

EVALUATION OF CLINICAL PERFORMANCE TOOL
Nursing Foundations – 2018

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Carolyn R. Lynch

Semester: Fall

Faculty: Frances Brennan, MSN, RN;
Dr. Michelle Bussard, PhD, RN, ACNS-BC, CNE; Nicole Lawrence, MSN, RN-BC, CNE;
Amy Rockwell, MSN, RN; Nick Simonovich, BSN, RN; Lara, Wilken, MSN, RN

Final Grade: Satisfactory/Unsatisfactory

Date of Completion: December 5, 2018

Faculty eSignature:

DIRECTIONS FOR USE:

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

METHODS OF EVALUATION:

Lasater Clinical Judgment Rubric	Skills Lab Checklist
Careplan Grading Rubric	Faculty Feedback
Documentation	
Skills Demonstration	
Administration of Medications	
Evaluation of Clinical Performance Tool	
Clinical Discussion Group Grading Rubric	
High-Fidelity Simulation	
Skills Lab Competency Tool	

ABSENCE (Refer to Attendance Policy)

Date	Number of Hours	Comments	Make Up (Date/Time)
Faculty's Name			Initials
Frances Brennan			FB
Dr. Michelle Bussard			MB
Nicole Lawrence			NL
Nicholas Simonovich			NS
Amy Rockwell			AR
Lara Wilken			LW

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

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

UNSATISFACTORY CLINICAL PERFORMANCE

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

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

OTHER

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

***Grey shaded boxes do not need a student evaluation rating.**

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	Mid-Term	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14	Week 15	Make-Up	Final
Competencies:										S	S		S					
a. Identify spiritual needs of patient (Noticing).										S	S		S					
b. Identify cultural factors that influence healthcare (Noticing).										S	S		S					
c. Coordinate care based on respect for patient's preferences, values, and needs (Responding).			S	NA	NA	S		S		S	S		S					
d. Use Maslow's Hierarchy of needs to determine the care needs of the assigned patient (Interpreting).			S	NA	NA	S		S		S	S		S					
Clinical Location			NS	NL	NS	NS		NS		NL	NL							
			3N			3T				4N	4N		4N					
Comments																		

Week 3 Objective 1 (c,d) – You did a great job this week respecting the needs for your patient. You were able to notice her shortness of breath and responded by obtaining her vital signs in a timely manner and understood she was not going to be able to answer a lot of questions for the communication activity. You were able to interpret your patient's needs using Maslow's Hierarchy and responded by allowing her to rest. Keep up the good work! NS

Week 6 objective 1 c,d – You used clinical judgement this week during your head to toe assessment and coordinated your care appropriately. You noticed that your patient was increasingly short of breath with activity, and responded by adjusting your assessment and met the needs of your patient. Great job! NS

End-of-Program Student Learning Outcomes

Objective																		
2. 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	Mid-Term	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14	Week 15	Make-Up	Final
Competencies:						S		S		S	S		S					
a. Perform head to toe assessment utilizing techniques of inspection, palpation and auscultation (Responding).						S		S		S	S		S					
b. Use correct technique for vital sign measurement (Responding).			S	NA	NA	S		S		S	S		S					
c. Conduct a fall assessment and institute appropriate precautions (Responding).						S		S		S	S		S					
d. Conduct a skin risk assessment and institute appropriate precautions (Responding).										S	S		S					
e. Collect the nutritional data of assigned patient (Noticing).										S	S		NI					
f. Demonstrates appropriate insertion & maintenance of NG tube (Responding).										NA	NA		NA					
g. Describe the findings and the rationale for diagnostic studies with the nursing implications for assigned patient (Interpreting).													S					
			NS	NL	NS	NS		NS		NL	NL							

Comments

* End-of-Program Student Learning Outcomes

Week 9 (2c)-You assessed your patient's Morse Fall Scale, recognized that she was high fall risk, and responded by checking if all fall risk interventions were in place. You noticed that she did not have a yellow wristband on, and responded by getting one for her. Great work ensuring your patient's safety! NL

