

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

**ABSENCE (Refer to Attendance Policy)**

Date	Number of Hours	Comments	Make Up (Date/Time)
11/7/18	1	Missed lab	11/8/18
<b>Faculty's Name</b>			<b>Initials</b>
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.

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**\*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
<b>Competencies:</b>										S	S		S	S		S		
a. Identify spiritual needs of patient (Noticing).										S	S		S	S		S		
b. Identify cultural factors that influence healthcare (Noticing).										S	S		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	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	S		S		
			NS	NL	NS	NS		NS		NL	NL		NL	NL				
Clinical Location			3N			3T				4N	4N		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

Week 13 (1c)- Although your patient's omeprazole was not required to be given until a little later in the morning, you respected her preferences and ensured that she received it early in the morning prior to her breakfast tray. This may seem like a small gesture; however, it showed your patient how important her preferences and care were to you! NL

## 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
<b>Competencies:</b>						S		S		S	S		S	S		S		
a. Perform head to toe assessment utilizing techniques of inspection, palpation and auscultation (Responding).						S		S		S	S		S	S		S		
b. Use correct technique for vital sign measurement (Responding).			S	NA	NA	S		S		S	S		S	S		S		
c. Conduct a fall assessment and institute appropriate precautions (Responding).						S		S		S	S		S	S		S		
d. Conduct a skin risk assessment and institute appropriate precautions (Responding).										S	S		S	S		S		
e. Collect the nutritional data of assigned patient (Noticing).										S	S		NI	S		S		
f. Demonstrates appropriate insertion & maintenance of NG tube (Responding).										NA	NA		NA	NA		S		
g. Describe the findings and the rationale for diagnostic studies with the nursing implications for assigned patient (Interpreting).													S	S		S		
			NS	NL	NS	NS		NS		NL	NL		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

Week 13 (2E) This week I made a great effort to chart any and all of my nutritional input as well as my patients intakes and outputs. Great!  
(2d,e)- You did a great job educating your patient on adequate protein intake to assist with her wound healing. 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
<b>Competencies:</b>						S		NA		S	NI		S	S		S		
a. Receive report at beginning of shift from assigned nurse (Noticing).						NA		NA		S	NI		S	S		S		
b. Hand off (report) pertinent, current information to the next provider of care (Responding).			NA	NA	NA	NA		NA		S	S		S	S		S		
c. Use appropriate medical terminology in verbal and written communication (Responding).			S	NA	NA	S		S		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	S		S		
e. Communicate effectively with patients and families (Responding).			S	NA	NA	S		S		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	S		S		
			NS	NL	NS	NS		NS		NL	NL		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. Wonderful!

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
<b>Competencies:</b>						S		S		S	S		S	S		S		
a. Document the head to toe assessment for assigned patient (Responding).										S NI	S		S	S		S		
b. Document the patient response to nursing care provided (Responding).										S	S		S	S		S		
c. Document according to policy (Responding).			S	NA	NA	S		S		S NI	S		S	S		S		
d. Access medical information of assigned patient in Electronic Medical Record (Responding).		S	S	NA	NA	S		S		S	S		S	S		S		
e. Show beginning skill in accessing patient education material on intranet (Responding).		S						S		NA	NA		NA	NA		NA		
f. Consistently and appropriately post comments for clinical discussion groups on Edvance360 website (Reflection).											S NI		S	S NI		S		
		NL	NS	NL	NS	NS		NS		NL	NL		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.

