**EVALUATION OF CLINICAL PERFORMANCE TOOL**
**Nursing Foundations – 2024**

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

**Student:** Rylee Bollenbacher

**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
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 | 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). | | | | | | n/a | n/a | S | 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). | | | | | | n/a | n/a | S | S | S | S | NA | S | NA | NA | S |
| | | NS | | | | BL | CB | CB | CB | HS | HS | HS | HS | HS | HS | HS |
| Clinical Location; Patient age** | | Meditech Orientation | | | | No Clinical | NA | 3T 70 | NA | 3T 43 | 3T 84 | no clinical | 3T 81, 82 | No Clinical | | |

**Comments**

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

Week 8(1c,d): Great job showing respect for your patient's needs, being compassionate and kind while delivering care. You also demonstrated the appropriate use of Maslow's hierarchy of needs during the head to toe assessment performed on your patient during this clinical experience, being able to recognize physiological needs of your patient when performing head to toe assessment. CB

Week 9 (1a-d)- Good job identifying your patients needs this week, you were able to identify that his mother was involved in his care and you respected his privacy while also including her in conversations. HS

Week 10 (1c,d)-You were able to provide care to your patient while incorporating the patients preferences, values, and needs. HS

Week 12 (1c,d) (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). | | | | | | n/a | n/a | **NI** | NI | NI | S | NA | S | NA | NA | **S** |
| b. Use correct technique for vital sign measurement (Responding). | | | | | | n/a | n/a | **S** | S | NI | S | NA | S | NA | NA | **S** |
| c. Conduct a fall/safety assessment and institute appropriate precautions (Responding). | | | | | | n/a | n/a | **n/a** | NA | ~~S~~ NI | 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 | N/A | N/A | 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~~ NI | NA | S | NA | NA | **S** |
| | | NS | | | | BL | CB | **CB** | CB | HS | HS | HS | HS | HS | HS | **HS** |

**Comments**

Week 8- I feel that I need improvement in performing my head-to-toe assessment because I missed capillary refill and having the patient squeeze my hands. I will improve by practicing my head-to-toe assessment three times over the weekend so I can remember not to miss steps such as capillary refill and having the patient squeeze my hands during clinical. Rylee, with more practice and experience, you will see that the head-to-toe assessment will become easier. CB

Week 8(2a,b): Rylee, you performed a systematic head to toe assessment and retrieved all vital signs within a timely manner. CB
Week 9-Although I did do better than at my last weeks clinical in my head-to-toe assessment I had a hard time feeling the radial pulse of my patient. For my first clinical patient finding her radial pulse was not hard for me but I know every patient is different with their strength and the location of their radial pulse. I put NI for vital signs because although I could feel the radial pulse I couldn't correctly count out the pulse. Which is why I put NI for both my head-to-toe assessment and vital signs. This will continue to get easier with additional experiences. HS
Week 9 (2c)- On your CDG you stated that your patient was a 0 within the fall risk assessment, but then you also stated that he had the CO2 monitor on and he also had his port connected to the IV pump therefore he would be a 2. A score of 2 is still a low fall risk. The patient is only required to have yellow socks, a sign on the door, and the bed alarm if he is a high fall risk. If the patient is evaluated as a high fall risk we can then initiate those precautions. Please review the fall risk assessment and ask any questions you may have regarding the fall assessment. HS

Week 10 (2a-d) You did a nice job this week completing your head to toe assessment, vital signs, and skin risk assessment.
(2g)- Per your CDG this week you stated that the patients WBC was 12.8 which you then stated was low. You also made this statement in your CDG in the prior week regarding low WBC being associated with an infection. The WBC level is elevated which indicates a possible infection. Be sure to use your resources when reviewing lab and diagnostic values in order to correlate what deems them abnormal and the potential causes when they are abnormal. HS

