

**EVALUATION OF CLINICAL PERFORMANCE TOOL  
Medical Surgical Nursing – 2019**

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

**Student:** **PAMELA MCDONALD**

**Final Grade:** Satisfactory/Unsatisfactory

**Semester:** Spring

**Date of Completion:**

**Faculty:** Dawn Wikel, MSN, RN, CNE; Kelly Ammanniti, MSN, RN; Lora Malfara, MSN, RN

**Faculty eSignature:**

**Teaching Assistant:** Devon Cutnaw, BSN, RN; Monica Dunbar, BSN, RN;  
 Nick Simonovich, BSN, RN; Liz Woodyard, BSN, RN, CRN

**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:**

- Skills Lab Competency Tool & Skills Checklists
- Simulation, Prebriefing, Debriefing, & Reflection Journals
- Nursing Care Plan Rubric
- Meditech Documentation
- Clinical Debriefing
- Clinical Discussion Group Grading Rubric
- Evaluation of Clinical Performance Tool
- Lasater’s Clinical Judgment Rubric & Scoring Sheet
- Virtual Simulation Scenarios

**ABSENCE (Refer to Attendance Policy)**

Date	Number of Hours	Comments	Make-up (/Date/Time)

Faculty’s Name	Initials
Kelly Ammanniti	KA
Devon Cutnaw	DC
Monica Dunbar	MD
Lora Malfara	LM
Nick Simonovich	NS
Dawn Wikel	DW
Liz Woodyard	EW

## 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/clients/others, unable to function, incomplete, erroneous, faulty, illegible clinical written work, no feedback sought from instructor 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 or faculty member's initials.**

Date	Care Plan Diagnosis	Evaluation & Instructor Initials	Remediation & Instructor Initials	Remediation & Instructor Initials
2/7/19	Ineffective Airway Clearance R/T Retained Secretions	S / LM	NA	NA
3/14/19	Impaired Skin Integrity R/T Inflammatory Response secondary to Cellulitis	S / LM	NA	NA

Note: Students are required to submit two satisfactory care plans over the course of the semester. If the care plan is not evaluated as satisfactory upon initial submission, the student may revise the care plan based on instructor feedback/remediation and resubmit until satisfactory. At least one care plan must be submitted prior to midterm.

## Objective

1. Illustrate correlations to demonstrate the pathophysiological alterations in adult patients with medical-surgical problems. (2,3,4,5)\*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	14	Make Up	Make Up	Final
<b>Competencies:</b>			S	NA	S	S	NA	NA	S	S	NA							
a. Analyze the involved patho-physiology of the patient's disease process. (Interpreting)			S	NA	S	S	NA	NA	S	S	NA							
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			S	NA	S	S	NA	NA	S	S	NA							
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			S	NA	S	S	NA	NA	S	S	NA							
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			S	NA	S	S	NA	NA	S	S	NA							
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	NA	S	S	NA	NA	S	S	NA							
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			S	NA	S	S	S	NA S	S	S	NA							
g. Assess developmental stages of assigned patients. (Interpreting)			S	NA	S	S	S	NA	S	S	NA							
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		S	NA	S	S	S	NA S	S	S	NA							
	Indicate your clinical site as well as your patient's age and primary medical diagnosis in this box weekly.	Meditech, FSBS, D/C IV, IV Pump Sessions	4N age 67 right foot wound I +D	NA	3T 93 RESPIRATORY DISTRESS	3N AGE 75 PNEUMONIA 49SOB	HOMELESS SHELTER	Digestive Health Dialysis	Midterm									
	Instructors Initials	MD	EW	DW	LM	DC	MD	NS	NS	LM								

### Comments:

\*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

**WK3 1a-h : Pam, you did an excellent job in your patient care this week as you were able to correlate his diagnosis not just with his immediate care needs, but also his discharge needs. EW**

**Week 8 1(f) – This competency is an “s” for this week because you were able to discuss the recommended diet and challenges that the patient faces when on hemodialysis.**

**Week 9 (1a-h) – Pam, you did a nice job analyzing the pathophysiology of your patient’s disease process this week. You correlated the patient’s symptoms to his diagnosis and disease process, as well. Please remember to include the patient’s age and primary medical diagnosis in the box above my initials. LM**

**Objective**

2. Perform physical assessments as a method for determining deviations from normal. (3,4,5)\*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	14	Make Up	Make Up	Final
<b>Competencies:</b>																		
a. Perform inspection, palpation, percussion, and auscultation in the physical assessment of assigned patient. (Responding)			S	NA	S	S	NA	NA	S	S	NA							
b. Conduct a fall assessment and implement appropriate precautions. (Responding)			S	NA	S	S	NA	NA	S	S	NA							
c. Conduct a skin risk assessment and implement appropriate precautions and care. (Responding)			S	NA	S	S	NA	NA	S	S	NA							
d. Communicate physical assessment. (Responding)			S	NA	S	S	NA	NA	S	S	NA							
e. Analyze appropriate assessment skills for the patient's disease process. (Interpreting)			S	NA	S	S	NA	NA	S	S	NA							
f. Demonstrate skill in accessing electronic information and documenting patient care. (Responding)	S		S	NA	S	S	NA	NA	S	S	NA							
	<b>MD</b>		<b>EW</b>	<b>DW</b>	<b>LM</b>	<b>DC</b>	<b>MD</b>	<b>NS</b>	<b>NS</b>	<b>LM</b>								