Week 12 (4f)- According to the CDG grading rubric, you earned a satisfactory for your discussions. Great job! NL

Week 13 (4a-c)-Overall, your documentation continues to improve! You should be very proud. Your pain assessment documentation was thorough and your nursing notes were factual and concise. I do have one tip for success- I noticed that you documented “non-pitting edema, with a 2+ pitting degree”. However, if it is “non-pitting edema” there is no “pitting degree”. Please see me if this does not make sense to you, and I would be happy to explain in person. NL

(4f)-Unfortunately, according to the CDG Grading Rubric, your discussions earned an “NI” this week. One of your peer responses was only 86 words in length, therefore not meeting the substantive requirement of 100-200 words. This will be a CDG requirement for peer posts for future nursing courses as well, so taking care of this area for improvement right now will set you up for future success ☐ NL

\* End-of-Program Student Learning Outcomes

<b>Objective</b>																		
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
<b>Competencies:</b>			S	NA	NA	S		S		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	S		S		
b. Apply the principles of asepsis and standard precautions (Responding).			S	NA	NA	S		S		S	S		S	S		S		
c. Demonstrates appropriate skill with foley catheter insertion and removal (Responding).										S	NA		NA	NA		NA		
d. Manage basic patient care situations with evidence of preparation and beginning dexterity (Responding).			S	NA	NA	S		S		S	S		S	S		S		
e. Organize time providing patient care efficiently and safely (Responding).			S	NA	NA	S		S		S	S		S	S		S		
f. Manages a patient in physical restraints according to hospital policy (Responding).										NA	NA		NA	NA		NA		
g. Manages hygiene needs of assigned patient (Responding).										S	S		S	S		S		
h. Demonstrate appropriate skill with wound care (Responding).										NA	NA		S	S		S		
i. <b>Document the location of fire pull stations and fire extinguishers.**</b> (Interpreting).						S*		S										

			NS	NL	NS	NS		NS		NL	NL		NL	NL				
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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

Week 12 (5b)- You consistently perform hand hygiene upon entering and exiting a patient’s room. Keep up the good work! NL

Week 13(5d-e)- You completed your vital signs, assessment, documentation and all other pieces of patient care in a safe and efficient manner. You demonstrate great time management and organization for this level of your nursing education. Well done! NL

Objective																		
6. 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	Mid-Term	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14	Week 15	Make-Up	Final
<b>Competencies:</b>											S	NA	S	S		S		
a. Utilize clinical judgment skills to develop a patient-centered plan of care (Responding).																		
b. Development of clinical judgment in high-fidelity simulation scenarios. (Noticing, Interpreting, Responding, Reflecting)												NA	S	S				
c. Simulation Remediation (if needed)																		
											NL	NL	NL	NL				

**Comments**

Week 12 (6b) Your simulation team demonstrated development of clinical judgment by noticing patient data, interpreting the findings, and responding with appropriate nursing interventions. Additionally, your simulation group engaged in effective reflection by discussing both strengths and weaknesses as well as the desire for continuous improvement. Well done! NL

Week 13 (6b) Your simulation team demonstrated development of clinical judgment by noticing patient data, interpreting the findings. and responding with appropriate nursing interventions. Additionally, your simulation group engaged in effective reflection by discussing both strengths and weaknesses as well as the desire for continuous improvement. Well done! NL

**Week 10:**

<p><b>Objective # 6:</b> Develop patient-centered plans of care utilizing the nursing process. (3,4,5,6,7)*</p>	<p>Acute Pain</p>
<p><b>**Nursing care plan not appropriate to patient situation = 0 and automatic unsatisfactory rating</b></p>	<p>Total Points Comments</p>
<p>Nursing Diagnosis: (3 points total)          Problem Statement (1)          Etiology (1)          Defining Characteristics (1)</p>	<p>Total Points- 3          Comments          Excellent job identifying your patient’s priority nursing diagnosis as well as stating at least 3 specific defining characteristics.</p>
<p>Goal and Outcome (6 points total)          Goal Statement (1 point)          Outcome:          Specific (1)          Measurable (1)          Attainable (1)          Realistic (1)          Time Frame (1)</p>	<p>Total Points- 6          Comments: You included an outcome for each listed defining characteristic. Also your outcomes met all “SMART” criteria. Well done!</p>
<p>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)</p>	<p>Total Points- 7          Comments:          Administer pain medications q6hrs. (0600, 1200, 1800)- This intervention is not individualized to your patient. What pain medication is ordered for your patient?           Excellent job including the “how often” and “when” for each intervention as well as a rationale.</p>
<p>Evaluation: (5 points total)          Date (1)          Goal Met/partially/unmet (1)          Defining characteristics (1)          Plan to continue/terminate (1)          Signature (1)</p>	<p>Total Points- 5          Comments:          Great job addressing each of your previously defined outcomes.</p>
<p>Total possible points = 22          18-22 = Satisfactory care plan          17-13 = Needs improvement care plan          &lt;13 = Unsatisfactory care plan</p> <p>Clinical judgment terminology embedded in each competency – noticing, interpreting, responding, reflecting</p>	<p>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</p>