Week 12 (2a,c,d)- You did a nice 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. You identified that your patient was a high fall risk and that all the appropriate precautions needed to be implemented to maintain the high fall risk precautions. 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:**<br>a. Receive report at beginning of shift from assigned nurse (Noticing). | | | | | | U | n/a | **S** | S | S | S | NA | S | NA | NA | **S** |
| b. Hand off (report) pertinent, current information to the next provider of care (Responding). | | | | | | U | n/a | **n/a** | S | S | S | NA | S | NA | NA | **S** |
| c. Use appropriate medical terminology in verbal and written communication (Responding). | | | | | | U | n/a | ~~**n/a**~~<br>S | S | S | S | NA | S | NA | NA | **S** |
| d. Report promptly and accurately any change in the status of the patient (Responding). | | | | | | U | n/a | ~~**n/a**~~<br>S | S | S | ~~S~~<br>U | NA | S | NA | NA | **S** |
| e. Communicate effectively with patients and families (Responding). | | | | | | U | n/a | ~~**n/a**~~<br>S | 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). | | | | | | U | n/a | ~~**n/a**~~<br>S | S | S | S | NA | S | NA | NA | S |
| | | NS | | | | BL | CB | **CB** | CB | HS | HS | HS | HS | HS | HS | HS |

**Comments**

Week 6-3(a-f) These competencies were rated as "U" because you did not self-rate. According to the performance code on page 2 of this document, if a 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. Please be sure to include this on your Week 7 tool. If you have any questions about this process, please do not hesitate to reach out. BL

I will have Satisfactorys in all competences by filling out all competencies for every week. Rylee, thank you for addressing the reason you received an “U” and how to correct it. CB

Week 8(3a,c,d,e): Great job receiving hand off report on your patient. Competencies 3c-f were changed to “S” because you used appropriate medical terminology with communication, you reported concerns appropriately, and you participated as an accountable health care team member. CB

Midterm (3c): You are Satisfactory in this competency at midterm by addressing a plan to ensure all areas of the clinical tool are filled out properly. CB

Week 9 (3c,d,f)- You did a nice job communicating with the patient and his mother. You were also able to communicate with the nurse regarding his diet. HS

Week 10 (3a,b)- You were able to receive a handoff report from the off going shift and report to the primary RN at the end of the clinical shift.
(3d)- This competency was changed to a U because you did not inform the faculty or primary RN, or fully assess your patients symptoms after obtaining a blood pressure of 81/60. HS
Week 10: I was graded Unsatisfactory for objective 3d because I didn’t report to the nurse about the low blood pressure I obtained from my patient. Next clinical, I will ask my patient what their usual blood pressure is and look at their trending data. If I see that their blood pressure is not normal for them, I will immediately report it to the nurse. Be sure to also fully assess the patient to determine if the patient is symptomatic with a low BP. 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:**<br>a. Document vital signs and head to toe assessment according to policy (Responding). | | | | | | n/a | n/a | **S** | S | ~~S~~<br>NI | NI | NA | S | NA | NA | **S** |
| b. Document the patient response to nursing care provided (Responding). | | | | | | n/a | n/a | **S** | S | S | S | NA | S | NA | NA | **S** |
| c. Access medical information of assigned patient in Electronic Medical Record (Responding). | | S | | | | n/a | n/a | **S** | S | S | S | NA | S | NA | NA | **S** |
| d. Demonstrate beginning skill in accessing patient education material on intranet (Responding). | | S | | | | | | | S | S | S | NA | S | NA | NA | **S** |
| e. Provide basic patient education with accurate electronic documentation (Responding). | | | | | | | | | NA | S | S | NA | S | NA | NA | **S** |
| f. Consistently and appropriately post comments for clinical discussion groups on Edvance360 website (Reflection). | | | | | | n/a | n/a | **S** | S | S | S | NA | S | NA | NA | **S** |
| *Week 2 –Meditech | | NS | | | | BL | CB | **CB** | CB | HS | HS | HS | HS | HS | HS | **HS** |

**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,b,c,f): Satisfactory job with documentation of the head to toe assessment and vital signs of your patient. Make sure to note any areas you may have forgot to assess, so that assessments and documentation are thorough and accurate. You did a good job utilizing Meditech for documentation and to look up patient information. You completed your first cdg, meeting all requirements per the grading rubric, excellent job! Please make sure that you utilize the sheet Brittany and Nick both gave you regarding intext citations and references. The intext citation for your cdg should be written (Venes, 2021). CB