Objective																		
3. 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	Mid-Term	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14	Week 15	Make-Up	Final
Competencies:						S		NA		S	NI		S					
a. Receive report at beginning of shift from assigned nurse (Noticing).						NA		NA		S	NI		S					
b. Hand off (report) pertinent, current information to the next provider of care (Responding).			NA	NA	NA	NA		NA		S	S		S					
c. Use appropriate medical terminology in verbal and written communication (Responding).			S	NA	NA	S		S		S	S		S					
d. Report promptly and accurately any change in the status of the patient (Responding).			S	NA	NA	S		S		S	S		S					
e. Communicate effectively with patients and families (Responding).			S	NA	NA	S		S		S	S		S					
f. Participate as an accountable health care team member in the provision of patient centered care (Responding).			S	NA	NA	S		S		S	S		S					
			NS	NL	NS	NS		NS		NL	NL							

Comments

Week 6 objective 3a- Although you did receive a small report from faculty, we have not yet had the experience of receiving report from the assigned nurse. You will get this opportunity during your week 9 clinical experience. NS

Week 9 (3e)-Your communication is composed and displays caring. This was exceptionally beneficial to your patient as she suffered from anxiety. Additionally, I would like to point out your effective and respectful communication with the co-assigned RN. Keep up the great work! NL

Week 10 (3a)- With continued experience, you will improve on receiving hand-off report as you become more familiar with the hand-off report sheet as well as learn more disease processes and their associated terminology in theory. NL

(3e)- You always communicated what you would be doing prior to actually doing it. This helped the patient gain trust in you as her nurse. Well done! NL

* End-of-Program Student Learning Outcomes

Week 12: hand off report became easier to ask questions. We needed to help the patient in the room during report, so I was able to assist the nurse with transferring the patient and this gave me the opportunity to talk with her more and while we were working together with the patient.

Objective																		
4. 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	Mid-Term	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14	Week 15	Make-Up	Final
Competencies:						S		S		S	S		S					
a. Document the head to toe assessment for assigned patient (Responding).										NI								
b. Document the patient response to nursing care provided (Responding).										S	S		S					
c. Document according to policy (Responding).			S	NA	NA	S		S		NI	S		S					
d. Access medical information of assigned patient in Electronic Medical Record (Responding).		S	S	NA	NA	S		S		S	S		S					
e. Show beginning skill in accessing patient education material on intranet (Responding).		S						S		NA	NA		NA					
f. Consistently and appropriately post comments for clinical discussion groups on Edvance360 website (Reflection).											NI		S					
		NL	NS	NL	NS	NS		NS		NL	NL							

Comments

Week 2 – orientation to Meditech 6.1

Week 9 (4a, c)- Several important pieces of the head to toe assessment were omitted in documentation. We talked about these documentation areas during clinical, and you were very receptive to my feedback. Please review the Meditech Guidelines prior to your next clinical, and I also encourage you to bring a copy to your next clinical. You can do it! NL

Week 10 (4a-c)- Excellent job with documentation this week! You showed vast improvement compared to week 9. Your assessment documentation was thorough and accurate. Keep up the good work! NL

(4f)-According to the CDG Grading Rubric, your discussion is an “NI” this week. You included a reference in your discussion; however, you did not include an in-text citation. The in-text citation is (Doenges, Moorhouse, & Murr, 2016). Please see me if you need more clarification on this, and I would be happy to explain in person. On a positive note, your discussion was submitted on time, netiquette was followed, and you responded to two on your peer’s initial posts. NL

Week 12 (4F)-The reference for in text citation is saved on my desktop to use for the discussion group replies.

* End-of-Program Student Learning Outcomes

Objective

5. 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	Mid-Term	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14	Week 15	Make-Up	Final
Competencies:			S	NA	NA	S		S		S	S		S					
a. Demonstrate correct body mechanics and practices safety measures during the provision of patient care (Responding).			S	NA	NA	S		S		S	S		S					
b. Apply the principles of asepsis and standard precautions (Responding).			S	NA	NA	S		S		S	S		S					
c. Demonstrates appropriate skill with foley catheter insertion and removal (Responding).										S	NA		NA					
d. Manage basic patient care situations with evidence of preparation and beginning dexterity (Responding).			S	NA	NA	S		S		S	S		S					
e. Organize time providing patient care efficiently and safely (Responding).			S	NA	NA	S		S		S	S		S					
f. Manages a patient in physical restraints according to hospital policy (Responding).										NA	NA		NA					
g. Manages hygiene needs of assigned patient (Responding).										S	S		S					
h. Demonstrate appropriate skill with wound care (Responding).										NA	NA		S					
i. Document the location of fire pull stations and fire extinguishers.** (Interpreting).						S*		S										
			NS	NL	NS	NS		NS		NL	NL							

Comments**You must document the location of the pull station and extinguisher here for clinical #2 experience.

