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

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

**Student**: Sara Chartrant

**Semester**: **Spring**

**Final Grade**: **Satisfactory/Unsatisfactory**

**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 |
|---|---|---|---|---|
| 1/30/19 | Risk for unstable blood glucose level Unstable blood glucose level (2/9/19) | NI/NS | S/NS | 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 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Competencies:** a. Analyze the involved patho-physiology of the patient's disease process. (Interpreting) | | | S | NA | S | S | NA | S | S | NA | | | | | | | | |
| b. Correlate patient's symptoms with the patient's disease process. (Interpreting) | | | S | NA | S | S | NA | S | S | S | | | | | | | | |
| c. Correlate diagnostic tests with the patient's disease process. (Interpreting) | | | S | NA | S | S | NA | S | S | NA | | | | | | | | |
| d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting) | | | S | NA | S | S | NA | S | S | NA | | | | | | | | |
| e. Correlate medical treatment in relation to the patient's disease process. (Interpreting) | | | S | NA | S | S | NA | S | S | S | | | | | | | | |
| f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting) | | | S | NA | S | S | NA | S | S | S | | | | | | | | |
| g. Assess developmental stages of assigned patients. (Interpreting) | | | NI | NA | S | S | NA | S | S | NA | | | | | | | | |
| h. Demonstrate evidence of research in being prepared for clinical. (Noticing) | S | | S | NA | S | S | S | S | S | S | | | | | | | | |
| 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 | | 3T. 55 yr male. UTI/rectal pain | Vim-snow day | 4N 74 M. Hypokalemia | 5T 81 F R AKA | Homeless shelter | 3T. 64 M. Lymphedema | | PT/OT, IC, DH, Dialysis | | | | | | | | |
| Instructors Initials | **DW** | | **LM** | **NS** | **EW** | **MD** | **DW** | **KA** | **KA** | **EW** | | | | | | | | |

**Comments:** **Week 3 – 1g- Sara, I feel at this stage you are satisfactorily meeting the objective. Please indicate why you feel you are not and how you can improve**

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

**on this. LM**

**WK 5, 1a-h: Sara, I thought you did a good job this week noticing and interpreting the patient's assessment and history into the plan of care. EW**

**WK 6 1a-h: Sara, you did a great job this week noticing and interpreting your patient's assessment and with Team Leading. MD**

**Week 7- Homeless shelter. Good day except our topic was difficult to discuss with people. DW**
**Week-9 1(b,e,f,s) I did all of these in dialysis as I spoke with the patient for my interview. I came with all necessary documents and performed my surveys in a timely manner.**

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

**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 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Competencies:** a. Perform inspection, palpation, percussion, and auscultation in the physical assessment of assigned patient. (Responding) | | | S | NA | S | S | NA | S | S | NA | | | | | | | | |
| b. Conduct a fall assessment and implement appropriate precautions. (Responding) | | | S | NA | S | S | NA | S | S | NA | | | | | | | | |
| c. Conduct a skin risk assessment and implement appropriate precautions and care. (Responding) | | | S | NA | S | S | NA | S | S | NA | | | | | | | | |
| d. Communicate physical assessment. Responding) | | | S | NA | S | S | NA | S | S | NA | | | | | | | | |
| e. Analyze appropriate assessment skills for the patient's disease process. (Interpreting) | | | S | NA | S | S | NA | S | S | S | | | | | | | | |
| f. Demonstrate skill in accessing electronic information and documenting patient care. (Responding) | S | | S | NA | S | S | NA | S | S | NA | | | | | | | | |
| | **DW** | | **LM** | **NS** | **EW** | **MD** | **DW** | **KA** | **KA** | **EW** | | | | | | | | |

**Comments:**

Week 1 (2f)- I need to make sure I review the skills check off and take my time before I get ahead of myself with the skill I perform as a LPN. DW
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

WK5, 2d,e: Interpreted and responded to the patient's assessment and disease and administered the appropriate interventions which included a lot of skin care, lotion, and massage for a patient who had skin lesions. EW

Week 8 – 2d – You did a great job thoroughly assessing your patient and communicating any abnormal findings to your assigned RN. KA
WEEK9 (2E): I was asked questions by PT about surgical procedure and how the patient should then transfer and proper use of braces while pt in bed.