**Comments:**

Week 1 (2f)- By attending the meditech clinical update & providing your full, undivided attention during the demonstration of documenting insulin, IV solutions, saline flushes and IV site assessments you are satisfactory for this competency. NS

Week 9 (2c) – You did an excellent job conducting a skin assessment on your patient this week. You communicated and responded to the need to educate him on his toe wound and show him how to properly dress the wound. LM

\*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

**Objective**

3. Execute safety precautions in the implementation of quality, patient-centered care and evidence-based nursing interventions. (2,3,4,5,8)\*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	14	Make Up	Make Up	Final
<b>Competencies:</b>	S		S	NA	S	S	S	S	S	S	NA							
a. Perform standard precautions. (Responding)	S		S	NA	S	S	S	S	S	S	NA							
b. Demonstrate nursing measures skillfully and safely. (Responding)	S		S	NA	S	S	NA	NA	S	S	NA							
c. Demonstrate promptness and ability to organize nursing care effectively. (Responding)			S	NA	S	S	NA	NA	S	S	NA							
d. Appropriately prioritizes nursing care. (Responding)			S	NA	S	S	NA	NA	S	S	NA							
e. Recognize the need for assistance. (Interpreting)			S	NA	S	S	S	S	S	S	NA							
f. Apply the principles of asepsis where indicated. (Responding)	S		S	NA	S	S	NA	S	S	S	NA							
g. Manages a patient in physical restraints according to hospital policy. (Responding)			NA	NA														
h. Implement the appropriate DVT prophylaxis interventions based on assessment and physicians orders. (Responding)			S	NA	S	S	NA	NA	S	S	NA							
i. Identify the role of evidence in determining best nursing practice. (Interpreting)			S	NA	S	S	S	S	S	S	NA							
j. Identify recommendations for change through team collaboration. (Interpreting)			S	NA	S	S	S	S	S	S	NA							
	<b>MD</b>		<b>EW</b>	<b>DW</b>	<b>LM</b>	<b>DC</b>	<b>MD</b>	<b>NS</b>	<b>NS</b>	<b>LM</b>								

**Comments:**

WK 3 c,d: You did a good job in your care interventions and care organization.EW

WK 3 i: Be sure to use an article that has methods of research, results, and is pertinent to patients within the U.S. EW

\*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 5-3d & 3e- Pam was a team leader this week in clinical. Pam did a great job appropriately prioritizing nursing care and recognizing the need for assistance with her fellow students. Pam over-saw 4 patients as a team leader and continually changed her priorities as the needs of her patients changed. Great job! LM

Week 9 (3a-f) – You demonstrated safe and skillful nursing measures through providing proper wound care and you prioritized your nursing care appropriately. LM

**Objective**

3. Execute safety precautions in the implementation of quality, patient-centered care and evidence-based nursing interventions. (2,3,4,5,8)\*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	14	Make Up	Make Up	Final
<b>Competencies:</b>			S	NA	S	S	NA	NA	S	S	NA							
k. Administer PO, SQ, IM, or ID medications observing the rights of medication administration. (Responding)			S	NA	S	S	NA	NA	S	S	NA							
l. Calculate medication doses accurately. (Responding)			S	NA	S	S	NA	NA	S	S	NA							
m. Administer IV therapy, piggybacks and/or adding solution to a continuous infusion line. (Responding)			NA	NA	S	S	NA	NA	S	S	NA							
n. Regulate IV flow rate. (Responding)	S		NA	NA	S	S	NA	NA	S	S	NA							
o. Flush saline lock. (Responding)			S	NA	S	NA	NA	NA	S	NA	NA							
p. D/C an IV. (Responding)	S		NA	NA	S	NA	NA	NA	S	NA	NA							
q. Monitor an IV. (Responding)			S	NA	S	S	NA	NA	S	S	NA							
r. Perform tracheostomy care. (Responding)			NA	NA	S	S	NA	NA	S	S	NA							
s. Perform FSBS with appropriate interventions. (Responding)	S		S	NA	S	S	NA	NA	S	S	NA							
	<b>MD</b>		<b>EW</b>	<b>DW</b>	<b>LM</b>	<b>DC</b>	<b>MD</b>	<b>NS</b>	<b>NS</b>	<b>LM</b>								

**Comments:**

Week 1 (3p)- By attending the D/C IV clinical and providing your full, undivided attention during the demonstration of both the Alaris pump, documentation of IV site maintenance and discontinuing a peripheral IV you are satisfactory for this competency. NS/EW (3s)-The student was able to demonstrate understanding of the rationale of FSBS and the use of the glucometer. The student was able to perform a Quality Control check of the glucometer as well as demonstrate skills and knowledge required of proper sample ID, collection and handling of blood. LM/DC