Week 9 (4a)- I changed this competency to a NI because there were several areas within the documentation on the assessment that needed to be corrected or were omitted. While this is a learning process please refer to the intervention list and keep notes for yourself to follow when documenting in the patient chart. For example, after asking the patient when their last bowel movement was be sure to write down the response so that you are certain when you document. HS
(4F)-You met all of the requirements for the CDG post and response this week. Please review the in-text citation section on the formatting example handout from class. You have included the in-text citation however the format is incorrect. HS

Week 10- I put an NI because I feel on the first day of clinical this week I didn't document well, but on the second day I feel like I improved. I do feel like I still need more practice on my documenting. It is important to take your time when documenting your findings within the EMR, and double check them. HS
Week 10 (4f)- You satisfactorily met the requirements for your CDG this week within the initial post and peer response. Please review the normal WBC values and what is considered low and high and what a high WBC may indicate. HS

Week 12 (4 a,b)- Good job with documentation this week, you have shown an improvement on the documentation from the previous weeks. (4c) You have displayed the ability to access the electronic health record and gather all relevant information. (4f) You satisfactorily met the requirements for your CDG this week within the initial post and peer response this week. Be sure when discussing a priority problem and identifying the nursing interventions and rationale for the interventions that they are specific to the identified priority problem. For example, when identifying ineffective airway clearance, you stated an intervention of assessing vital signs Q4 and the rationale for monitoring improvement of blood pressure. When discussing a respiratory issue, we would want to specifically monitor the SpO2 values. 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). | | | | | | U | n/a | ~~**n/a**~~ S | S | S | S | NA | S | NA | NA | **S** |
| b. Apply the principles of asepsis and standard/infection control precautions (Responding). | | | | | | U | n/a | ~~**n/a**~~ S | S | S | S | NA | S | NA | NA | **S** |
| c. Demonstrates appropriate skill with foley catheter insertion, maintenance, and removal (Responding). | | | | | | | | | NA | ~~S~~ NA | NA | NA | NA | NA | NA | **NA** |
| d. Manage basic patient care situations with evidence of preparation and beginning dexterity (Responding). | | | | | | U | n/a | ~~**n/a**~~ S | S | S | S | NA | S | NA | NA | **S** |
| e. Organize time providing patient care efficiently and safely (Responding). | | | | | | U | n/a | ~~**n/a**~~ S | S | S | S | NA | S | 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 | U | NA | NA | NA | NA | **NA** |
| **h. Document the location of fire pull stations and fire extinguishers. **** (Interpreting). | | | | | | n/a | n/a | **S** | 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.**

Week 6-5(a,b,d,e) These competencies were rated as "U" because you did not self-rate. According to the performance code on page 2 of this document, if a 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. Please be sure to include this on your Week 7 tool. If you have any questions about this process, please do not hesitate to reach out. BL
I will get a satisfactory in all competencies by filling out every competency for every week. Rylee, thank you for addressing the reason you received an "U" and how to correct it. CB

**Week 8-** Fire extinguisher is located by room 3027. Pull station is located by the nursing director's door. Thank you! CB

Week 8(5a,b): Great job utilizing correct body mechanics and raising the bed while performing an assessment. You did a great job ensuring that you foamed in/out when entering/exiting patients' rooms. CB

Week 9 (5c) I changed this to a NA because your patient did not have a Foley this week.
(5d,e)- You were able to provide care for your patient while getting everything done in a timely manner, while also encouraging him to be independent. HS

Week 10 (5d,e) You have demonstrated 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. HS
(5g)- 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 10: I was graded unsatisfactory for competency 5g because I didn't self-evaluate myself. I will remember to fill out competency 5g next week. HS

Week 12 (5e): Great job with time management this week with your medication administration. You were able to organize your time and prioritize your patient's needs. 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:**<br>a. Utilize clinical judgment skills to develop a patient-centered plan of care (Responding). | | | | | | | | | NA | S | S | NA | S | NA | ~~NA~~<br>S | **S** |
| | | NS | | | | | | | CB | HS | HS | HS | HS | HS | HS | **HS** |

**Comments**

Week 9 (6a)-You utilized clinical judgement skills this week in identifying a priority problem for your patient and implementing appropriate interventions specific to the patient and the plan of care. HS