Week 6 objective 5i-NORTH & SOUTH STAIRWELL*ACROSS FROM WAITING ROOM 3T*BY UC DESK-3T PULL STATIONS ARE THROUGH OUT THE HALLWAYS ON BOTH SIDES***

Week 9 (5a)-You consistently engaged in proper body mechanics by raising the patient's bed when performing care as well as remembering to lower the bed for safety after care. Well done! NL

(5c)-You satisfactorily performed the skill of foley catheter removal. You had excellent technique, carefully removing the Statlock device with alcohol and allowing the balloon to drain by gravity. Additionally, you ensured patient comfort throughout the skill. Wonderful job! NL

Week 10 (5h)- I see that you self-evaluated yourself as an "NI" for this competency. I changed this competency to an "S" as you assessed the flank dressing to ensure it was dry and intact. Also you ensured that the three lumbar incisions covered with dermabond were not leaking and that the surrounding skin was intact with no evidence of infection. To gain more experience and comfort with wound care, I will work on trying to look for additional opportunities for wound care for you □ NL

Objective # 6: Develop patient-centered plans of care utilizing the nursing process. (3,4,5,6,7)*						Acute Pain												
						Total Points												
**Nursing care plan not appropriate to patient situation = 0 and unsatisfactory rating						Comments												
Nursing Diagnosis (3 points total) Problem Statement (1)						(3,4,5,6,7)*- 3 Total Points Comments												
Etiology (1) Defining Characteristics (1) Clinical Experience	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Mid-Term	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14	Week 15	Make-Up	Final
Goal and Outcome (6 points total) Goal Statement (1 point) Outcome: a. Utilize clinical judgment skills to develop a patient-centered measurable goal (Responding). Attainable (1) b. Realistic development of clinical judgment in high-fidelity simulation scenarios. Nursing Interventions: (8 points total) Prioritized (P) Responding, Reflecting) c. How Often (if needed) Individualized (1) Realistic (1) Rationale (1) All pertinent interventions listed (1)																		
						Excellent job identifying your patient's priority nursing diagnosis as well as stating at least 3 specific defining characteristics.												
						Total Points- 6 Comments: You included an outcome for each listed defining characteristic. Also your outcomes met all "SMART" criteria. Well done!						S	NA					
												NA	S					
						Total Points- 7 Comments: Administer pain medications q 6hrs. (0600, 1200, 1800)- This intervention is not individualized to your patient. What pain medication is ordered for your patient?												
											NL	NL						
						Excellent job including the "how often" and "when" for each intervention as well as a rationale.						Comments Week 10:						
Evaluation: (5 points total) Date (1) Goal Met/partially/unmet (1) Defining characteristics (1) Plan to continue/terminate (1) Signature (1)						Total Points- 5 Comments: Great job addressing each of your previously defined outcomes.												
Total possible points = 22 18-22 = Satisfactory care plan 17-13 = Needs improvement care plan <13 = Unsatisfactory care plan Clinical judgment terminology embedded in each competency – noticing, interpreting, responding, reflecting						Total Points for entire Care plan = 21 Comments: According to the care plan grading rubric, you have earned yourself a satisfactory. Excellent job on your first care plan for clinical! It is apparent that you put in the time and effort for this care plan. You should be very proud.						12						

Objective # 6: Develop patient-centered plans of care utilizing the nursing process. (3,4,5,6,7)*	
**Nursing care plan not appropriate to patient situation = 0 and automatic unsatisfactory rating	Total Points Comments
Nursing Diagnosis: (3 points) Problem Statement (1) Etiology (1) Defining Characteristics (1)	Total Points Comments
Goal and Outcome (6 points total) Goal Statement (1 point) Outcome: Specific (1) Measurable (1) Attainable (1) Realistic (1) Time Frame (1)	Total Points Comments:
Nursing Interventions: (8 points total) Prioritized (1) What (1) How Often (1) When (1) Individualized (1) Realistic (1) Rationale (1) All pertinent interventions listed (1)	Total Points Comments:
Evaluation: (5 points total) Date (1) Goal Met/partially/unmet (1) Defining characteristics (1) Plan to continue/terminate (1) Signature (1)	Total Points Comments:
Total possible points = 22 18-22 = Satisfactory care plan 14-17 = Needs improvement care plan 11-13 = Unsatisfactory care plan	Total Points for entire Care plan = Comments:

Week 12:

Objective # 6: Develop patient-centered plans of care utilizing the nursing process. (3,4,5,6,7)*	
**Nursing care plan not appropriate to patient situation = 0 and automatic unsatisfactory rating	Total Points Comments
Nursing Diagnosis: (3 points) Problem Statement (1) Etiology (1) Defining Characteristics (1)	Total Points Comments
Goal and Outcome (6 points total) Goal Statement (1 point) Outcome: Specific (1) Measurable (1) Attainable (1) Realistic (1) Time Frame (1)	Total Points Comments:
Nursing Interventions: (8 points total) Prioritized (1) What (1) How Often (1) When (1) Individualized (1) Realistic (1) Rationale (1) All pertinent interventions listed (1)	Total Points Comments:
Evaluation: (5 points total) Date (1) Goal Met/partially/unmet (1) Defining characteristics (1) Plan to continue/terminate (1) Signature (1)	Total Points Comments:
Total possible points = 22 18-22 = Satisfactory care plan 14-17 = Needs improvement care plan 11-13 = Unsatisfactory care plan	Total Points for entire Care plan = Comments:

Week 13:

Objective # 6: Develop patient-centered plans of care utilizing the nursing process. (3,4,5,6,7)*	
**Nursing care plan not appropriate to patient situation = 0 and automatic unsatisfactory rating	Total Points Comments
Nursing Diagnosis: (3 points) Problem Statement (1) Etiology (1) Defining Characteristics (1)	Total Points Comments
Goal and Outcome (6 points total) Goal Statement (1 point) Outcome: Specific (1) Measurable (1) Attainable (1) Realistic (1) Time Frame (1)	Total Points Comments:
Nursing Interventions: (8 points total) Prioritized (1) What (1) How Often (1) When (1) Individualized (1) Realistic (1) Rationale (1) All pertinent interventions listed (1)	Total Points Comments:
Evaluation: (5 points total) Date (1) Goal Met/partially/unmet (1) Defining characteristics (1) Plan to continue/terminate (1) Signature (1)	Total Points Comments:
Total possible points = 22 18-22 = Satisfactory care plan 14-17 = Needs improvement care plan 11-13 = Unsatisfactory care plan	Total Points for entire Care plan = Comments:

Week 15:

Objective																		
7. 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	Mid-Term	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14	Week 15	Make-Up	Final
Competencies:																		
a. Identify the action, rationale, dosage, side effects and the nursing implications of medications (Interpreting).																		
b. Recognize patient drug allergies (Interpreting).																		
c. Practice the 6 rights and 3 checks prior to medication administration (Responding).																		
d. Administer oral, intra-muscular, subcutaneous, and intradermal medications using correct techniques (Responding).																		
e. Check the patient record for time of last dose before giving a prn dose (Interpreting).																		
f. Assess the patient response to prn medications (Responding).																		
g. Document medication administration appropriately (Responding).																		
Comments																		

* End-of-Program Student Learning Outcomes

Objective																		
8. 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	Mid-Term	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14	Week 15	Make-Up	Final
Competencies:			S*	NA	NA	S*		S		S	S		S					
a. Reflect on areas of strength** (Reflecting)			S*	NA	NA	S*		S		S	S		S					
b. Reflect on areas for self-growth with a plan for improvement.** (Reflecting)			S**	NA	NA	S**		S		S	S		S					
c. Incorporate instructor feedback for improvement and growth (Reflecting).			S	NA	NA	S		S		S	S		S					
d. Follow the standards outlined in the FRMCSN policy, "Student Conduct While Providing Nursing Care" (Responding).			S	NA	NA	S		S		S	S		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	S		S					
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect (Responding).			S	NA	NA	S		S		S	S NI		S					
g. Comply with patient's Bill of Rights (Responding).			S	NA	NA	S		S		S	S		S					
h. Respect the privacy of patient health and medical information as required by federal HIPAA regulations (Responding).			S	NA	NA	S		S		S U	S		S					
i. Actively engage in self-reflection. (Reflecting)			S	NA	NA	S		S		S	S		S					
			NS	NL	NS	NS		NS		NL	NL							

**** 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 hard time with manual BP. I will get a BP cuff from Dawn 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.**

* End-of-Program Student Learning Outcomes *

Week 3- I felt that my communication went well with my patient. I sat with her, gave compassion and used touch when she shared with me her concerns about not wanting to go back to the nursing home she was in. Transportation is an issue with this patient for the many appointments she has and I advised her to talk with her family and Case Manager at the hospital to try and resolve this issue. I shared with her my concerns with my patients at the dialysis clinic and how frustrating it is when transportation is an issue.

