Incorporate instructor feedback for improvement and growth (Reflecting).						S	NA	NA	S	S	S	NA	S	NA	NA	S
d. Follow the standards outlined in the FRMCSN policy, "Student Code of Conduct" (Responding).						S	NA	NA	S	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	NA	NA	S	S	S	NA	S	NA	NA	S
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect (Responding).						S	NA	NA	S	S	S	NA	S	NA	NA	S
g. Comply with patient's Bill of Rights (Responding).						S	NA	NA	S	S	S	NA	S	NA	NA	S
h. Respect the privacy of patient health and medical information as required by federal HIPAA regulations (Responding).						S	NA	NA	S	S	S	NA	S	NA	NA	S
i. Actively engage in self-reflection. (Reflecting)						S	NA	NA	S	S	U	NA	S	NA	NA	S
*		NS				BL	CB	CB	CB	HS	HS	HS	HS	HS	HS	HS

**** 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.**

a. The area of strength that I felt I had for week six clinical was displaying a sense of confidence upon entering my patient's room. I made sure to not resist going into the room or put it off and instead conducted the vital signs and assessment with ease and acted professionally and confident with what I was doing toward the patient. **You did a great job with your first clinical experience! Keep up all your hard work! BL**

b. An area that week six clinical showed me I can use for growth is with ensuring to remember all aspects of my head to toe. This clinical made me realize that I forget some things during a physical assessment and that I need more practice with such. I can improve this by making sure to practice with at least two family/friends every week. **Great job identifying an area for self-growth. This is a great plan to help you improve. BL**

Week 6-8(i) Great job reflecting on your first clinical experience in your CDG this week. You provided a nice description of your thoughts and feelings before and after the experience. Keep up all your great work! BL

Week 9 a. The area of strength that I felt I had for clinical week 9 was improving my physical head to toe assessment skills to ensure that I didn't forget any aspects of the assessment. It seemed to come much easier to me this week and I felt more confident in doing so after further practicing the skill before this clinical. **HS**

Week 9 b. An area that I recognized I need some self-growth in from clinical week 9 was charting the physical assessment. This is because I accidentally charted completely through each area of the assessment even if it was within normal limits when you do not need to do so. I plan to improve this by taking advantage of any access we have to Meditech so that I can go into the physical reassessment intervention and get more comfortable with charting such correctly. **The documentation will become easier with additional practice. HS**

Week 10 a. The area of strength that I felt I had for clinical week 10 was developing a relationship with my patient. My patient was very kind and talkative so I felt like I was really able to get to know him and develop a personable relationship with him. **HS**

Week 10 b. An area for self-growth I recognized with clinical week 10 would still have to be the charting. I missed two small things on my charting so I need to keep working on this, and I plan on improving this further in the future by making sure I slow down my charting and recheck all of it before saving it. **Double checking can help catch the areas that may have been missed or overlooked, especially with all of the interruptions that may occur. HS**

Week 10 (8i)- You did not self-evaluate this competency therefore it is a U.

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. **HS**

Week 11-addressing of Week 10 (8i). I received a U on week 10 8i because I missed this box and didn't fill it in with any evaluation. I don't have clinical for week 11 so it is an NA, but I am addressing it by ensuring that I will slow down when filling out future clinical tools and recheck my work to make sure that I did not miss any spots I was supposed to fill out. **HS**

Week 12 a. A strength that I felt I had this week was having confidence in administering meds. I didn't really feel nervous to give medications and instead went about it in an excited manner, where I was able to successfully pass meds without feeling like I met any major barriers. **HS**

Week 12 b. An area I feel I could improve in for week 11 would be keeping busy during clinical. I have noticed over the clinical semester that I have had patients that are not extremely complex, such as not having wounds/foleys or are independent, and I tend to get my daily tasks done quickly and then find myself with nothing to do. To improve this, I can reevaluate everything I did with the patient to make sure I am not missing anything, routinely check in to see if my patient needs anything else, and answer call lights. **Yes, some patients will keep your busier than others. You can also spend additional time talking with your patient and learning additional information about the history. HS**