Week 10 (6a)- 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

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

Week 14 (6a)- 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

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

Week 8- One of my strengths is that I have good communication skills going into my patients room. I told her why I was doing her blood pressure, pulse oximeter, counting her respirations, and taking her pulse. I wanted her to know why I was doing those things so she wasn't confused. I tried making conversation with her but she was tired and had a headache so she wasn't fully compatible to communicate with me. One of my weaknesses from clinical is that I forgot some questions to ask and examining some things on my patient for my head-to-toe assessment. To fix this issue, I will practice doing a head-to-toe assessment in my room five times this week before clinical. Rylee, you did a great job communicating with your patient this week. You have a great plan in place to help with your weakness, ensuring that you will not miss bits and pieces of your head to toe assessment. CB

Week 9- **Strengths**-One of my strengths is that I performed my head-to-toe assessment well. I asked all the necessary questions and performed all the actions I had to too complete my head-to-toe assessment. HS **Weakness**-One of my weaknesses I feel like I need to work on is being confident. I tend to underestimate myself because I have never worked in a hospital environment before and its all new to me. I feel like there really isn't anything that I can practice on by being more confident. The only way I think I can get more confident is by gaining more experience. This clinical made me a lot more confident but only in certain things that I did such as knowing where all of the vital sign equipment was and knowing my head-to-toe assessment. Confidence will come with time and more exposure to patients within the clinical setting. Be sure in the following weeks to pick a specific area for improvement, and then you need to be able to list a specific plan on how you can work to improve in that area. HS

Week 10- **Strengths**- One of my strengths was encouraging my patient to drink fluids and eat. I also assisted to her needs when she needed something such as her cup refilled. HS **Weakness**- One of my weaknesses I feel like I need to work on is reading things thoroughly and accurately and learning not to rush. I feel like that is why I didn't correctly fill out my documentation right on the first day. By the 2nd day of clinical this week, I took my time and triple-checked each part of my documentation to make sure it was all correct. Throughout the weekend and on the days leading up to next clinical whenever I feel like I'm rushing on something, I will take a deep breath and take my time. This will help me to take things slow and to not rush. You do not want to rush because often times you will miss something. You must prioritize and then be sure to double check your work as well. I suggest possibly making a checklist to ensure you have completed all of your documentation. HS

Week 10 (a-i) While you did comment on a strength and a weakness you did not self-evaluate in the column. 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 10 (8c)-I would have rated you a U for this competency. During day 1 of the clinical this week we discussed three times specific questions to ask the patient in relation to assess if she was symptomatic with her low BP. You failed to take the feedback and ask the patient those questions. Without asking the patient specific questions it is hard to fully assess if she is symptomatic. HS
(8f)- I would have rated you a U for this competency. You did not demonstrate professionalism when asked about someone pausing the IV pump you stated that you had done it. After reviewing the scenario, you stated that you did not touch the pump and that another student had paused the IV pump and you said that you did it because you "didn't want them to get into trouble." This situation was then discussed regarding the safety concerns of pausing an IV pump without having the proper education and knowledge on IV pumps and IV sites. HS

Week 10: I was rated unsatisfactory because I didn't self-evaluate myself in all competencies for objective 8. By the next clinical, I will have a satisfactory in all competencies.
For competency 8c you stated that you would rate me a unsatisfactory because I failed to take your feedback and asked the patient about her blood pressure to assess if she was symptomatic. By next clinical, I will listen to your feedback that you give me and ask the patient specific questions that I need to know to assess if the patient is symptomatic or asymptomatic in any way. For competency 8f you stated that I didn't demonstrate professionalism when I was asked about someone pausing the IV pump. By the next clinical, I will demonstrate professionalism and will not touch the IV pump. If the IV pump beeps I will immediately try to find the nurse or one of my instructors.
HS

Week 12: **Strengths**: One of my strengths that I feel like I have developed in clinical was asking for help. I was scared to ask questions during my first clinical experiences, but I know I need to ask for help and ask questions to gain my nursing knowledge to help me in my future clinicals. Yes, you should always ask for help or when you have a question. HS