*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 | MakeUp | Final |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Competencies:** a. Perform standard precautions. (Responding) | S | | S | NA | S | S | NA | S | **S** | S | | | | | | | | |
| b. Demonstrate nursing measures skillfully and safely. (Responding) | S | | S | NA | S | S | NA | S | **S** | NA | | | | | | | | |
| c. Demonstrate promptness and ability to organize nursing care effectively. (Responding) | | | S | NA | S | S | NA | S | **S** | NA | | | | | | | | |
| d. Appropriately prioritizes nursing care. (Responding) | | | S | NA | S | S | NA | S | **S** | NA | | | | | | | | |
| e. Recognize the need for assistance. (Interpreting) | | | S | NA | S | S | NA | S | **S** | S | | | | | | | | |
| f. Apply the principles of asepsis where indicated. (Responding) | S | | S | NA | S | S | NA | S | **S** | S | | | | | | | | |
| g. Manages a patient in physical restraints according to hospital policy. (Responding) | | | NA | NA | ~~S~~ N/A | NA | NA | NA | **NA** | NA | | | | | | | | |
| h. Implement the appropriate DVT prophylaxis interventions based on assessment and physicians orders. (Responding) | | | NA | NA | S | S | NA | S | **S** | NA | | | | | | | | |
| i. Identify the role of evidence in determining best nursing practice. (Interpreting) | | | NA | S | S | S | NA | S | **S** | S | | | | | | | | |
| j. Identify recommendations for change through team collaboration. (Interpreting) | | | NA | NA | S | S | NA | S | **S** | S | | | | | | | | |
| | **DW** | | **LM** | **NS** | **EW** | **MD** | **DW** | **KA** | **KA** | **EW** | | | | | | | | |

**Comments:**

WK3. My patient was a fall risk but did not ambulate from bed and did not have a bed alarm on the bed. Pt also refused DVT intervention that was ordered.

Week 3-3i- You have met this objective satisfactorily. You verbally stated throughout clinical ways in which you were identifying best nursing practice. One example was when the primary IV bag was punctured, you interpreted the need to obtain another bag and new set of IV tubing. You can give yourself a "S" for the 3i objective. LM

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Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

WK 5, 3b,d,f,g,i : Appropriate dressing change and care of a patient who had wounds. N/A was given for section g. as this patient was not in restraints. Also, appropriate EBP article. EW

Week 6: Patient had SCD's ordered but refused. Documented as such. Communicated with staff nurse and team leader when needed. I checked with clinical instructor before completing a questionable task (dressing change). Great job with documentation this week and with communication with team leader! MD
Week8. Maintained ace wraps to BLLE. I think they were more for edema then DVT risk.

Midterm – 3g – This competency is currently NA due to lack of opportunity to complete this skill while on clinical during the first half of the semester. Try to seek out opportunities to complete this comtency in the second half of the semester. KA
Week 9 (3a,f,i) I was with infection control for theses, asked question about nursing judgement while on the floor and pertaining to EBP in our school by our staff (scavenger hunt) Went to rooms with isolation to assess cart and performed hand washing before and after entry.
3(e,j) asked questions during procedures to either Dr. Hykes or the staff nurses. Saw great team communication in all disciplines in DH and the OR team. Assisted moving equipment when appropriate.

**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 | MakeUp | Final |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Competencies:** k. Administer PO, SQ, IM, or ID medications observing the rights of medication administration. (Responding) | | | S | NA | S | S | NA | S | **S** | NA | | | | | | | | |
| l. Calculate medication doses accurately. (Responding) | | | S | NA | S | S | NA | NA | **S** | NA | | | | | | | | |
| m. Administer IV therapy, piggybacks and/or adding solution to a continuous infusion line. (Responding) | | | S | NA | NA | S | NA | NA | **S** | NA | | | | | | | | |
| n. Regulate IV flow rate. (Responding) | S | | S | NA | NA | S | NA | NA | **S** | NA | | | | | | | | |
| o. Flush saline lock. (Responding) | | | NA | NA | NA | S | NA | S | **S** | NA | | | | | | | | |
| p. D/C an IV. (Responding) | S | | NA | NA | NA | NA | NA | NA | **NA** | NA | | | | | | | | |
| q. Monitor an IV. (Responding) | | | S | NA | S | S | NA | S | **S** | NA | | | | | | | | |
| r. Perform tracheostomy care. (Responding) | | | NA | NA | NA | NA | NA | NA | **NA** | NA | | | | | | | | |
| s. Perform FSBS with appropriate interventions. (Responding) | S | | S | NA | S | NA | NA | NA | **S** | NA | | | | | | | | |
| | **DW** | | **LM** | **NS** | **EW** | **MD** | **DW** | **KA** | **KA** | **EW** | | | | | | | | |

**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

WEEK3: Pt had Iv but did not need to be flushed. Hung piggybacks both days. Obtained FSBS. Performed all skills with instructor present. I agree with Sara's satisfactory performance in obtaining a FSBS. LM

Week5: Patient had 2 saline locks. Did not flush, but assessed both lines Q2 hrs at policy requires.

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Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

WEEK6: Hung IV ATB on a PICC line as well as flushed and monitored site per policy You did a great job with the IV this week! MD
Week 8. Monitored IV site and flushed.