Week 3 objective 8 (a) – You did a wonderful job communicating with your patient this week. Your patient had multiple complex medical diagnoses that lead to fear and uncertainty. You sat down next to her and provided great therapeutic communication. Moments like that can have such a meaningful impact on patients and their mental well-being. You showed compassion and strong communication skills during your first clinical experience. Keep up the good work! NS

Week 3**With my nerves, I realized that I did not perform two ways of identification. I introduced myself to the patient and verified name but did not ask for her date of birth. I need to relax, take a deep breath and remember to always get two forms of identification.

Week 3 objective 8 (b) – With this being your first experience with patients in the clinical setting as a student nurse, nerves are expected. Overall I thought you did a great job of showing confidence in yourself. It is important for patients to see a confident nurse enter their room to care for them. Each week your confidence will increase and your nerves will subside. This is a great example of something that you can work on and improve in the future. Remember for this competency it is important that you provide a plan for improvement. In the future, remember to be specific with your plan for improvement. For example, for this week you could state "I will practice role-playing with three members of my family by my next clinical experience to help me relax, take a deep breath, and remember to get to forms of identification. Great job this week! NS

WEEK 6: A: I believe my area of strength was assessing the patients physical exertion level. During the neuro and respiratory assessment, I determined that the patient had shortness of breath and also difficulty w/ROM in her left leg due to her recent fall. I was able to assess the patient slowly and received most of my assessment. The need to assess the patients posterior lung sounds was limited to 4 spots -2 on top and 2 on bottom as she was unable to sit up for a long period of time, even with assistance from me and a nurse. I was also unable to get a skin assessment on her buttocks due to her wearing a brief and also her inability to perform anymore range of motions. If I had more time with my patient and was performing hygiene care on her, I would assess the buttocks region better and document accordingly. You were very strong in your assessment this week. You had a challenging patient to complete your first head to toe assessment on, but you took to the challenge and did very well. You noticed your patient had difficulty with exertion, you interpreted your findings appropriately and responded by adjusting your assessment. You did a great job of understanding your patients' needs and coordinating your care accordingly. You used open communication by finding the assigned nurse to assist you and limited the amount of energy that your patient had to exert. As you noted, when you have more time to spend with your patient, you can use the time related to hygiene care to complete your skin assessment. Overall you had a great clinical experience this week and used very good clinical judgement with your assessment. NS

B. The area in which I need to work on are heart sounds. I have had many experiences with average patient sizes and my patient this week was larger and also had heart arrhythmias that were hard to detect. I will continue to practice heart (and respiratory) sounds on my patients when working in dialysis and also watch videos to help differentiate heart sounds that aren't regular or even harder to auscultate. I think you have a strong plan for improvement in this area. The more practice you have, the better you will get. Keep up the hard work! NS

WEEK 9: A. The areas in which I felt were my strengths were dealing with the patients anxiety level, being efficient and communicating with the RN and orderly with questions and concerns. I also observed that the patient was on fall precautions but that the wristband and also the magnet were not implemented. My skills for the Foley removal helped me to perform this patient task with confidence. **Carolyn, I agree! NL**

B. One important area in which I need to focus on is logging off the computer when not in front of it. Having worked in a small department, we each have our own computer and I have developed a bad habit of not logging off the computer when not in front of it. I will make a conscious effort to log off when I need to walk away from it to ensure privacy and also to prevent another individual access to my charting. **I am very pleased that you are recognizing your important area for improvement regarding HIPPA. During clinical, we talked about the importance of not leaving your computer unattended as other workers, visitors, patients can view this private information as well as this leaves the potential for another health care worker to sit down and start documenting under your**

credentials. Unfortunately, the issues with leaving the computer screen up unattended results in an automatic “U” for competency 8h (HIPPA competency). I have confidence that with your reflection on this as well as effort, you will have no problem turning this “U” into an “S”! Please make sure you address this “U” in your Week 10 clinical tool as explained on the first page of your tool. NL