Final comment- Mallory, you did an excellent job this semester! You came to clinical each week ready to learn and gain new experiences. You have grown throughout the semester in your confidence, knowledge, and skill set. You did not get the opportunity to insert, care for, or remove an NG tube or Foley catheter, so please seek out these opportunities in your MSN semester. I look forward to seeing you continue to grow next semester. Great job this semester! HS

*** 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
10/24/2024	Impaired Physical Mobility	S/HS	NA/HS

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: Mallory Jamison				Course 6			
Date or Clinical Week: 10/24/2024				Objective:			
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	Good job identifying the abnormal assessment findings for your patient. You were also able to identify the risk factors relevant to the patient. HS
	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 identifying the priority problem for your patient. You were able to identify and highlight all of the related data to support that priority problem. HS
	5. State the goal for the top nursing priority.	Complete			Not complete	3	
	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	3	
	7. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	3	
	8. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	3	
Responding	9. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	Nice job organizing your nursing interventions that were specific to the priority problem that you identified. Moving forward you can put each medication as a separate intervention. HS
	10. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	11. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	12. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	

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	3	
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	You did a nice job reassessing the abnormal findings in your evaluation. HS
	15. Evaluation includes one of the following statements: - Continue plan of care - Modify plan of care - Terminate plan of care	Complete			Not complete	3	

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:

Great job on your care map! You did a nice job identifying the priority problem and determining the appropriate nursing interventions as well as the other potential problems and complications that could occur. Great job putting all of the pieces together. HS

Total Points:45/45

Faculty/Teaching Assistant Initials: HS

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

<u>Simulation Evaluation</u> Performance Codes: S: Satisfactory U: Unsatisfactory	Simulation #1 (2,3,5,8) *	Simulation #2 (2,3,5,7,8) *
	Date: 11/12/2024	Date: 11/26/2024
Evaluation (See Simulation Rubric)	S	S
Faculty Initials	HS	HS
Remediation: Date/Evaluation/Initials	NA	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): Morgan Allison (A), Mallory Jamison (O), Sydney Fox (M)

GROUP #: 8

SCENARIO: NF #1

OBSERVATION DATE/TIME(S): 11/12/2024 1000-1100

CLINICAL JUDGMENT COMPONENTS	<u>OBSERVATION NOTES</u>				
NOTICING: (1,2,4,6,7) * - Focused Observation: E A D B - Recognizing Deviations from Expected Patterns: E A D B - Information Seeking: E A D B	Assessment nurse introduced self and role. Identified patient with name and date of birth when entering the room for patient safety. Noticed temp 99.2, B/P 131/75. SpO2 of 90% RA. Did not notice low SpO2 (90%) as abnormal (discussed in debriefing). Pain assessment performed. Noticed cough. Asked patient about sputum, consistency, and color. Asked patient if it hurts when she coughs. Noticed tissues in patient's bed. Noticed yellow sputum in the tissues. Recognized lung sounds as crackles. Medication nurse introduced self and role when entering the room. Performed 7 rights of medication administration by using the BMV scanning system for patient safety. Accurately identified patient name and date of birth. Information obtain from patient about how medications are taken. Remember to ask about allergies. Noticed indications for atorvastatin and multivitamin. Noticed potential adverse reactions and side effects.				
INTERPRETING: (1,2,4,6,7) * - Prioritizing Data: E A D B - Making Sense of Data: E A D B	Prioritized vital signs before completing a full head to toe assessment. Interpreted low SpO2 of 90% as requiring oxygen per physician's order. Prioritized medication safety practicing 7 rights of medication administration. Interpreted guaifenesin medication PRN for nonproductive/persistent cough. Interpreted side effects of medications appropriately.				
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	Practiced standard precautions with hand hygiene before entering the room. Promptly performed pieces of a head-to-toe assessment. Did not palpate pulses, ask questions pertaining to LOC, or assess the integumentary system. (discussed in debriefing about reddened heels). Remember when auscultating lung sounds, to listen on the chest not over the gown. Elevated HOB when shortness of breath was noticed. Collaborative communication between assessment and medication nurse.				