\*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

WK 3 a,s: Pam you did a very good job with your med pass and you had a lot of meds to give. You also did a good job with the FSBS and the interpretation of what to do with the results. EW

Week 5- 3k, m, o, & p-Pam had to crush her patient's meds and administer them in a nectar-thick product. She properly administered the meds and properly hung an IVPB. Pam completed the three med checks accurately. We discussed priming and labeling the secondary tubing line and Pam completed this properly. 'NA' should be marked for 3o & 3p as you did not perform these skills. LM

Week 9 (3m, n, q) – You correctly hung a primary IV bag, following proper protocol. You also monitored and regulated the IV pump with instructor assistance, however, you understood the process. Nice job. LM

**Objective**

4. Use therapeutic communication techniques to establish a baseline for nursing decisions. (1,5,7)\*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	14	Make Up	Make Up	Final
<b>Competencies:</b>			S	NA	S	S	S	S	S	S	NA							
a. Integrate professionally appropriate and therapeutic communication skills in interactions with patients, families, and significant others. (Responding)			S	NA	S	S	S	S	S	S	NA							
b. Communicate professionally and collaboratively with members of the healthcare team. (Responding)			S	NA	S	S	S	S	S	S	NA							
c. Report promptly and accurately any change in the status of the patient. (Responding)			S	NA	S	S	NA	NA	S	S	NA							
d. Maintain confidentiality of patient health and medical information. (Responding)			S	NA	S	S	NA	S	S	S	NA							
e. Consistently and appropriately post comments in clinical discussion groups. (Reflecting)			S	NA	S	S	NA	NA	S	S	NA							
f. Obtain report, from previous care giver, at the beginning of the clinical day. (Noticing)			S	NA	S	S	NA	NA	S	S	NA							

\*End-of-Program Student Learning Outcomes  
Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

g. Provide a clear, organized hand-off report to your patient's next provider of care. (Responding)			S NI	NA	S	S	NA	NA	S	S	NA							
	MD		EW	DW	LM	DC	MD	NS	NS	LM								

**Comments:**

WK 3 4a,b,d: Pam you did a good job in your communication with your patient as he could be difficult at times. You were patient and professional. EW

WK 3 e: For further CDG please remember to cite your reference in your post. Also please remember not to use your reference article word for word in your post; You can summarize the article in your own words and then use an in text citation. Please see faculty for assistance on how to do this if needed as the next post will be graded as an NI or U if citation and summary is not done. EW

WK 3 g: You were informative but unorganized in your hand-off report to your nurse. This will get better with practice. EW

Week 5- 4b- Pam was a team leader for clinical on Wednesday, 2/6/19. Pam communicated professionally and collaborated with all of the other students. She was in contact with each student throughout the day and adapted well by changing her priorities as patients' needs changed. Nice job. LM

Week 9 (4e) – Pam, after first reviewing your discussion post, it looked as though your full reference did not appear. The reference only appeared as “.oh.us”. However, after talking to you and after you proved to me that you did have the full reference, I am giving you credit. In one of your comments to your peers, you only provided a 79-word count. The posts must be at least 100 words. Please remember to provide at least 100 word-comments to your peers. LM

## Objective

5. Implement patient education based on teaching needs of patients and/or significant others. (1,6)\*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	14	Make Up	Make Up	Final
<b>Competencies:</b>			S	NA	S	S	S	NA	U	S	NA							
a. Describe a teaching need of your patient.** (Reflecting)			S	NA	S	S	S	NA	U	S	NA							
b. Utilize appropriate terminology and resources when providing patient education. (Responding)			S	NA	S	S	S	NA	S	S	NA							
c. Evaluate health-related information on the intranet. (Responding)			S	NA	S	S	S	NA	S	S	NA							
	MD		EW	DW	LM	DC	MD	NS	NS	LM								

**\*\*5a- You must address this competency in the comments on a weekly basis. For clinicals on 3T, 3N, 4N, or Rehab- describe the patient education you provided; be specific. For clinicals on alternative sites- describe a teaching need you identified.**

### Comments:

Wee 3- 5A. I WAS ON 4N THIS WEEK FOR CLINICALS. I PROVIDED EDUCATION TO MY PATIENT ABOUT SAFETY R/T TRANSFERRING AND AMBULATING WITH ASSISTIVE DEVICES. MY PATIENT HAD A WOUND VAC TO HIS RIGHT FOOT. ORDERS FOR NON -WEIGHT BEARING AND CRUTCHES IN PLACE AND WAS ON FALL PRECAUTIONS. MY PATIENT WAS NON- COMPLIANT ON USING CALL LIGHT TO ASK FOR ASSISTANCE AND WOULD GET UP QUICKLY TO AMBULATE TO THE BATHROOM.

WK3 5a: You did do a good job educating your patient. He had a difficult personality at times but you did a good job in your communication techniques. Please keep in mind for further comments on your tool to list the week before your comment. Your above comment should have week 3 in front of it. That helps keep track of where you are at as the weeks progress. EW

Week 5. 3T. My patient was a 93-year-old female confused with dementia from a nursing home. She only said one word and just smiled at me throughout the day. I tried multiple times to show her how to spit in a specimen cup for a sputum sample with no success or understanding from her. Therefore, I did not do any teaching to my patient.