**Weakness**: One of my weaknesses I feel like is forgetting things. One way I can help with this weakness is by writing down notes to myself to remind me about things I need to remember to do. Yes, writing things down and making lists can be very helpful during the day especially with the amount of multitasking that occurs. HS

Final Comments- Rylee, you have expanded your knowledge throughout the semester. You have increased your ability to identify abnormal assessment findings. 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. Good 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 |
|---|---|---|---|
| 11/18/2024 | Impaired Mobility | S/HS | NA |

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:** Rylee Bollenbacher | | | | **Course Objective:** 6 | | | |
| **Date or Clinical Week:** 11/18/2024 | | | | | | | |
| **Criteria** | | **3** | **2** | **1** | **0** | **Points Earned** | **Comments** |
| **Noticing** | 1.Identify all abnormal assessment findings (subjective and objective); include specific patient data. | **(lists at least 7*) *provides explanation if < 7** | **(lists 5-6)** | **(lists 5-7 but no specific patient data included)** | **(lists < 5 or gives no explanation)** | 3 | Good job identifying the abnormal assessment findings for your patient. You listed the requirement of 3 abnormal lab findings/ diagnostic tests however in future care maps consider putting all abnormal findings to help support the nursing priorities. Nice job on your list of risk factors. 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 provided a list of nursing priorities and highlighted an appropriate top priority for the patient. Nice job with your goal for the priority problem. You did a nice job highlighting all of the related data to support the priority nursing problem. You provided a list of 3 potential problems for the patient and identified signs and symptoms to monitor for. Moving forward be sure to list specific signs and symptoms for the potential complication. Under pressure injury you included dehydration and hyperthermia, and skin redness. Redness would be appropriate however the other two and not signs and symptoms. 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** | 1 | You listed 6 nursing interventions however they were not all specific to the identified priority problem of impaired physical mobility. 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** | 2 | |

| | 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** | 2 | |
| **Reflecting** | 14. List all of the highlighted reassessment findings for the top nursing priority. | **>75% complete** | **50-75% complete** | **<50% complete** | **0% complete** | 3 | Nice job reassessing all of the highlighted abnormal assessment findings in the evaluation. HS |
| | 15. Evaluation includes one of the following statements:<br>• Continue plan of care<br>• Modify plan of care<br>• 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 both in-text citation and reference are not 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:**
**Ryle,**

**Nice job on your care map! You were able to identify the abnormal assessment, lab findings and risk factors in order to develop the plan of care for your patient. You were able to identify several potential problems for the patient and determine which one was the priority. Be sure to utilize resources when identifying the nursing interventions specific to the patient and the identified priority problem. Overall, good job! HS**

**Total Points:41/45**

**Faculty/Teaching Assistant Initials:** HS

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

| **Simulation Evaluation**<br><br>Performance Codes:<br><br>**S**: Satisfactory<br><br>**U**: Unsatisfactory | Simulation #1 (2,3,5,8) * | Simulation #2 (2,3,5,7,8) * |
|---|---|---|
| | **Date: 11/12/2024** | **Date: 11/25/2024 or 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): Rylee Bollenbacher (A), Jennifer Collins (O), Morgan Leber (M), Seth Linder (O)
GROUP #: 6
SCENARIO: NF #1
OBSERVATION DATE/TIME(S): 11/12/2024 0800-0900