Week 8 – 3k – You did a nice try observing the rights of medication and documenting appropriately in the MAR. KA
Week 8 – 3q – You did a terrific job assessing your patient's IV site and documenting the findings appropriately in the eMAR. KA
Midterm – 3P & 3r – This competency is currently NA due to lack of opportunity to complete this skill while on clinical during the first half of the semester. Try to seek out opportunities to complete this competency in the second half of the semester. KA

**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 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Competencies:** 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 | | | | | | | | |
| b. Communicate professionally and collaboratively with members of the healthcare team. (Responding) | | | S | NA | S | S | S | S | **S** | S | | | | | | | | |
| c. Report promptly and accurately any change in the status of the patient. (Responding) | | | NA | NA | ~~NA~~ S | S | NA | S | **S** | NA | | | | | | | | |
| d. Maintain confidentiality of patient health and medical information. (Responding) | | | S | NA | S | S | NA | S | **S** | S | | | | | | | | |
| e. Consistently and appropriately post comments in clinical discussion groups. (Reflecting) | | | S | ~~S~~ NI | ~~S~~ U | ~~S~~ U | ~~S~~ U | ~~S~~ NI | **NI** | NA | | | | | | | | |
| f. Obtain report, from previous care giver, at the beginning of the clinical day. (Noticing) | | | S | NA | S | S | NA | S | **S** | S | | | | | | | | |
| g. Provide a clear, organized hand-off report to your patient's next provider of care. (Responding) | | | S | NA | S | S | NA | S | **S** | NA | | | | | | | | |
| | | | **LM** | **NS** | **EW** | **MD** | **DW** | **KA** | **KA** | **EW** | | | | | | | | |

**Comments:**

WEEK3:Pt did not have any change on status, but I kept primary nurse up to date on all information and informed her when I could not perform an intervention/med pass.

Week 4 objective 4 (e) - This competency was changed to an "NI" because you did not submit your discussion post appropriately. You submitted your post under your dropbox instead of the "1/30/19 Online CDG" location available under the discussion tab. It is important that other students be able to view your post to enhance learning. You did submit the CDG on time and supported opinions with an article using in-text citations. Purdue OWL is a great resource for proper APA formatting. I recommend

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that you review the APA reference examples available in the course resources on Edvance360 in addition to Purdue OWL to improve with APA citations and referencing. Your chosen article was a mixed method study using qualitative data. You included the necessary points in your summarization of the article. You chose the article for good reason, unfortunately it did not help clarify EBP for you. This particular article focused on how nursing and hospital leadership can help enforce the importance and utilization of evidence-based practice. This was a more advanced type of research that did not give much clarity in the results. Hopefully you are able to find some articles that give you options for the EBP poster presentation! Let me know if you have any questions on APA referencing, I would be happy to help. NS

WEEK 5: Patient did not have a change in status. Communicated with staff nurse on procedures I was not qualified to perform on my own (peritoneal dialysis).
WK5 4c; Satisfactory completion of this competency as you were able to report change in patient's physical mobility. EW
WK 5, 4e: Unsatisfactory is given in this section as week 4 was NI and no corrections as suggested have been made. While your article and summary were good, you have an incomplete reference listed. Therefore, I not only do not know the completeness of the reference but I do not know whether or not a nurse was a contributing author as required. Please use Purdue Owl for APA reference help or do not hesitate to stop by my office so I can help you. EW
Week5. I did not copy and paste the entire document. Liz showed me how to ensure I copy and paste the entire document. 2/28/19

WEEK 6: Was team leader on Thursday. Performed the team leader CDG. Gave report to staff nurse as well as charge nurse on Team leader day. No change in patient status to report but kept team informed. You did a great job with your team leading CDG this week and you did well with communication between team leader and myself. MD
Week 6, 4E: You did not provide a reference and in text citation this week for CDG. You received an unsatisfactory for this. Please remember this for next week. MD
Week 6. I did not realize I needed to cite something for the team leader CDG as I did not use a reference. I spoke with Monica about this.2/28/19
Week 7(4e)- Sara, You did not have a CDG requirement this week, so this would have normally been evaluated as NA. However, this competency is being evaluated as a U for not addressing the U's you've received the last several weeks. Please refer to page 1 of this document. The directions explain that you are required to address each U in the comments below as to how you have improved for the following week. Failure to do so results in a continued U until addressed. Please make sure you seek clarification where needed to avoid additional U's with this competency. DW
Week7. I made necessary corrections to the clinical tool for the past week. When addressing your U's you need to write a goal on how you will prevent receiving a U in that competency in the future. KA

Week 8 – 4a – You did a great job developing rapport with your patient this week. KA
Week 8 – 4e – You did a nice job completing your CDG questions on your assigned patient this week. You unfortunately did not have an internal citation and had an incomplete reference. In the future include an internal reference after the information being cited. It should look as follows (author, year). You can include the page number when dealing with direct quotations. When it comes to references they should be placed at the bottom of your response and should look as follows:
Author. (year). Title only capitalize first letter of the first word in the title. Webstie or if it comes from a journal *Jounral title Volume #*(Issue #), Page #s. KA

Midterm – 4e – It looks like you have been having difficulty in this competency, however it is difficult to see if you have had true difficulty with this competency or just a lack of not addressing a previous U. If you have questions about citing your reference please do not hesitate to ask and I will help you address this for your future CDG responses. KA

WEEK9 4(a) communicated with staff at all areas of offsite clinicals to obtain direction to location and what staff I would be with. Asked lots of questions on how unit functions and normal operation routines. I introduced myself to each patient in DH and asked permission if I could observe the procedure. I interviewed a dialysis pt.
4(e) I did not do CGD this week but performed al surveys in a timely manner.
4(f) I did obtain report with PT/OT at beginning of day on patients that would need evaluations as well as each patient in DH that I would observe the procedures. Also sat in on rounds with PT/OT with care managers and CN for 4N.