Week 5- 5a- I agree with Pam in stating it was difficult to provide teaching to her patient due to dementia. She did attempt to obtain a sputum culture and encouraged her patient to spit into the container every time she coughed, but was unsuccessful. LM

Week5 5A I went to AC on Friday and I performed hands on teaching to the patients with step by step directions and helped each individual to complete the project . I also taught my patient to transfer from the chair to the activity room safely with her walker .

Week 5- 5a- I am glad you had the opportunity to do some hands-on teaching with the clients at the AC facility. Safety is always top priority. I am glad you were able to assist your patient with proper transfer techniques. Thank you for sharing. LM

Week 6 5a I was on 3 North for clinicals. I provided teaching to my patient about diet and nutrition and the importance of it r/t his DM and acute kidney injury. You did a great job with education for both patients that you had this week. You were attentive to the individual needs of your patient and able to connect with them on an emotional level. Continue with this skill – you made your patients feel listened to and helped to educate them and their families. DC

Week 7 5a. I did some hands on teaching while demonstrating first aid CPR chest compressions, heimlich maneuver , explained the handout material to some of the clients at the homeless center and they performed it. A male came to the station that stated he had heart condition .I incorporated the heart heathy snacks we had to give out in my

\*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

teaching about his diet. I also taught a 4 year old child while understanding her age related to teaching ,the importance of chewing her food thoroughly so she does not choke when she asked me about the mannequin and what were the things hanging around its neck. 7a My strength would be communicating and teaching . 7b.My weakness would be teaching a parent. I will come up with some teaching strategies to learn for parents, due to me feeling like you don't want them to feel like they aren't parenting well. Great job! You did an awesome job with education! MD

Week 8 5a.My clinical this week was observation at Digestive Health and Dialysis. I did not teach but I did get a chance to communicate by asking questions and discussing them during Dialysis treatment for a patient. Pam, unfortunately this competency has to be changed to “u” for this week. The directions for this competency state that “For clinicals on alternative sites- describe a teaching need you identified.” Even though you may not have been able to provide education to the patient, you still want to reflect on a teaching need for the patients that you observed. Since you were observing, you wouldn't have performed the education, but it is still important that you identify a teaching need. Since the “U” was received the week leading up to midterm, you will notice that a “U” was received in the midterm column for this competency. Moving forward, as long as you reflect on a teaching need each week as you have throughout the first half of the semester, this competency will be an “s” at the end of the course. Remember, 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. Be sure to address why this competency is no longer a “U” when you submit your next clinical tool. Please let me know if you have any questions. NS

Correction week 8 Dialysis. 5a Patient teaching could have been to the female patient that is non-compliant with the scheduled Dialysis days. She came one day the week before and usually does not show up for all three days scheduled. I would teach her the importance of coming to all treatments and stay the entire treatment as the physician ordered. The right amount of Dialysis will make you feel better, improve your overall health, keep you out of the hospital and you will live longer. Dialysis will keep the remaining kidney you have left function. If a treatment is missed the toxins levels in the blood will build up and fluid could increase making you sick and could be fatal. If Potassium levels get to high your heart could stop. Pam, you corrected the “U” from week #8. This is a great teaching need. Nice job! LM

Week 9 5a. My clinical this week was on 3T. My patient was a 64 year old man with cellulitis to left lower leg. I educated my patient about the importance of cleaning and dressing changes as ordered to his wound, assessing for s/sx of infection and to notify his physician about any changes immediately. You did a nice job identifying your patient's teaching need for this week. This was a priority educational topic. LM

**Objective**

6. Implement patient-centered plans of care utilizing the nursing process and clinical judgment. (2,3,4,5)\*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	14	Make Up	Make Up	Final
a. Develop and implement a priority care plan utilizing the nursing process and clinical judgment. (Noticing, Interpreting, Responding, Reflecting)			S N/A	NA	S	NA	NA	NA	S	S	NA							
b. Development of clinical judgment in high-fidelity simulation scenarios. (Noticing, Interpreting, Responding, Reflecting)								S	S									
	MD		EW	DW	LM	DC	MD	NS	NS	LM								

**Comments:**

WK3 6a: This is N/A since you did not do a care plan.EW

Week 8 6(b) – By responding appropriately to all of the questions in pre-briefing and the reflection journal, you are satisfactory for this portion of the high-fidelity simulation scenario #1. Please review the individual faculty comments from each section of the simulation. NS

See Care Plan Grading Rubrics below.

Week 8- See Simulation Scoring Sheet below.

Week 13- See Simulation Scoring Sheet below.