	Communicated with patient about interventions being performed, with questions answered appropriately. Responded to low SpO2 of 90% by raising the head of the bed and applying oxygen at 2L per nasal cannula as per physician's orders. Good body mechanics by raising the bed and lowering the side rails. Communicated am medications with patient. Education provided to patient on medication and side effects after prompted by the patient. Utilized BMV scanner for medication administration. Educated patient on use of incentive spirometer.
REFLECTING: (1,2,4,5,6,8) * • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	Observers provided good insight during debriefing. Noticed the good infection control measures. Discussed initiating O2 via nasal cannula for low Spo2 per orders. Discussed strengths of both the assessment nurse and medication nurse. Constructive feedback was provided. Identified potentially having the patient sit up in bed to improve lung expansions to improve Spo2 levels. Observers discussed potential educational needs related to the scenario. Noticed the implementation of the six medication rights. Identified positive communication between team members and with the patient. 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. Good discussions amongst all members of the team. Nice job!
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) *	Lasater Clinical Judgement Rubric Comments: Noticing: Attempts to monitor a variety of subjective and objective data but is overwhelmed by the array of data; focuses on the most obvious data, missing some important information. Identifies obvious patterns and deviations, missing some important information; unsure how to continue 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: Makes an effort to prioritize data and focus on the most important, but also attends to less relevant or useful data. In simple, common, or familiar situations, is able to compare the patient's data patterns with those known and to develop or explain intervention plans; has difficulty, however, with even moderately difficult data or situations that are within the expectations of students; inappropriately requires advice or assistance. Responding: Is tentative in the leader role; reassures patients and families in

• Execute accurate and complete head to toe assessment (1,5,6,8) * • Select and administer prescribed oral medications following the six rights (1,4,5,7) * • Identify and provide accurate patient education (1,2,3,4,5,7) *	routine and relatively simple situations, but becomes stressed and disorganized easily. Generally, communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. Displays proficiency in the use of most nursing skills; could improve speed or accuracy. 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. Satisfactory Completion of NF Scenario #1.
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Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Mallory Jamison (A), Morgan Allison (M), Sydney Fox (O)

GROUP #: 8

SCENARIO: NF #2

OBSERVATION DATE/TIME(S): 11/26/2024 1000-1100

CLINICAL JUDGMENT COMPONENTS	<u>Observation Notes</u>				
NOTICING: (1,2,4,6,7) * - 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> Focused observation on pain Focused observation on patient's vital signs Focused observation on respiratory status due to shortness of breath Focused observation on patient's cough <u>Recognizing Deviations from Expected Patterns</u> Noticed elevated BP (138/80), Noticed Spo2 88% on RA. Noticed patient's pain (7/10) Noticed cough and yellow sputum in tissues. Noticed crackles upon auscultation. Noticed reddened heels. Noticed improved Spo2 and pain. <u>Information Seeking</u> Confirmed name and DOB when entering the room and prior to medication administration. Compared with wrist band. Sought information on patient's cough and sputum production. Sought additional information on pain (rating, location, radiating, aggravating/alleviating factors) Looked at pain site, palpated. Sought patient understanding of medication to be administered. Remember to assess allergies prior to medication administration.				
INTERPRETING: (1,2,4,6,7) * - Prioritizing Data: E A D B - Making Sense of Data: E A D B	<u>Prioritizing Data</u> Prioritized asking patient about pain. Prioritized focused pain assessment. Prioritized focused respiratory assessment. Prioritized vital signs. Prioritized oxygen administration. Prioritized interventions for oxygenation. Prioritized pain medication administration quickly. Prioritized smoking cessation education. <u>Making Sense of Data</u> Made sense of crackles related to pneumonia. Made sense of reddened heels. Made sense of provider orders to maintain Spo2 >93%. Med nurse prioritized pain medication administration due to increased pain. Prioritized interventions for oxygenation.				