I need to also put myself in the mindset of being the RN who is there to help promote wellness and not just give in to a patient because its easier. I will remember my limits but at the same time, take a more authoritative, confident role in describing why steps are being performed for a patient....ie: the patient did not want to get out of bed to use the commode but wanted to use a brief. I need to assess the overall situation more and encourage the patient to a goal of getting better and not just getting by. Yes!! Even though a certain way may be easier for the patient and/or nurse, we strive to encourage our patients to be active participations in their care-which will lead them to better outcomes. Overall, I think that you did a great job on your first 4 North Clinical! I would also like to point out what a nice job you did remaining calm during the Medical Emergency Team as well as ensuring your patient’s safety and comfort afterward. Way to go! NL

Week 10: Areas of strength this week included my efficiency and also my respect for the patients privacy by logging off the computer when not in front of it. I wrote myself a note and it bothered me knowing that I had to be told twice to log off the computer. I respect my patients and the ease in which a persons privacy can be invaded stayed on my mind. I will continue with this practice in dialysis during my work hours and stop this habit. Thank you for your input. I was able to help another student with a pt. bathe and also chart and retrieve my vitals within an acceptable amount of time. My documentation was better and didn’t seem as “jumbled” to me. Wonderful job improving on patient privacy this week! Thank you for taking the time to really reflect on that weakness and turning it into a strength! NL

Reflecting on my day, I am thinking about the patients 3 lumbar incisions she had on her back. I feel my communication with these incisions should have been more of a focus. The hip incision was addressed because of the bandage, but I am thinking that the 3 on her back should have been cleansed with a cleaner or that I should have asked Dr. Braun if they were to be open to air. I realize they were not gaping but I just “assumed” nothing was to be done with them as they weren’t addressed in report. So this week, I believe my area of needed improvement would be to ask more in report. I am a little intimidated right now and therefore, I let that keep me from asking too many questions. I’m going to work on getting over that too. To ease your mind, those three lumbar incisions were covered with dermabond, and the surgeon does not want any special cleanser applied to them. The dermabond should not be soaked in water, and it will eventually slough off naturally. With that being said, you did everything as you should have. Also, it is completely understandable to feel a little intimidated at this stage in your education and professional nursing journey. Although you have great health care experience and knowledge as a dialysis tech, this is different. The RNs are used to students asking questions, and overall they are very receptive to these questions because it shows them that the student is eager to learn! Also please never be hesitant to ask me questions as well on the clinical site. Overall, great job in clinical this week! NL

(8f)- “NI” related to forgetting to bring bandage scissors to clinical. NL

Week 12: 8A: Some areas of strength this week included communication with the charge nurse, the assessment of the patients fall risk and providing her with a yellow wrist band, education on safety-most importantly ambulation safety. The patient was almost in a state of panic when ambulating and it could have caused her to fall. I took control of the situation by communicating firmly with the patient. I felt very in charge at the moment and the patient seemed to respect that. I assured her once in the bed, recommended pain medication and educated her on the importance of physical therapy once she had her pain medication and was able to focus. I also reported to the nurse that after an hour of receiving her pain medication, the patient still reported a 6/10 pain.

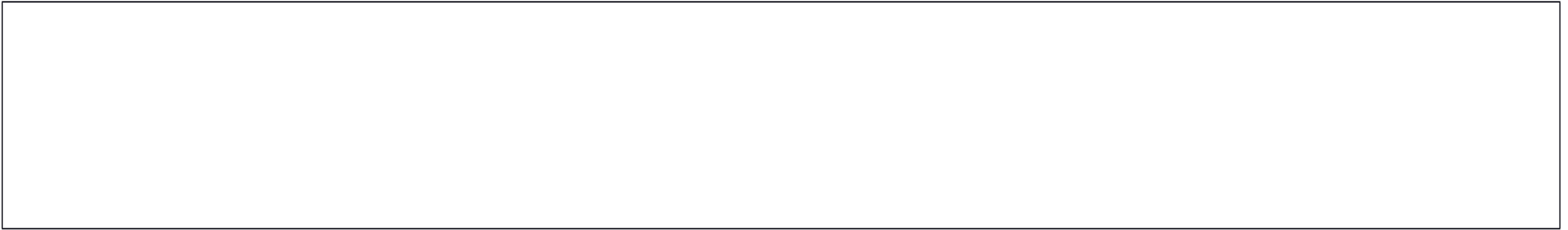
8B: I did not report intake for breakfast because she refused breakfast and only had warm broth. I meant to ask you about the refusal of her breakfast and whether I should have charted intake. I should have done that knowing she had a catheter placement and we were tracking I and O’s.

**EVALUATION OF CLINICAL PERFORMANCE TOOL
Nursing Foundations – 2018**

**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: Carolyn Lynch 9-18-18

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