\*End-of-Program Student Learning Outcomes  
Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

<p><b>Objective # 6a:</b> Implement patient-centered plans of care utilizing the nursing process and clinical judgment. (2,3,4,5)*</p>	<p><b>Students Name:</b> Pam McDonald <b>Date:</b> 2/7/19</p>
<p><b>**Nursing care plan not appropriate to patient situation = 0 and automatic unsatisfactory rating</b></p>	<p><b>Nursing Diagnosis:</b> <b>Ineffective Airway Clearance R/T Retained Secretions secondary to respiratory distress</b></p>
<p>Nursing Diagnosis: (3 points total)          Problem Statement (1)          Etiology (1)          Defining Characteristics (1)</p>	<p>Total Points <b>3</b>          Comments: You did a nice job providing all of the required components of the nursing diagnosis. The etiology is correctly identified. You provided 6 defining characteristics.</p>
<p>Goal and Outcome (6 points total)          Goal Statement (1)          Outcome:          Specific (1)          Measurable (1)          Attainable (1)          Realistic (1)          Time Frame (1)</p>	<p>Total Points <b>5</b>          Comments: You provided a positive goal statement and each defining characteristic was turned into a positive assessment. All of the required SMART criteria was identified with each outcome. Remember to coordinate each characteristic with the patient outcomes. Your boxes on your care plan were not lining up correctly. 1 point was taken off due to not providing a date in which the goals will be achieved. If you did, I could not find one. The only dates I noticed were the initial care plan date and the evaluation dates, but not “by discharge”, not when the patient will accomplish these goals. In your patient outcomes column, you have SPO2 <u>less than</u> 92% on room air. Please be aware of your symbols.</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 <b>7</b>          Comments: You prioritized the interventions properly. The assessments were top priority, however, was your patient on any respiratory meds? Was there any education you could have provided to your patient or your patient’s family? 1 point was taken off due to not listing any medications or any interventions directly helping the problem nor were there any educational needs listed. I understand your patient had dementia but what is a teaching need for the family? All of your boxes were misaligned, so remember to review this before submitting your next care plan.</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 <b>5</b>          Comments: Nice job!! You provided a date for each goal; you stated whether the goal was met, partially met, or not met; you addressed each defining characteristic; you provided a plan to continue or terminate each goal; and you signed the care plan. Two references were also provided. Nice job!</p>
<p>Total possible points = 22          18-22 = Satisfactory care plan          17-14 = Needs improvement care plan          ≤ 13 = Unsatisfactory care plan</p>	<p>Total Points for entire care plan = 20/22 = Satisfactory care plan           Comments: Pam, over-all, you did a great job on your care plan. Please review my comments so you can correct these issues for your next care plan but you did a nice job! LM</p>





<p><b>Objective # 6a:</b> Implement patient-centered plans of care utilizing the nursing process and clinical judgment. (2,3,4,5)*</p>	<p><b>Students Name:</b> Pam McDonald</p> <p><b>Date:</b> 3/14/19</p>
<p><b>**Nursing care plan not appropriate to patient situation = 0 and automatic unsatisfactory rating</b></p>	<p><b>Nursing Diagnosis:</b> <b>Impaired Skin Integrity R/T Inflammatory Response secondary to Cellulitis</b></p>
<p>Nursing Diagnosis: (3 points total)          Problem Statement (1)          Etiology (1)          Defining Characteristics (1)</p>	<p>Total Points <b>3</b>          Comments: <b>You did a nice job providing a NANDA approved, priority nursing diagnosis; including the problem statement, etiology, and 6 defining characteristics. Great job! LM</b></p>
<p>Goal and Outcome (6 points total)          Goal Statement (1)          Outcome:          Specific (1)          Measurable (1)          Attainable (1)          Realistic (1)          Time Frame (1)</p>	<p>Total Points <b>6</b>          Comments: <b>You provided a positive, general goal statement. You utilized the SMART acronym including all of the appropriate criteria. Your outcomes were specific in meeting your patient's needs and realistic. You also provided a time-frame in which these outcomes would be achieved. Excellent job! LM</b></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 <b>8</b>          Comments: <b>You provided several pertinent interventions. You prioritized them correctly, beginning with your patient's assessment needs. The interventions were specific and individualized. You also provided rationale for each intervention. Great! LM</b></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 <b>5</b>          Comments: <b>You provided a date for each goal. You stated whether each goal was met, partially met, or not met. All of your defining characteristics were listed appropriately, and you stated whether to terminate or continue the plan of care. You also signed the care plan. You did a great job on your care plan, Pam!!! LM</b></p>
<p>Total possible points = 22          18-22 = Satisfactory care plan          17-14 = Needs improvement care plan          ≤ 13 = Unsatisfactory care plan</p>	<p>Total Points for entire care plan = <b>22/22 = Satisfactory care plan</b></p> <p>Comments: <b>Pam, this is a detailed, individualized care plan for your patient. This was your patient's #1 priority problem. Well done!!!! LM</b></p>

## Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME:      OBSERVATION DATE/TIME: 2/26/19 0800-0915      SCENARIO #: MSN Scenario #1

Carolyn Lynch  
Kaitlyn March  
Ben Mariscal  
Pam McDonald  
Nicole Meier  
Shelby Nash