| CLINICAL JUDGMENT COMPONENTS | | | | | OBSERVATION NOTES |
|---|---|---|---|---|---|
| **NOTICING: (1,2,4,6,7) *** | | | | | Assessment nurse introduced self and role. Identified patient with name and date of birth when entering the room for patient safety.<br>Noticed temp 99.2, HR 81, RR 20, B/P 130/74. SpO2 of 91% RA.<br>Did not notice low SpO2 (91%) as abnormal (discussed in debriefing).<br>Noticed B/P 130/74, asked patient what was normal for them.<br>Pain assessment performed.<br>Noticed cough. Asked patient about sputum, consistency, and color.<br>Recognized lung sounds as normal (discussed in debriefing-crackles).<br><br>Noticed redness to heels when patient complained of pain (discussed in debriefing).<br><br>Medication nurse introduced self and role when entering the room.<br>Performed 7 rights of medication administration by using the BMV scanning system for patient safety. Accurately identified patient name and date of birth.<br>Information obtain from patient about how medications are taken. Remember to ask about allergies.<br>Noticed indications for atorvastatin and multivitamin. Noticed potential adverse reactions and side effects.<br><br>Noticed tissues in patient's bed. Noticed yellow sputum in the tissues. |
| • Focused Observation: | E | A | D | B | |
| • Recognizing Deviations from Expected Patterns: | E | A | D | B | |
| • Information Seeking: | E | A | D | B | |
| **INTERPRETING: (1,2,4,6,7) *** | | | | | Prioritized vital signs before completing a full head to toe assessment.<br><br>Interpreted low SpO2 of 91% as requiring oxygen per physician's order.<br><br>Prioritized medication safety practicing 7 rights of medication administration.<br><br>Interpreted guaifenesin medication PRN for nonproductive/persistent cough.<br><br>Interpreted side effects of medications appropriately. |
| • Prioritizing Data: | E | A | D | B | |
| • Making Sense of Data: | E | A | D | B | |
| **RESPONDING: (1,2,3,4,5,6,7) *** | | | | | Practiced standard precautions with hand hygiene before entering the room.<br><br>Promptly performed a thorough head-to-toe assessment.<br><br>Elevated HOB when shortness of breath was noticed. |
| • Calm, Confident Manner: | E | A | D | B | |
| • Clear Communication: | E | A | D | B | |

| | |
|---|---|
| • Well-Planned Intervention/ Flexibility: E A D B<br>• Being Skillful: E A D B | Collaborative communication between assessment and medication nurse.<br><br>Communicated with patient about interventions being performed, with questions answered appropriately.<br><br>Responded to low SpO2 of 91% by raising the head of the bed and applying oxygen at 2L per nasal cannula as per physician's orders.<br><br>Responded to the patient's complaints of pain to bilateral heels by initiating a pillow to offload pressure.<br><br>Reassessed respiratory status after oxygen applied.<br><br>Good body mechanics by raising the bed and lowering the side rails.<br><br>Communicated am medications with patient.<br><br>Education provided to patient on medication and side effects.<br><br>Utilized BMV scanner for medication administration. |
| **REFLECTING: (1,2,4,5,6,8) ***<br><br>• Evaluation/Self-Analysis: E A D B<br>• 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 seven medication rights. Identified positive communication between team members and with the patient.<br><br>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**<br><br>**Satisfactory completion of the simulation scenario is a score of "Developing" or higher in all areas of the rubric.**<br><br>**E= Exemplary**<br><br>**A= Accomplished**<br><br>**D= Developing**<br><br>**B= Beginning** | Lasater Clinical Judgement Rubric Comments:<br><br>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.<br><br>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 |

| | |
|---|---|
| **Scenario Objectives:**<br>• Demonstrate collaborative communication with patients and healthcare team members (1,3,8) *<br>• Execute accurate and complete head to toe assessment (1,5,6,8) *<br>• Select and administer prescribed oral medications following the six rights (1,4,5,7) *<br>• Identify and provide accurate patient education (1,2,3,4,5,7) * | rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse.<br><br>Responding: Is tentative in the leader role; reassures patients and families in 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 the most obvious data; monitors progress but is unable to make adjustments as indicated by the patient's response. Displays proficiency in the use of most nursing skills; could improve speed or accuracy.<br><br>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.<br><br>**Satisfactory Completion of NF Scenario #1.** |

# Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Seth Linder (A), Jennifer Collins (M), Rylee Bollenbacher (O), Morgan Leber (O)
GROUP #: 6
SCENARIO: NF #2
OBSERVATION DATE/TIME(S): 11/26/2024 0800-0900