**Week 12:**

<b>Objective # 6:</b> Develop patient-centered plans of care utilizing the nursing process. (3,4,5,6,7)*	Impaired physical mobility
<b>**Nursing care plan not appropriate to patient situation = 0 and automatic unsatisfactory rating</b>	Total Points Comments
Nursing Diagnosis: (3 points) Problem Statement (1) Etiology (1) Defining Characteristics (1)	Total Points-3 Comments Excellent job identifying a priority nursing diagnosis as well as stating at least 3 specific defining characteristics
Goal and Outcome (6 points total) Goal Statement (1 point) Outcome: Specific (1) Measurable (1) Attainable (1) Realistic (1) Time Frame (1)	Total Points- 5 Comments: You included an outcome for each listed defining characteristic. Also overall your outcomes met “SMART” criteria, with the exception of one. Well done! Participate in physical therapy-This outcome needs to be more specific please. Ex. Participates in physical therapy 30 minutes/day.
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-8 Comments: Excellent job remembering to include the “how often” and “when” as well as a rationale for each intervention. Additionally, you prioritized your interventions appropriately!
Evaluation: (5 points total) Date (1) Goal Met/partially/unmet (1) Defining characteristics (1) Plan to continue/terminate (1) Signature (1)	Total Points-4 Comments: Please remember to address each of your previously defined interventions in the evaluation section. Your evaluation omitted the defining characteristic related to the patient holding her breath.
Total possible points = 22 18-22 = Satisfactory care plan 17-14 = Needs improvement care plan 13-10 = Un satisfactory care plan	Total Points for entire Care plan = 20 Comments: Excellent job on this satisfactory care plan! Keep up your clinical judgment terminology embedded in each competency – noticing, interpreting, responding, reflecting

<p><b>Objective # 6:</b> Develop patient-centered plans of care utilizing the nursing process. (3,4,5,6,7)*</p>	<p>Impaired physical mobility</p>
<p><b>**Nursing care plan not appropriate to patient situation = 0 and automatic unsatisfactory rating</b></p>	<p>Total Points Comments</p>
<p>Nursing Diagnosis: (3 points)          Problem Statement (1)          Etiology (1)          Defining Characteristics (1)</p>	<p>Total Points-2          Comments</p> <ul style="list-style-type: none"> <li>Ambulation pain stated by pt of 6/10 pain-Please be specific; where is this pain located?</li> <li>Limited ROM- In what extremity(s)?</li> </ul>
<p>Goal and Outcome (6 points total)          Goal Statement (1 point)          Outcome:          Specific (1)          Measurable (1)          Attainable (1)          Realistic (1)          Time Frame (1)</p>	<p>Total Points- 4          Comments:</p> <p>Manageable pain of 3/10 or less when ambulating-pain location?</p> <ul style="list-style-type: none"> <li>Increase ROM-Not specific or measurable</li> <li>Ambulate 10 feet at least three times and back in a 10 hour period-Great outcome!</li> </ul> <p>Excellent job including a time frame for your outcomes.</p>
<p>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)</p>	<p>Total Points- 8          Comments:</p> <p>A tip for success-Vistaril is a medication that would be pertinent to your patient's nursing diagnosis of Impaired physical mobility. However, great job including her pain medication in the care plan.          Excellent job remembering to include the "how often" and "when" as well as a rationale for each intervention.</p>
<p>Evaluation: (5 points total)          Date (1)          Goal Met/partially/unmet (1)          Defining characteristics (1)          Plan to continue/terminate (1)          Signature (1)</p>	<p>Total Points- 4          Comments:</p> <ul style="list-style-type: none"> <li>Pain management controlled with Percocet and also distraction-Defining characteristics</li> </ul>