CLINICAL JUDGMENT					OBSERVATION NOTES
<b>COMPONENTS NOTICING: (2)*</b>					
• Focused Observation: B	E	A	D		Came prepared and asked appropriate questions during report-seeking information.
• Recognizing Deviations from Expected Patterns:      E	A	D	B		Good body mechanics during assessment. Asked patient about allergies. ID'd patient with name and DOB.
• Information Seeking: B	E	A	D		Noticed elevated BP. Asking patient about taking his home medications after interpreting BP as high. Noticed Saline bag was expired. Noticed roller clamp was still closed causing an occlusion of the IV line. Noticed redness in the right leg. Noticed increased temperature to the right calf. Noticed the vital sign changes. Noticed crackles in the lungs. Noticed pain when taking deep breaths. Asking patient about allergies prior to enoxaparin administration.
<b>INTERPRETING: (1)*</b>					
• Prioritizing Data:      E	A	D	B		Interpreted that patient could be overmedicated. Interpreted elevated BP as related to pain. Interpreted findings as decreased circulation to the left foot and need to operate quickly.
• Making Sense of Data: B	E	A	D		Prioritized pain and circulatory assessment. Interpreted occlusion as potential complication to IV site. Interpreted findings as consistent with DVT/PE.

<p><b>RESPONDING: (3,4,5,6)*</b></p> <ul style="list-style-type: none"> <li>• Calm, Confident Manner: E     <b>A</b>     D     B</li> <li>• Clear Communication:     E     <b>A</b>     D B</li> <li>• Well-Planned Intervention/ Flexibility:     E     <b>A</b>     D     B</li> <li>• Being Skillful:     E     A     <b>D</b> B</li> </ul>	<p>Contacted ED to determine last dose of pain medication.</p> <p>Focused assessment on patient's leg after patient stated he was in pain. Very good.</p> <p>Notified the physician of assessment findings related to circulatory assessment.</p> <p>Good technique with IM injection using the z-track method. Remember to aspirate prior to injecting medication. Good job with needle safety. Dosage calculated appropriately. Wasted with fellow teammate.</p> <p>Performed safety check with medications. Inspected saline bag for intactness and cloudiness. Primed tubing appropriately. Good aseptic technique when attaching primary line. Remember to perform a saline flush to confirm IV patency prior to initiation an infusion. IV piggyback set up appropriately with primary bag hanging lower than the secondary bag. Remember to label tubing.</p> <p>Good teamwork and collaboration. Remembered to communicate with the patient throughout the scenario.</p> <p>Followed up with the patient after communicating with the wife.</p> <p>Assessed IV site after occlusion to confirm patency.</p> <p>Reassessed pain and vital signs after medication administration.</p> <p>Second group focused on left leg assessment initially. Good job.</p> <p>Elevated HOB with patient experienced resp. distress. Administered O2.</p> <p>Contacted physician regarding assessment findings with respiratory distress. Good SBAR communication. Remember to read the orders back to the physician to confirm.</p> <p>Kept the patient updated on current situation regarding PE. Good education on PE.</p> <p>Great teamwork and collaboration with the enoxaparin. Correct dosage calculation and subcutaneous injection technique.</p>
<p><b>REFLECTING: (7)*</b></p> <ul style="list-style-type: none"> <li>• Evaluation/Self-Analysis: E     <b>A</b>     D     B</li> <li>• Commitment to Improvement: E     <b>A</b>     D B</li> </ul>	<p>Actively participated in debriefing. Reflected on the patient scenario. Discussed positives from the scenario as well as ways to improve.</p>

<p><b>SUMMARY COMMENTS: * = Course Objectives</b></p> <p><b>Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric.</b></p> <p><b>E= Exemplary</b></p> <p><b>A= Accomplished</b></p> <p><b>D= Developing</b></p> <p><b>B= Beginning</b></p>	<p>Lasater Clinical Judgement Rubric:</p> <p>Noticing: Regularly observed and monitored a variety of data, including both subjective and objective data, most useful information was noticed. Recognized obvious patterns and deviations in data and used this information to continually assess. Actively sought information about the patient’s situation to plan interventions.</p> <p>Interpreting: Generally focused on the most important data and sought further relevant information. Interpreted the patient’s data patterns and compared with known patterns to develop interventions.</p> <p>Responding: Generally displayed leadership and confidence and were able to control or calm the situation. Communicated well, explained carefully to the patient, and gave clear direction to team members. Developed interventions on the basis of relevant patient data and monitored progress regularly. Could be more skillful and accurate in following proper procedures for nursing skills.</p> <p>Reflecting: Evaluated and analyzed personal clinical performance with minimal prompting. Key decision points were identified. Demonstrated a desire to improve nursing performance and reflected on and evaluated experiencing while identifying strengths and weaknesses.</p> <p>Satisfactory completion of MSN simulation scenario #1.</p>
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**Objective**