**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 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Competencies:**<br>**a. Describe a teaching need of your patient.**** (Reflecting) | | | Meds | S | Splinting. S | Diet S | ~~Drugs~~ S | U | **U** | ~~NA~~ NI | | | | | | | | |
| b. Utilize appropriate termino-logy and resources when providing patient education. (Responding) | | | s | NA | S | S | S | U | **U** | ~~NA~~ NI | | | | | | | | |
| c. Evaluate health-related information on the intranet. (Responding) | | | s | NA | S | S | NA | U | **U** | ~~NA~~ NI | | | | | | | | |
| | | | **LM** | **NS** | **EW** | **MD** | **DW** | **KA** | **KA** | **EW** | | | | | | | | |

****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:**

WEEK 3:Provided pt education on medication administration of omeperzole per physician order. Pt verbalized understanding of the need to open capsule to ensure proper absorption of medication.

WEEK 4: Provided requested education during v-sim on hypoglycemia and medication. This was definitely a teaching need for the vsim patient. With proper education on eating a snack before physical activity, this type of situation could hopefully be avoided in the future. Since he is young and newly diagnosed with type 1 DM, education will be important for proper management of his disease process. Please be more specific on the education that you provided in the future. NS

Week 5: Educated patient to splint ribs while coughing to reduce pain. Pt was only using arm, I provided pt with a pillow and a bath blanket to reduce the pain. Encouraged Patient to use IS because he was not taking deep breaths due to pain from fractures. Pt verbalized understanding and I observed him using IS both days.
WK 5 5a: IS is one of the easiest and yet most beneficial teaching practices a nurse can give her patient. Good job recognizing and responding with this patient need. EW

WK6: I instructed the patien on the need to eat, she was not eating more then 50% of meals and the patient had a severe surgical wound that was being packed and also had tunneling. Pt was taking supplements in the form of shakes that her daughter was bringing in, she was also given protein powder on Thursday. Great job with education this week! Your patient required a lot of education and re-enforcement! MD

WEEK 7: Provided education on ETOH, Drug and smoking cessation. Provided pamphlets and information on local NA meetings. Talked to a couple people but mostly people just read the board or tool pamphlets. Sara, in the future, please only put an S, NI, U, or NA in the box for 5a above. It is here in the comments where you will be specific with the education provided. DW

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Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 8 – 5b – You did a nice job discussing your patients knowledge basis and receptiveness to education. It was unfortunate that he denied the need for education while you were there. KA
Week 8 – 5 a, b, c – Any competency left blank is mark with a U. Please remember to write a goal on how you will prevent receiving U's in these competencies in the future. KA

Midterm – 5 a, b, c – Remember to not leave any competency blank to prevent U's in these areas in the future. KA
Week 8- I accidently left this blank. I will use a blank clinical tool check off list every week to ensure I do not do this again. I will double check the tool twice before I submit it to ensure everything is documented on.
Midterm was a direct reflection of week 8.
Week 9- I did not perform and direct teaching, I did receive a lot of teaching this week. DH Holly was very helpful.
WK 9 5 a,b,c: These areas are marked needs improvement because while I recognize per your comment that you did not get to perform direct teaching, the directions under the evaluation box state to discuss a teaching need you identified. This might include any teaching you observed the nurses giving the patients in digestive health maybe in regards to pain, or resuming diet. This is identifying teaching needs, not that you performed them. EW

**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 | MakeUp | Final |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| a. Develop and implement a priority care plan utilizing the nursing process and clinical judgment. (Noticing, Interpreting, Responding, Reflecting) | | | s | ~~NA~~ NI | ~~NA~~ S | ~~S~~ NA | NA | U | **U** | NA | | | | | | | | |
| b. Development of clinical judgment in high-fidelity simulation scenarios. (Noticing, Interpreting, Responding, Reflecting) | | | | | | | | U | **U** | NA | | | | | | | | |
| | | | **LM** | **NS** | **NS** | **MD** | **DW** | **KA** | **KA** | **EW** | | | | | | | | |

**Comments:**

See Care Plan Grading Rubrics below.

Week 4 objective 6(a) – This competency was changed because you submitted a care plan for your vsim patient this week. Please see care plan grading rubric below for specific comments. NS

Week 8- See Simulation Scoring Sheet below.
Week 8 – 6b - 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. LM, DW, DC, EW
Week 8 – 6 A, B – Any competency left blank is mark with a U. Please remember to write a goal on how you will prevent receiving U's in these competencies in the future. KA

Midterm – 6 A, B – Remember to not leave any competency blank to prevent U's in these areas in the future. KA
Week8- I will utilize a check list from a blank tool to ensure I do not leave anything blank and check my tool twice before I submit it.
Midterm was a direct reflection from week 8.

## Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: OBSERVATION DATE/TIME: 2/25/19 0930-1100 SCENARIO #: MSN Scenario #1

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

Abigayle Adams
Madison Baum
Jadelynn Brown
Truc Bui
Sara Chartrant
Jennifer Chase

| CLINICAL JUDGMENT | OBSERVATION NOTES |
|---|---|
| **COMPONENTS NOTICING: (2)*** | Report: Sought information that was lacking in report by asking appropriate questions. |
| • Focused Observation: E A D B | Recognized Coumadin has not been taken-asked when last dose was. Recent INR/coags |
| • Recognizing Deviations from Expected Patterns: E A D B | Asked about allergies in report |
| • Information Seeking: E A D B | Asked about telemetry with pt history of afib |
| | Scenario: |
| | Name/DOB to identify patient |
| | BP 146/88-Asked about home medications/normal BP-on metoprolol @ home |
| | Thorough pain assessment |
| | ID patient prior to medication administration |
| | Charge nurse notified assessment nurse of changing vital signs |
| | Noticed crackles in the lungs |
| | Noticed redness of the right leg |
| **INTERPRETING: (1)*** | Delayed circulation assessment (6Ps). Delayed pain medication administration. |
| • Prioritizing Data: E A D B | Team leader assisted medication nurse to determine appropriate morphine dosage |
| • Making Sense of Data: E A D B | Correct medication dosage (0.5mL) |
| | Circulation assessment performed on the right leg after noticing poss. DVT |

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

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| **RESPONDING: (3,4,5,6)***<br>• Calm, Confident Manner: E A D B<br>• Clear Communication: E A D B<br>• Well-Planned Intervention/ Flexibility: E A D B<br>• Being Skillful: E A D B | Administered pain medication in proper location (right deltoid) using z-track method and proper technique. Re-assessed pain.<br><br>Charge nurse recognized decreased circulation and need to call Physician<br><br>Updated physician on patient condition and received orders<br><br>Updated OR on current condition and orders being completed. Report provided to OR nurse. Good communication.<br><br>Good teamwork.<br><br>Good communication to the patient regarding the situation. Update provided to the patient's wife.<br><br>Contaminated saline flush on bedside table. Alcohol swab performed. Good technique with saline flush. IV fluids primed appropriately. Secondary tubing priming led to wasted IV antibiotic medications. Be mindful of this and review priming techniques.<br><br>Labeled tubing appropriately.<br><br>Elevated HOB when resp. symptoms started.<br><br>Notified physician of right leg pain, resp. distress. Did not repeat orders back to physician to confirm. Remediated on SBAR communication with physician communication and importance of reading back orders during debriefing.<br><br>Removed the pillow from under the leg for possible compartment syndrome. No elevation or ice.<br><br>Notified lab and CT about STAT orders.<br><br>Oxygen initiated at 2L NC per orders.<br><br>Notified physician of lab/diagnostic results. Repeated order for enoxaparin.<br><br>Recapped needle after IM injection. Remediated on the importance of needle safety during debriefing.<br><br>Charge nurse provided education to the patient regarding DVT/PE.<br><br>Good subcutaneous injection technique. Recapped needle. Charge nurse communicated incorrect procedure. |

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

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| **REFLECTING: (7)***<br>• Evaluation/Self-Analysis: E A D B<br>• Commitment to Improvement: E A D B | Participated well in debriefing. Each member of the team reflected well on the experience and asked appropriate questions. Members of the team noticed areas for improvement and discussed ways to make improvements in the future. |
| **SUMMARY COMMENTS: * = Course Objectives**<br>**Satisfactory completion of the simulation scenario is a score of "Developing" or higher in all areas of the rubric.**<br>**E= Exemplary**<br>**A= Accomplished**<br>**D= Developing**<br>**B= Beginning** | Lasater Clinical Judgement Rubric:<br>Noticing: Good assessment and observations in noticing deviations from expected patterns. However, there were times of uncertainty on how to continue with the scenario. Remember to continually seek information from the patient throughout the scenario and continue to assess and follow up with the patient.<br>Interpreting: Made an effort to prioritize data and focus on the most important information. However, circulatory assessment and pain medication administration were delayed. The group interpreted the patient's data patterns to develop interventions.<br>Responding: Generally displayed leadership and confidence, communicated well with members of the health care team and the patient. Developed interventions using relevant patient data and displayed proficiency in most nursing skills.<br>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.<br>Satisfactory completion of MSN simulation scenario #1. |

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

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Week 13- See Simulation Scoring Sheet below.