**Week 13:**

**Week 15:**

Objective # 6: Develop patient-centered plans of care utilizing the nursing process. (3,4,5,6,7)*	
<b>**Nursing care plan not appropriate to patient situation = 0 and automatic unsatisfactory rating</b>	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 17-14 = Needs improvement care plan <13 = Unsatisfactory care plan	Total Points for entire Care plan =  Comments:

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

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
<b>Competencies:</b>																		
a. Identify the action, rationale, dosage, side effects and the nursing implications of medications (Interpreting).														S NI		S		
b. Recognize patient drug allergies (Interpreting).														S		S		
c. Practice the 6 rights and 3 checks prior to medication administration (Responding).														S		S		
d. Administer oral, intra-muscular, subcutaneous, and intradermal medications using correct techniques (Responding).														S		NA		
e. Check the patient record for time of last dose before giving a prn dose (Interpreting).														S		S		
f. Assess the patient response to prn medications (Responding).														S		S		
g. Document medication administration appropriately (Responding).														S	S	NA		
														NL	NL			

**Comments**

Wk. 12 7(g): You are satisfactory for attending the BMV clinical lab, meeting the requirements for practicing electronic medication administration. Great job! LW/NS

Week 13 (7a)- In your CDG, you stated that Ondansetron and rivaroxaban are pain relievers or muscle relaxers. Please review these medication again, and ensure that you are thoroughly and carefully reviewing your patient's medications in future clinicals. NL

(7b-g)- You demonstrated a satisfactory job performing your safety checks and using BMV (barcode scanning). Well done! NL

**WEEK 15: Although I was unable to administer the medications via IV this week-I did look them up before notifying the RN and also verified with her the 6 rights.**

\* 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
<b>Competencies:</b>			S*	NA	NA	S*		S		S	S		S	S		S		
a. Reflect on areas of strength** (Reflecting)			S*	NA	NA	S*		S		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	S		S		
c. Incorporate instructor feedback for improvement and growth (Reflecting).			S	NA	NA	S		S		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	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	S		S		
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect (Responding).			S	NA	NA	S		S		S	S NI		S	S		S		
g. Comply with patient's Bill of Rights (Responding).			S	NA	NA	S		S		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	S		S	S		S		
i.	Actively engage in self-reflection. (Reflecting)			S	NA	NA	S		S		S	S		S	S		S		
				NS	NL	NS	NS		NS		NL	NL		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 \*

**Week3- 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 is 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 intimated 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)- “NP” 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. **Wonderful Carolyn! I am sure it was scary for the patient to get up for the first time, leaving her feeling very vulnerable. Your confident communication was beneficial! NL**

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. **Yes, you would still chart in the feeding assessment intervention to reflect that she ate 0% of her meal due to refusal. Overall, wonderful job in clinical this week! Keep up your hard work during these last few weeks of the semester! NL**

WEEK 13: Areas of strength I felt this week consisted of my charting and drug administration. I learned in report that my patient had been on an IV medication during the night but only half a dose. I knew that PT would be in her room to perform physical therapy and also that her discharge plan was for home that day. I understood the importance of making her comfortable as soon as I found out her pain level because I wanted her to participate in physical therapy. As I was talking with her first thing, she made me aware that her GERD was acting up and first thing in the morning she needs to take her meds. I reviewed the MAR and made the charge nurse aware that pt needed this ASAP because I was unable to give the med without my instructor. I already have the information ready and anticipated making my patient as comfortable as possible prior to performing anything else but BP and respirations. **Great job Carolyn meeting your patient's needs in a timely manner! NL**