7. Illustrate professional conduct including self examination, responsibility for learning, and goal setting. (7)\*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	14	Make Up	Make Up	Final
a. Reflect on an area of strength. ** (Reflecting)	S		S	NA	S	S	S	S	S	S	NA							
b. Reflect on an area for improvement and set a goal to meet this need.** (Reflecting)	S		S	NA	S	S	S	S	S	S	NA							
c. Demonstrate evidence of growth, initiative, and self-confidence. (Responding)	S		S	NA	S	S	S	S	S	S	NA							
d. Follow the standards outlined in the FRMCSN Student Code of Conduct Policy. (Responding)	S		S	NA	S	S	S	S	S	S	NA							
e. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions. (Responding)	S		S	NA	S	S	S	S	S	S	NA							
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (Responding)	S		S	NA	S	S	S	S	S	S	NA							
g. Demonstrate the ability to give and receive constructive feedback. (Responding)	S		S	NA	S	S	S	S	S	S	NA							
h. Actively engage in self-reflection. (Reflecting)	S		S	NA	S	S	S	S	S	S	NA							
	MD		EW	DW	LM	DC	MD	NS	NS	LM								

**\*\*7a and 7b: You must address these competencies in the comments section on a weekly basis. Please write a different comment each week. Remember that a goal includes what you will do to improve, how often you will do it, and when you will do it by (example- "I had trouble remembering to do the three checks of the six medication rights prior to administering medications. I will review the six rights and medication administration content in the textbook twice before the next clinical. Additionally, I will request to meet with my clinical faculty member to practice preparing and administering at least three medications before the next clinical."**

**Comments:**

**Week 1- 7A. I FELT THAT ONE OF MY STRENGTHS THIS WEEK WAS MY HEAD TO TOE ASSESSMENT. I WAS CONFIDENT AND INCLUDED ALL THE STEPS TO COMPLETE A THROUGH ASSESSMENT.**

**7B. I NEED TO IMPROVE ON MY IV SKILLS. I WILL REVIEW THE STEPS OF THE PROCEDURES ONCE A DAY THIS WEEK.**

**Week 1 (7 A and B)- Great job this week! I am glad you had strength in your head to toe assessment. IV skills will come with time as you practice in clinical. MD**

\*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

### **WEEK 3 7A. MY AREA OF STRENGTH THIS WEEK WAS FSBS AND THE USE OF THE ACUCHECK MACHINE. 7B.**

I NEED TO IMPROVE ON CHARTING IN MEDITECH . I WILL LOOK OVER MY MEDITECH NOTES TWICE BEFORE MY NEXT CLINICAL DAY.

WK3 7A,B Pam I agree with both your strength and weakness. Your charting will get better with practice and reviewing your notes will help. Please do not hesitate to ask questions.EW

Week 4- no clinical scheduled.

WEEK 5 3T My strength for this week was organizing and prioritizing my day for my patient care and needs. My weakness would be IV skills. I hung my first secondary bag . I will review my notes and videos on Edvance this weekend. I believe with studying and performing the skills in the future I will become better.

Week 5- 7a, b, c-I agree with Pam's area of strength. Pam did a great job prioritizing as a team leader. Pam can improve on the process of hanging an IVPB, including priming the secondary tubing and remembering to label the tubing. We discussed this during the clinical day. Pam demonstrated initiative and growth as a team leader this week. She remained in contact with her fellow students and changed her priorities throughout the day based on patients' needs. Great job, Pam! LM

Week 6 7a. I felt my area of strength this week was patient teaching. I explained some nutritional information that would benefit his current needs. My patient understand the information and stated he was going to make an attempt to do better. Your education to both of your patients went very well. Nice job! DC 7b. My weakness this week was timely charting. I will look over my notes twice this week before my next clinical day to become more familiar with meditech. This is always an area for nursing to improve. I felt that you did a good job charting but continue to work on this skill. DC

WEEK 7a My strength would be teaching and communicating, with the individuals at the homeless shelter.7b My weakness would be teaching a parent . I will come up with some teaching strategies to learn for parents due to my feeling of not making them feel like they don't have good parenting skills. Great job! You will be able to work on this skill with more clinical experience. MD

Week 8 7a My strength this week in Sim lab was noticing the need to call the physician for decreased blood flow in patient. 7b My weakness was being prepared for the call to the physician. I will find a more organized method before my next sims lab. NS

Midterm – Pam, at this point in the semester you have been rated as satisfactory in most applicable competencies. You did receive a “U” for the midterm competency 5(a). Refer to the comments for objective 5 competency (a) for clarification. Don't be discouraged by the one “u” that was received; your dedication and hard work is evident throughout your clinical performance tool. Going forward, I encourage you to speak with the faculty members when on the medical floors to let them know what areas you have had the least experience with. Try to seek out opportunities to perform a saline flush and D/C an IV. You have made it half way through a very difficult semester. Keep working hard the second half of the semester and you will be one step closer to achieving your goals! NS

Correction week 8 Dialysis. 5a Patient teaching could have been to the female patient that is non-compliant with the scheduled Dialysis days. She came one day the week before and usually does not show up for all three days scheduled. I would teach her the importance of coming to all treatments and stay the entire treatment as the physician ordered. The right amount of Dialysis will make you feel better, improve your overall health, keep you out of the hospital and you will live longer. Dialysis will keep the remaining kidney you have left function. If a treatment is missed the toxins levels in the blood will build up and fluid could increase making you sick and could be fatal. If Potassium levels get to high your heart could stop.