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

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| **Objective # 6a:** Implement patient-centered plans of care utilizing the nursing process and clinical judgment. (2,3,4,5)* | **Students Name:** Sara Chartrant<br><br>**Date:** 1/31/19 |
| ****Nursing care plan not appropriate to patient situation = 0 and automatic unsatisfactory rating** | **Nursing Diagnosis:** **Risk for unstable blood glucose level r/t insufficient diabetes management**<br>**Resubmission 2/9/19: Unstable blood glucose r/t insufficient diabetes management** |
| Nursing Diagnosis: (3 points total)<br>Problem Statement (1) 0 1<br>Etiology (1) 1 1<br>Defining Characteristics (1) 1 0 | Total Points 2 / 2<br>Comments: "Risk for" nursing diagnosis are the lowest priority of NANDA approved nursing diagnosis. Most of the time, patient's will have a higher priority nursing diagnosis that should always be utilized when developing a care plan. Usually, "risk for" diagnosis are given an unsatisfactory as it is not appropriate for the patient situation. However, I do know that skyscape does not separate "risk for unstable blood glucose levels" and "unstable blood glucose levels." In the future, if the diagnosis is relevant to your patient and skyscape only provides "risk for," you can simply remove the risk for and state the nursing diagnosis as long is your defining characteristics support it. For that reason, one point was deducted for not using the highest priority diagnosis. Your etiology was appropriate and did not contain a medical diagnosis. You provided 6 defining characteristics that help drive you plan of care.<br>• Instead of stating "confusion," utilize a scale that is more specific and describes your patient orientation. For example, you could use "Patient alert to self only" or "AxO x1." What was your patient confused about? He was able to state his name but was unable to state his DOB and did not know where he was or what the date was.<br>• You should also include the FSBS result that gives evidence to unstable blood glucose level. What was the patient's FSBS on arrival to the ER?<br><br>You corrected your nursing diagnosis to make it the highest priority by removing the risk for. Your defining characteristics were more specific as you stated that the patient was alert to self only. One point was removed from the defining characteristics because you did not include the patient's FSBS result. In your outcome section you stated the goal was to have the patient's FSBS within normal range of 70-110. That is an appropriate goal, however you did not include the unstable value in your defining characteristics of "unstable blood glucose." As stated in the first submission, you should include the FSBS result that gives evidence to unstable blood glucose level. What was the patient's FSBS on arrival to the ER? NS |
| Goal and Outcome (6 points total)<br>Goal Statement (1) 1 1<br>Outcome:<br>Specific (1) 0 1<br>Measurable (1) 1 1<br>Attainable (1) 1 1<br>Realistic (1) 1 1<br>Time Frame (1) 1 1 | Total Points 5/6<br>Comments: Overall, good job with the goal and outcome section of the care plan. You started with a generalized goal that is a positive statement that relates to the NANDA problem. You turned each of your defining characteristics into a positive assessment and added them to the detailed section of the outcome. Not all of the outcomes met the S.M.A.R.T. criteria according to the nursing care plan guidelines.<br>• "Absence of confusion" is vague and not specific enough for an individualized care plan. Absence of confusion can mean different things for different patients. By being more specific in your nursing diagnosis defining characteristics and stating "AxO x1" you would be able to be more specific with your outcome and goal for this particular patient to be "AxO x3."<br>• You did a great job of being specific by stating "skin is warm and dry" for your defining characteristic of "diaphoresis."<br>• Include a specific range for FSBS that is considered stable. If the patient has an unstable blood glucose level, it is important to include in the goals that the patient's FSBS will be stable so that his symptoms can improve.<br>You made the necessary corrections to ensure that each of your outcomes meet the SMART criteria. Each outcome is now specific and measurable. Great job. NS |

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

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| Nursing Interventions: (8 points total)<br>Prioritized (1) 1 1<br>What (1) 1 1<br>How Often (1) 1 1<br>When (1) 1 0<br>Individualized (1) 0 1<br>Realistic (1) 0 1<br>Rationale (1) 1 1<br>All pertinent interventions listed (1) 0 1 | Total Points 5/7<br>Comments: Your intervention list was prioritized appropriately with assessments taking highest priority, great job! You included what, how often, and when the interventions would be performed with appropriate rationale. Points were deducted for individualized, realistic, and all pertinent interventions listed.<br>• It is important to make sure that the care plan is developed and individualized specifically for the patient you are discussing. You included appropriate interventions for the patient; however, they are not individual for this patient. Since the patient arrived to the ER and was being treated for abnormally low blood glucose level, it would not be realistic and individualized to assess the FSBS, neuro status, LOC, and vital signs every 8 hours. This was a more emergent situation that requires more frequent monitoring. The individualized orders for this patient were for "vital signs every 5 minutes" "FSBS STAT and prn." When revising, make sure that you are using specific orders that were individualized for this patient.<br>• In your interventions, you included "Administer antidiabetic medications as ordered." would it be realistic or safe to administer antidiabetic medications to a patient with an abnormally low blood glucose level. This would cause the glucose level to drop even more, possibly leading to hypoglycemic shock.<br>• To make the medication interventions more realistic and to include all pertinent interventions, you will want to include the specific medications that were ordered to increase the patient's blood glucose level. The scenario includes "1 amp dextrose 50% in water" with specific orders for how to administer and parameters to repeat. Glucagon was also ordered. Be sure to include the individualized orders on the resubmission.<br>• Another order that was included dealt with providing a snack with carbs and proteins. This is an important intervention to include because it was help keep the blood sugar elevated. IV dextrose works quickly but also wears off quickly. Including complex carbohydrates such as proteins will help keep blood sugars at a safe level over a longer period of time.<br>Review your nursing care plan guidelines available in the course resources as well as the provided comments for future success. NS<br><br>You made the necessary changes to make the interventions individualized and realistic. You included the pertinent interventions for your patient. One point was removed for "when." Each intervention should include what, how often, and when the intervention would be performed. For many of your interventions you included what and how often they would be performed, but you removed the "when." Then when for the interventions should be suggested times that they would be performed. For example, (0800, 0805, 0810, etc.) NS |
| Evaluation: (5 points total)<br>Date (1) 0 1<br>Goal Met/partially/unmet (1) 0 1<br>Defining characteristics (1) 0 0<br>Plan to continue/terminate (1) 1 1<br>Signature (1) 1 1 | Total Points 2/4<br>Comments: When developing a care plan for submission, utilize the nursing care plan guidelines located in the course resources on Edvance360. The evaluation section should directly reflect the content included in the defining characteristics of the goal and outcome section. Your evaluation of the care plan did not include the date of evaluation, a statement that reflects achievement of the goal, or your assessment of the patient as it relates to each piece of the outcome.<br><br>You provided a date for your evaluation, properly stated that the goal was partially met, determined that you would continue your plan of care, and provided a signature at the end. One point was deducted for "defining characteristics." For your evaluation, you are providing your assessment for *each* of the stated outcomes from the goal and outcomes section. You did not evaluate your goals of "denies lightheadedness," "denies drowsiness," "Patient is logical and at baseline cognition," and "speech is clear." Remember, for your evaluation you do not want |