Areas of weakness continue to be my discomfort and confidence on the floor. This is something I have always struggled with and will continue to work on. I feel that the more experience I get, the better I will get. Its almost to a crippling state and I really need to get a hold of it. **Please know that it is very understandable to feel somewhat uncomfortable and lack confidence when working in a new environment. With that being said, I do not want you to feel this way for the entire duration of the nursing program. Please do not ever be hesitant to talk to me about this. Yes, a big aspect of improving in this area is reflecting and positive self-talk. However, I am here for you as well, and we can talk in private. From an outside perspective, you appear composed and confident which is wonderful for the patient perspective. Yet, I do not want you to keep enduring the uncomfortable internal feelings while at clinical. NL**

**Week 13-Carolyn, you have one more week remaining in clinical this semester. I know that you can do it! Please keep up your dedication! NL**

Week 15: 8A. Reflecting on my two clinical days I will say that these two days were very enjoyable for me. I enjoyed the age of my patient as it was refreshing to have a younger patient. I felt that my communication with her went well. I was able to give her mentally and emotionally what she needed as a young lady but also treat her as an adult and respect her wishes for pain medication. I mentioned a situation regarding pain medication in a CDG discussion reply and realize that while I was getting my hand off report this morning and also when my patient was requesting medication-I heard from the nurses derogatory comments regarding her personal life and also her request for pain meds. I was able to look past that and not give judgement. Maybe it is because I am older and have experienced shame at having to ask for something for pain and feeling I would be looked at as a seeker. Needless to say-I feel my care to her was appropriate, efficient and I did it with tact as to not get in her face. Patients of that age can become uncooperative if not treated in a manner of respect.

8B-An area I would like to work on would be medical terminology. I think I have a pretty good base but reading these operative reports really show me I have much to learn. Another area of concern to me is my nursing care plan. I used you as a huge crutch this week and I feel like I should have had a better thought process on my own. I realize they are new to us and I will continue to try to put those pieces together to be more independent. Thank you for your help regarding my plan.

....I just remembered something else-I should have spent some time to pull up smoking cessation education for this young lady. We had a talk regarding the smoking when I was saying goodbye to her. I realize she had a lot going on, but she brought up the smoking to me. I should have gotten her information. I will put that on my mental list. I need to use the education on our intranet more.

<b>kills Lab Competency Evaluation</b>	<b>Lab Skills</b>										
	(2,3,5,8)*Week 2	(2,3,4,5,8)*Week 3	(2,3,4,5,8)*Week 4	(2,3,4,5,8)*Week 5	(1,2,3,4,5,8)*Week 6	(2,3,4,5,8)*Week 7	(2,3,4,5,8)*Week 8	(2,3,4,5,8)*Week 9	(2,3,4,5,6,8)*Week 10	1,2,3,4,5,6,7,8)*Week 11	(2,3,5,6,8)*Week 12
Performance Codes: S: Satisfactory U:Unsatisfactory	<b>Date:</b> 8/29/18	<b>Date:</b> 9/6/18	<b>Date:</b> 9/11/18	<b>Date:</b> 9/19/18	<b>Date:</b> 9/25/18	<b>Date:</b> 10/3/18	<b>Date:</b> 10/9/18	<b>Date:</b> 10/17/18	<b>Date:</b> 10/24/18	<b>Date:</b> 10/31/18	<b>Date:</b> 11/7/18
<b>Carolyn Lynch</b>											
Evaluation:	S	U	S	S	S	S	U	S	S	S	S
Faculty Initials	AR	LW	LW	LW	LW	AR	LW	LW	AR	AR	AR
<b>Remediation: Date/Evaluation/Initials</b>	NA	9/6/18 S/AR	NA	NA	NA	NA	10/11/18 S/LW	NA	NA	NA	NA
<b>Remediation: Date/Evaluation/Initials</b>	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

**\*Course Objectives**

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

- Proper application and removal of personal protective equipment.
- Appropriate hand hygiene utilizing hand sanitizer and soap/water with two attempts.
- Beginner skills level during guided practice with measurement of temperature (oral, axillary, & rectal), radial & brachial pulses, respirations, and oxygen saturation. Vital signs skills will be observed 1:1 with faculty during Week 3. AR