Week 9 7a. I feel my strength this week was identifying my patient's behaviors and embracing them in the nursing care I provided. 7b.My weakness would be organization and efficiency of my medication pass, meditech charting and the pyxis machine. I will review meditech and look for ways to be efficient and organize the transfer of supplies needed from medication room to patients room, watch online video for pyxis I found and continue to look up meds first thing in the morning like this week to be prepared. I will do these things before my next clinical day. You did do a great job identifying your patient's behaviors and adapted well. With regard to your area for improvement, I feel you would benefit from familiarizing yourself to the pyxis system and meditech charting. It takes awhile to become comfortable with these areas. With each clinical experience, you will feel more comfortable also. LM

Firelands Regional Medical Center School of Nursing  
**Medical Surgical Nursing 2019**  
**Skills Lab Competency Tool**

<b>Skills Lab Competency Evaluation</b>	<b>Lab Skills</b>							
	<b>Week 1</b>	<b>Week 1</b>	<b>Week 1</b>	<b>Week 1</b>	<b>Week 1</b>	<b>Week 2</b>	<b>Week 3</b>	<b>Week 10</b>
Performance Codes: <b>S:</b> Satisfactory <b>U:</b> Unsatisfactory	<b>IV Math</b> (3,7)*	<b>Assessment</b> (2,3,4,5,7)*	<b>Insulin</b> (2,3,5,7)*	<b>Lab Day</b> (1,2,3,4,5,6,7)*	<b>IV Skills</b> (2,3,5,7)*	<b>Trach</b> (1,2,3,4,5,6,7)*	<b>EBP</b> (3,7)*	<b>Lab Day</b> (1,2,3,4,5,6,7)*
	<b>Date:</b> 1/7 & 1/9/19	<b>Date:</b> 1/8/19	<b>Date:</b> 1/8/19	<b>Date:</b> 1/10/19	<b>Date:</b> 1/11/19	<b>Date:</b> 1/16/19	<b>Date:</b> 1/22/19	<b>Date:</b> 3/22/19
Evaluation:	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	
Instructor Initials	<b>MD</b>	<b>MD</b>	<b>MD</b>	<b>MD</b>	<b>MD</b>	<b>EW</b>	<b>DW</b>	
<b>Remediation: Date/Evaluation/Initials</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>NA</b>	

\*Course Objectives

**Comments:**

**Week 1**

(IV Math)-You satisfactorily participated in the IV Math learning session on 1/7/19 as well as the assigned IV Math practice questions and the IV Math Application lab on 1/9/19. KA

(Assessment)- You were able to satisfactorily demonstrate the Basic Head to Toe Assessment during lab. EW/KA/DW

(Insulin)- You were able to correctly prepare an insulin pen and administer subcutaneous insulin. Insulin requirements were accurately identified and calculated through the corrective scale and carbohydrate coverage orders. DW

(Lab Day)- You satisfactorily completed the mandatory lab review of nursing foundational skills. This was achieved through simulating care for a patient in a scenario requiring competency in assessment, communication, medication administration (including PO and IM injection), nasogastric tube insertion and maintenance, patient mobility and hygiene, use of PPE for Contact Isolation, wound care, and foley insertion. NS/LM/EW/MD/DC

(IV Skills)- You have satisfactorily completed IV lab including a saline flush, hanging a primary and secondary IV solution, adjusting a flow rate to run by gravity, discontinuing IV solution, and monitoring the IV site for infiltration, phlebitis, and signs of complication. NS/EW

Week 3 EBP Lab- During this lab, you were able to satisfactorily demonstrate three different routes to search for evidence-based nursing journals via the internet. You were attentive and actively participated. DW

Firelands Regional Medical Center School of Nursing  
 Medical Surgical Nursing 2019  
 Simulation Evaluations

<b><u>vSim Evaluation</u></b>	<b>vSim</b>						
	ical-Surgical) Vincent Brody	)Juan Carlos (Pharmacology)	cal-Surgical) Marilyn Hughes	Vernon Russell *1, 2, 3, 4, 5, 6) (Fundamentals)	ical-Surgical) Stan Checketts	Harry Hadley 1, 2, 3, 4, 5, 6) (Pharmacology)	4, 5, 6)(Pharmacology) Yoa Li
Performance Codes:  S: Satisfactory  U: Unsatisfactory	Date: 1/28/19	Date: 2/12/19	Date: 2/25/19	Date: 3/26/19	Date: 4/15/19	Date: 4/25/19	Date: 4/29/19
Evaluation	S	S	S				
Faculty Initials	DW	MD	NS				
Remediation: Date/Evaluation/Initials	NA	NA	NA				

\* Course Objectives

**EVALUATION OF CLINICAL PERFORMANCE TOOL**  
**Medical Surgical Nursing – 2019**

**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 and Date:

-

dw 1/3/19