| CLINICAL JUDGMENT COMPONENTS | OBSERVATION NOTES |
|---|---|
| **NOTICING: (1,2,4,6,7) *** <br>• Focused Observation: E A D B <br>• Recognizing Deviations from Expected Patterns: E A D B <br>• Information Seeking: E A D B | **Focused observation** <br>Focused observation on pain <br>Focused observation on patient's vital signs <br>Focused observation on respiratory status due to shortness of breath <br>Focused observation on patient's cough <br>**Recognizing deviations** <br>Noticed BP 138/80, HR 88, RR 18, temp 99.5., Spo2 88% on RA <br>Noticed patient's pain when entering the room. <br>Noticed cough, yellow sputum/tissues <br>Noticed adventitious lung sounds. <br>Noticed reddened heels. <br>Noticed history of smoking. <br>**Information seeking** <br>Confirmed name and DOB when entering the room and prior to medication administration. Compared with wrist band. <br>Sought information on how patient is feeling when entering the room. <br>Sought information on mental status/orientation <br>Sought information on sputum production <br>Sought information on pain (7/10, radiating pain, duration, location, looked at the site, aggravating factors). <br>Remember to assess allergies prior to medication administration. |
| **INTERPRETING: (1,2,4,6,7) *** <br>• Prioritizing Data: E A D B <br>• Making Sense of Data: E A D B | **Prioritizing Data** <br>Prioritized asking patient about pain. Prioritized focused pain assessment. <br>Prioritized focused respiratory assessment. <br>Prioritized vital signs. <br>Prioritized oxygen administration. <br>Prioritized interventions for oxygenation. <br>Prioritized pain medication administration quickly. <br>Prioritized smoking cessation education. <br>**Making Sense of Data** <br>Made sense of adventitious lung sounds related to pneumonia. Identified rhonchi, set as crackles. <br>Made sense of reddened heels. |

| | |
|---|---|
| | Made sense of provider orders to maintain Spo2 >93%.<br>Med nurse prioritized pain medication administration due to increased pain.<br>Prioritized interventions for oxygenation.<br>Made sense of dosage calculation for morphine administration.<br>Prioritized smoking cessation education. |
| **RESPONDING: (1,2,3,4,5,6,7) ***<br><br>• Calm, Confident Manner: E A D B<br>• Clear Communication: E A D B<br>• Well-Planned Intervention/ Flexibility: E A D B<br>• Being Skillful: E A D B | **Calm, Confident Manner**<br><br>Introduced self and role when entering the room.<br>Med nurse introduced self and role when entering the room.<br>Managed the situation well. Did not show signs of stress/anxiety. Kept patient informed. Worked well as a team.<br><br>**Clear Communication**<br><br>Introduced self and role when entering the room.<br>Med nurse introduced self and role when entering the room.<br>Good teamwork and communication to prioritize care and complete interventions in a timely manner.<br>Good communication with the patient regarding interventions to be performed.<br>Educated on splinting with a pillow when coughing. Pillow provided.<br>Education provided on the use of incentive spirometry.<br>Good communication among team members to verify correct dosage to be administered.<br>Educated patient about route of medication administration, could ask preferred injection location.<br>Educated on splinting with a pillow when coughing. Pillow provided.<br><br>**Well-Planned Intervention/Flexibility**<br><br>Applied O2 via nasal cannula at 2L for Spo2 of 88% on RA. Elevated HOB.<br>Performed full focused pain assessment due to complaints. Performed focused respiratory assessment.<br>Elevated HOB for cough/SOB<br>Educated on side effects of morphine administration (BP, dizziness, respirations).<br>Implemented safety precautions.<br>Returned to perform full assessment after prioritizing the problem.<br>Re-assessed pain after medication administration. Sought further information related to pain (5/10). Re-assessed vital signs.<br>Considered nicotine patch during smoking cessation.<br>education.<br>Educated on smoking cessation. Educated on fluid intake for sputum.<br>**Being Skillful**<br><br>Used BMV scanner for patient safety.<br>Safety checks performed for medication administration.<br>Correct needle size selected for IM injection. |