**Week 3 (Vital Signs):**

You were unsatisfactory during your 1:1 observation of vital signs. You did an excellent job identifying yourself to the patient, as well as identifying the patient; you were professional and performed the majority of your vital signs skills accurately. The area needing improvement was the BP measurements taken on the Vital Sim manikin. Your first three readings you were 10-12 above the diastolic number, once we discussed what you were hearing the fourth and final reading you took was 138/68 on V-Sim, and you achieved 138/68 on the dot. The issue appeared to be that you were unfamiliar with the manikin; it would have benefited you to come over earlier in the lab to practice, consider this a tip for future success. Despite having this issue you were able to finish the care for your patient with the understanding that you would need to be seen for re-evaluation of BP measurements. Otherwise, overall you did a great job. LW

9/6/18- You were satisfactory during your remediation related to BP; BP #1- setting 112/68, reading- 158/74 (you had problems with the bulb which may have led to the inaccurate reading); BP #2- setting 112/68, reading- 112/70; BP #3- setting- 164/88, reading- 164/90. You were able to verbalize the procedure for orthostatic vital signs with no prompts needed. Great job! AR

**Week 4 (Assessment):** Satisfactory with head to toe assessment guided practice, hand-off report activity, and Micromedex online activity. You will be observed 1:1 for Head to Toe Assessment competency during Week 5. LW

**Week 5 (Assessment; Mobility):** You were satisfactory during your initial 1:1 observation for assessment. You did well entering the patient's room, despite being nervous, you were very thoughtful and professional with your patient communication. Additionally, you performed everything necessary related to hand hygiene and privacy. Throughout the assessment you were very thorough when focusing on each body system; you recognized the lung sounds were crackles and that the lung sounds were hyperactive, you asked the patient all the necessary questions. You took your time and remained organized. You obtained consent before assessing the patient's perineum and continued to ensure their comfort. You did not require a single prompt. I see a tremendous amount of growth in your level of confidence! I am proud of you and you should be too! Overall you did an excellent job! Keep up the good work! ☐ LW  
You were satisfactory by actively participating in the mobility lab. LW

Meditech Documentation: Overall you did a good job with documentation. You had no errors with the vital signs, patient rounds or pain interventions. You did a great job overall documenting the physical re-assessment intervention, only missing information in a few areas. The first section lacking information was under the HEENT portion; you were to note the trachea as midline, this area was left blank. Under respiratory you were to note the chest shape as normal and expansion as symmetrical and both sections were left blank. Under the integumentary section you were to note no wounds and this section was left blank. Under the GI section you were to note the date of the patient's last bowel movement and this section was left blank. Continuing to practice will assist you in minimizing future errors. If you have any questions regarding this feel free to ask, we are always here to help. Otherwise, consider these tips for success! You are off to a great start! ☐ LW

**Week 6 (Personal Hygiene Skills):** Satisfactory with personal hygiene, making an occupied bed, shaving, oral care, hearing aide care, application of ace wraps, TED Hose, and SCD's, and clinical readiness scenario during guided practice, along with Meditech 6.1 Test Hospital documentation. Keep up the good work! LW

**Week 7 (NG Skills: Insertion, Irrigation, and Removal; Mobility; Sterile Gloves):** Mobility & Sterile Gloves Lab: You were Satisfactory by adequately performing in the mobility & sterile gloves lab. AR

Overall you did a great job in the lab this week and were satisfactory with the following skills: Nasogastric Tube Insertion, Irrigation, and Removal. No prompts were given. You reminded yourself to Identify the patient with name & DOB and to secure the tube to the patient gown. You were able to verbalize what you would do if the patient began to cough or choke during insertion, that you would verify tube placement by aspiration and confirming the cm marking, the difference between irrigation and flushing, and the different techniques for verifying tube placement. You participated in the PO intake, NG output, and Feeding stations, along with the assigned documentation in Meditech. Be sure to continue to review these skills throughout the remainder of the semester. Keep up the great work. AR

**Week 8 (Foley Skills: Insertion, Removal; Sterile Gloves):** You were unsatisfactory this week during the 1:1 insertion of a Foley Catheter. Initially you started out focused, demonstrating concern for the patients comfort level and showing confidence in the initial steps of insertion. When you got to the point where you needed to change gloves you became flustered, this resulted in breaking your sterile field. When this was discussed afterward you were unable to recall that you broke the sterile field. Once inserted you were unable to recognize that the Foley catheter needed to be secured to the patient's leg. You then were prepared to D/C it at this time, concluding that you finished the initial insertion steps, despite never placing the stat lock. Once finished you were provided prompts as to what occurred and could not recall the errors made. At this point the scenario was completed and you were asked to remediate.