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

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| | to address any new ideas or concepts. You did not include understand of education or consumption of snack in your goal and outcome section. For the evaluation, you are simply assessing each of your stated outcomes to determine if your goal was met. NS |
| Total possible points = 22<br>18-22 = Satisfactory care plan<br>17-14 = Needs improvement care plan<br>≤ 13 = Unsatisfactory care plan | Total Points for entire care plan = 14/22<br>Second submission for care plan #1: 19/22<br><br>Comments: Overall the setup of your care plan was good as well as the information provided. If you utilize the nursing care plan guidelines as you complete your care plan, I am sure you can be satisfactory on your next submission. I know you did not get a lot of experience in NA with care plans, so if you have any questions or would like clarification please don't hesitate to stop and see me. Since you did not receive a satisfactory grade on the initial submission, you will be required to re-submit with changes to receive a satisfactory score. Please re-submit your revisions by Saturday 2/9/19 @ 2200. Thanks! NS<br><br>Good job making necessary corrections for your first care plan submission. You received 19 out of 22 points for a satisfactory score. Please review the comments and utilize the care plan guidelines for continued success. Remember that you must submit *one* more satisfactory care plan by the end of the semester. Please let me know if you have any questions or concerns regarding this care plan. Keep up the hard work! NS |

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

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| **Objective # 6a:** Implement patient-centered plans of care utilizing the nursing process and clinical judgment. (2,3,4,5)* | **Students Name:**<br><br>**Date:** |
| ****Nursing care plan not appropriate to patient situation = 0 and automatic unsatisfactory rating** | **Nursing Diagnosis:** |
| Nursing Diagnosis: (3 points total)<br>Problem Statement (1)<br>Etiology (1)<br>Defining Characteristics (1) | Total Points<br>Comments: |
| Goal and Outcome (6 points total)<br>Goal Statement (1)<br>Outcome:<br>Specific (1)<br>Measurable (1)<br>Attainable (1)<br>Realistic (1)<br>Time Frame (1) | Total Points<br>Comments: |
| Nursing Interventions: (8 points total)<br>Prioritized (1)<br>What (1)<br>How Often (1)<br>When (1)<br>Individualized (1)<br>Realistic (1)<br>Rationale (1)<br>All pertinent interventions listed (1) | Total Points<br>Comments: |
| Evaluation: (5 points total)<br>Date (1)<br>Goal Met/partially/unmet (1)<br>Defining characteristics (1)<br>Plan to continue/terminate (1)<br>Signature (1) | Total Points<br>Comments: |
| Total possible points = 22<br>18-22 = Satisfactory care plan<br>17-14 = Needs improvement care plan<br>$\leq$ 13 = Unsatisfactory care plan | Total Points for entire care plan =<br><br>Comments: |

**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 eUp | Final |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **a. Reflect on an area of strength. **** (Reflecting) | ~~S~~ U | | S | S | S | S | S | S | S | S | | | | | | | | |
| **b. Reflect on an area for improvement and set a goal to meet this need.**** (Reflecting) | ~~S~~ NI | | S | ~~S~~ NI | S | S | S | S | S | S | | | | | | | | |
| c. Demonstrate evidence of growth, initiative, and self-confidence. (Responding) | S | | S | NA | S | S | S | S | S | S | | | | | | | | |
| d. Follow the standards outlined in the FRMCSN Student Code of Conduct Policy. (Responding) | S | | S | NA | 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 | | S | NA | S | S | S | S | S | S | | | | | | | | |
| f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (Responding) | S | | S | NA | S | S | S | S | S | S | | | | | | | | |
| g. Demonstrate the ability to give and receive constructive feedback. (Responding) | S | | S | NA | S | S | S | ~~S~~ NI | NI | S | | | | | | | | |
| h. Actively engage in self-reflection. (Reflecting) | S | | S | S | S | S | S | S | S | S | | | | | | | | |
| | DW | | LM | NS | EW | MD | DW | KA | KA | EW | | | | | | | | |