	Made sense of dosage calculation for morphine administration. Made sense of pain causing reduced cough and deep breathing.			
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	<u>Calm, Confident Manner</u> Introduced self and role when entering the room. Med nurse introduced self and role when entering the room. Managed the situation well. Did not show signs of stress/anxiety. Kept patient informed. Worked well as a team. <u>Clear Communication</u> Introduced self and role when entering the room. Med nurse introduced self and role when entering the room. Good teamwork and communication to prioritize care and complete interventions in a timely manner. Excellent communication with the patient regarding interventions to be performed. Educated on morphine 2ml to be administered. Good teamwork and collaboration with medications. <u>Well-planned intervention/flexibility</u> Elevated HOB for SOB. Applied O2 via nasal cannula at 2L for Spo2 88%. Performed full focused pain assessment due to complaints. Performed focused respiratory assessment. Considered ice/heat as non-pharmacological intervention for pain. Basin provided for sputum. Considered education on IS and coughing/deep breathing after medication administration. Educated on splinting when coughing for pain management. Educated on fluid intake for secretions. Educated on side effects of morphine administration Re-assessed pain after medication administration. Sought further information related to pain (5/10). Re-assessed vital signs. Considered nicotine patch during smoking cessation. education. Followed up with deep breathing and coughing. Followed up with education with IS. Re-assessed Spo2 after interventions performed. Re-assessed respiratory status. Educated on non-pharmacological smoking cessation techniques. <u>Being Skillful</u> Confirmed name and DOB prior to med administration, compared with wristband. BMV scanner used for patient safety. Selected subQ needle instead of IM. Dosage calculation performed accurately. Excess dose waste witnessed. Good teamwork and collaboration. 4mg to be administered. Remember to aspirate prior to injection. Good technique with administration. Good			

	needle safety. Safety checks completed for med administration, 7 rights of administration observed.
REFLECTING: (1,2,4,5,6,8) * • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	Each member actively participated in debriefing. Each member of the team reflected on the experience and asked appropriate questions. Members of the team noticed areas for improvement related to prioritization and IM injections and discussed ways to make improvements in the future. Observers provided good insight on med safety and communication amongst team members and with the patient. Identified educational opportunities that were presented in the scenario. Reflected on clinical judgement and critical thinking that required. Emotions, thoughts and feelings were explored. Each member demonstrated a desire to improve nursing performance.
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) * • Differentiate between need for complete head to toe versus focused assessment and execute accordingly (1,5,6,8) * • Select and administer prescribed oral and intramuscular medications following the six rights (1,4,5,7) * • Identify and provide accurate patient education (1,2,3,4,5,7) * • Recognize patient oxygenation and pain control needs and provide appropriate interventions (2,4,5,6,7) *	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: 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. Satisfactory completion of NF simulation #2

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

Student Name: Mallory Jamison

Skills Lab Competency Evaluation Performance Codes: S: Satisfactory U:Unsatisfactory	Lab Skills										
	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: 9/4/2024	Date: 9/9/2024	Date: 9/16/2024	Date: 9/23/2024	Date: 9/30/2024	Date: 10/7,9/20 24	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	AR	AR	HS	AR	HS	AR	AR	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**

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):

Excellent 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 consecutive blood pressure results on the Vital Sim manikin. The first blood pressure measurement was set at 144/76 and you identified it as 142/82. The second measurement was set at 112/60 and you interpreted it as 108/66. Great job! 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 during completion of your 1:1 observation and provided accurate detail in your communication with the “patient”. Your Meditech documentation was accurate and complete. Keep up the great work!! AR

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):

Excellent job in lab this week! You have satisfactorily performed a basic head to toe assessment in the skills lab. Your approach was systematic, thorough, and overall very well done. You paid close attention to detail and were clearly well-prepared. You did not require any prompts throughout your assessment, nice work! You demonstrated professional and informative communication. Great job!

Feedback on documentation this week: With this being the first time that you fully documented these interventions, there are some

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: **Mallory Jamison 12/2/2024**