10/11/18: You are now satisfactory demonstrating great skill in your understanding and performance of Foley Skills during your 1:1 remediation. Despite being nervous, you managed to put on your sterile gloves with great ease and success. During the Foley Catheter insertion you were very professional, focused, organized and kind to the patient. You did an excellent job creating and maintaining a sterile field throughout the insertion process, you were able to verbalize how far you would insert on both a female and male patient and you required only one prompt during the skill of insertion to check the clamp on the bag initially, to ensure it would not leak once inserted. During the removal of the catheter you did not miss a single step! You also verbalized the correct method for performing peri-care! I can see a huge improvement in both your level of confidence and your skill. Remember, confidence builds competence and you proved both this time around. Overall, excellent job! Keep up the good work! □ LW

**Week 9 (Dressing Change: Dry Sterile, Sterile Wet to Dry; Documentation Lab):** You are satisfactory this week demonstrating great skill in your understanding and performance of 1:1 Wet to Dry Sterile Dressing Change. You managed to put on your sterile gloves with great ease and success. You remained organized, professional and caring to the patient throughout the procedure. You assessed your patient's comfort level continually throughout the procedure. You also assessed for a tape allergy. You did a nice job assessing, measuring and cleaning the wound. You required two prompts, one: This was to hold the gauze in your hand while packing it with the other hand; you did a nice job of packing the wound, but recognized holding it in one hand tightly while packing with the other would have made this easier for you. Two: you forgot to use skin prep; you recognized this immediately and verbalized it. You finished the entire dressing by covering it properly and assuring you left your patient safe and without any further needs. You also stated how often you would assess once completed. I could see improvement in your confidence level, which led you to being more competent. Overall, you did a great job! Keep up the good work! □ LW

10/19/18 Documentation Lab- You are satisfactory in that you actively participated in a hands on review of practice documentation related to vital signs, physical assessment, pain assessment, patient rounds, TED hose/ACE wraps/SCDs, feeding, I&Os, urinary catheter management, and nurses notes. LW

**Week 10 (Safety; Infection Control; Prioritization; Tube Feeding; Weight; Pressure Ulcer Prevention; Soft Restraints; Doppler BP; Care Plan Development):**

Satisfactory participation with the following stations: Prioritization, Tube Feeding, Patient Weight, Restraints, Doppler BP, Meditech documentation, and Patient Scenario involving Safety and Infection Control. Keep up the good work! AR

**Week 11 (Case Scenarios; Care Plan Development; Medication Lab; Open Lab):**

Skills Lab:

Satisfactory participation in the following: Patient Scenario's involving discharge planning and focused assessment, and Care Plan Development. Keep up the good work! AR

Medication Lab:

Satisfactory participation and performance of the following skills in the medication lab: Oral, IM, SQ, and ID medication administration; performance of IM and ID injections on fellow student; performance of SQ injection on practice sponge; use of and drawing medication out of ampule and vial. AR

**Week 12 (Respiratory Equipment; SAM II; Care Plan Development):**

Satisfactory participation with the following: SAM II sounds review, respiratory equipment review, and care plan development. You have satisfactorily completed the lab portion of Nursing Foundations. Great job in the lab this semester!! Keep up the great work!! AR

**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:



Student eSignature & Date: Carolyn Lynch 9-18-18

/scholar\_extra2/e360/apps/v8/releases/1543529558/public/upload/firelands/media/dropbox/63214-Week15CarolynLynchClinicalTool.docx  
MB/DJ/AR/FB//df/6/2018