| | |
|---|---|
| | Remember to aspirate prior to injecting medication to assess for potential blood return (alters route of administration).<br>Good needle safety.<br>Dosage calculation performed accurately. Excess dose waste witnessed. Good teamwork and collaboration. 4mg to be administered. |
| **REFLECTING: (1,2,4,5,6,8) *** <br>• Evaluation/Self-Analysis: E A D B<br>• 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**<br>**Satisfactory completion of the simulation scenario is a score of "Developing" or higher in all areas of the rubric.**<br>**E= Exemplary**<br>**A= Accomplished**<br>**D= Developing**<br>**B= Beginning**<br><br>**Scenario Objectives:**<br>• Demonstrate collaborative communication with patients and healthcare team members (1,3,8) *<br>• Differentiate between need for complete head to toe versus focused assessment and execute accordingly (1,5,6,8) *<br>• Select and administer prescribed oral and intramuscular medications following the six rights (1,4,5,7) *<br>• Identify and provide accurate patient education (1,2,3,4,5,7) *<br>• Recognize patient oxygenation and pain control needs and provide appropriate interventions (2,4,5,6,7) * | Lasater Clinical Judgement Rubric Comments:<br><br>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.<br><br>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.<br><br>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.<br><br>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.<br><br>**Satisfactory completion of NF simulation #2** |

| **Skills Lab Competency Evaluation**<br><br>Performance Codes:<br><br>**S**: Satisfactory<br><br>**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:** 8/28/2024 | **Date: 9/5/24** | **Date:** 9/10/2024 | **Date:** 9/17/2024 | **Date:** 9/24/2024 | **Date: 10/1/2024** | **Date: 10/8/24 & 10/10/24** | **Date:** 10/15/2024 | **Date:** 10/22/2024 | **Date:** 10/29/2024 |
| Evaluation: | **S** | **S** | **S** | **S** | **S** | **S** | **S** | **S** | **S** | **S** | **S** |
| Faculty Initials | HS | HS | NS | AR | HS | AR | NS | NS/CB | 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**

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

Student Name: Rylee Bollenbacher

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 consecutive blood pressure results on the Vital Sim manikin. The first blood pressure measurement was set at 134/78, and you identified it as 132/78, which was within the range for a satisfactory result. The second measurement was set at 108/64 and you interpreted it as 114/62, 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 2 prompts related to the upper extremities assessment, you did not evaluate hand grasp for equality in strength and you did not assess ROM for shoulders and elbows. You demonstrated friendly, professional, and informative communication. Please don't rush take your time during each check off.
Feedback on documentation this week: With this being the first time that you fully documented these interventions, there are some areas for improvement. 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**- omitted comment "physician already aware"
**Vital signs**- documentation was complete and accurate
**Safety**- omitted "pneumonia" as reason for isolation
**Physical reassessment**-
HEENT (bilat. Eyes)- omitted "partial limitation of vison (uses glasses), no visual field deficit or artificial eyes, position normal with no nystagmus, sclera white, conjunctiva red with clear drainage"; (ears)- omitted "right- moderate hearing difficulty, hearing aide, no drainage, left- normal"; (nose) omitted "no complaints, external nose normal, no discharge, normal sense of smell"; (throat/mouth)- omitted "excessively dry, pink, tongue and gums within normal limits, teeth missing, lower partial dentures, diminished taste, lips pink, dry, no throat complaints or tracheal deviation (midline)
Respiratory- omitted respiratory effort "tachypnea", omitted chest shape "symmetric"
Neurological (strength)- omitted "right leg mildly weak and left leg normal"
Gastrointestinal (bowel movement aid)- omitted "daily"

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. HS

**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):**
Nice job this week in the skills lab demonstrating competence for Nasogastric Tube Insertion, Irrigation, and Removal through 1:1 observation. For the Insertion checklist, one prompt was required related to encouraging the patient to raise their hand during the procedure if they need to stop. For irrigation, no prompts were needed. For removal, you also did not require any prompts, well done. You were able to verbalize understanding of the difference between irrigation and flushing and aspiration precautions. 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! NS

**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. During insertion of the foley catheter, you opened the sterile kit with a portion hanging off the bed. While you did not break sterile field, it does pose a risk of accidental contamination. You were able to adjust the kit to be more centered in the bed prior to insertion to prevent breaking the sterile field. This was discussed after your check-off for future success. During removal, one prompt was required related to holding the catheter with your non-dominant hand while the catheter balloon is draining to prevent accidental removal. Otherwise, no additional prompts were required. 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. Great job this week! AR

**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:

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Student eSignature & Date: _Rylee Bollenbacher 12/2/24_____