****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 (7b)- Work on knowing the policy for the facility to ensure I am doing thing according to the facility not as I learned then as a LPN. DW

Week 1 (7a,b)- You are receiving a U for this competency due to lack of reflection/commenting on a strength for the week. Please review the highlighted information above. These directions require that you comment on a strength (7a) and an area for improvement (7b) on a weekly basis. Please also note that you mentioned an area for improvement but did not include a goal for improvement. The goal for improvement must include "what" you will do, "how often" you will do it, and "when" you will do it by. An example goal statement is included in the highlighted area above. Lastly, make sure you read the directions for use on page 1 of this document. You will be required to address your U in this comments section when you submit the tool in week 2. Please comment on what you have done to improve this U to an S or you will continue to receive a U unnecessarily for this competency. Let me know if you have any questions or need further clarification on the requirements of the tool. DW

*End-of-Program Student Learning Outcomes

Week 1 I will check policy and check off sheet the previous day before my competencies and continue to review them the day before the new semester so the information is fresh before the re-evaluation. Thank you for identifying a goal for improvement from week 1. You are now satisfactory in this competency. Please note that for the future, you are required to also identify a strength for the week (7a). Please let me know if you need further clarification. DW

WEEK 3 (7a) I am very comfortable assisting in care and talking with patients. Sara did a great job using therapeutic communication with her patient. LM
(7b) I struggled with my pt saying that we did something wrong with the NG tube placement and it was not in the correct place. .I was unsure on how to respond to the pt. I will talk to different faculty members on Monday on how the have addressed that issue in the past and the correct things to say when being blamed and not at fault. I know this bothered you, however, you handled the situation appropriately with your patient. You talked to him in a calm manner and explained your reasoning regarding the correct placement of the NG tube. LM

WEEK4: (7a) Comfortable following physician's orders and executing those orders with consideration of the patient's life style. Great strength to have! In the scenario, reviewing and executing the physician's orders in a timely manner prevented the patient from becoming unresponsive and unconscious from hypoglycemic shock. NS
(7b) I struggle with vim since you can not do two things at once. Vsim can be difficult because it does make you go through one step at a time. This is done purposely to allow students to think about why each task is being performed and what needs to be done next. The purpose of vsim is to create slowed learning environment in a real life situation. Since you noted this as an area that needs improvement for yourself, what is your goal to help you improve with vsim? Remember, self-reflection is a way to note areas that you can improve on and developing a goal to make this area a strength in the future. A goal should include what you will do to improve, how often you will do it, and when you will do it by. To be satisfactory in this competency in the future, make sure you include a goal for improvement. NS
My goal is to slow down and make sure I prioritize the interventions I perform in the v-sim so that I will not get deducted for doing less important interventions first.

Week 5 (7a): I communicated well with the staff nurse and kept her up to date as he had peritoneal dialysis that I could not perform independently, I notified her when the fluid bags were ready to be switched and informed her when patient verbalized concerns to me.
(7b) Both day at the end of the shift were a bit hectic and I feel that handoff report could have been better, I was only able to give updates due to the nurse being in another patient's room.
My goal for future weeks would be to inform the staff nurse of a time before we leave the floor that we can communicate all care performed for the day in a fluid manner so it will not be as fragmented.
WK 5 7a,b. Sara, you did do a good job with communication on all levels. Handoff report is a good goal. The time we leave the floor for clinical days is busy. Time management might be key in reaching this goal. EW

WK6: (7a) I was very comfortable on the floor as I work there. I knew the routine and procedures for the daily routine. I thought I performed the PICC line ATB administration well with only verbalization of what I was assessing for. You did a great job even though you knew the floor and how to perform certain tasks. Great job with the PICC and the IV! MD
(7b) I forget to verbalize what I am doing because I am just so use to just performing the task. I forget that the instructor need's me to say what I am doing as a way to confirm I am doing it properly. I will remind myself before performing a skill to "talk" myself through it so the instructor can hear me and ensure I do that with every task being observed, as well as looking the skill up to ensure proper technique is performed. This is something you can work on throughout your nursing school experience here. You did a great job with little prompting to give information. Keep up the good work! MD

Week 7 7(A) I am comfortable in new situations and talking to people. DW
7(b) I think as a group we were intimidating to the clients in the shelter and wish I would have attempted to interact more but was unsure if that was ok since we were supposed to give education on our board. If ever in this situation I think I will just ask the instructor if that is ok instead of assuming I couldn't. Lots of learning opportunities this week. DW
Week8. (A) Very comfortable with medication pass I agree this is a very smooth process for you. You are very knowledgeable of your medications and educate your patient appropriately on their medications. KA
8(b) I hit a wall with education tis week other the educating on meds as I was passing them Pt was very knowledgeable on his disease process. I even offered to educate on any topic, he declined. I did educate on fall risk due to his mass on his legs and medications. I will continue to document the things I speak to patients about as Kelly told me even reinforcing knowledge is teaching. I need to make sure I am taking credit for the things I am providing. I agree. How will you make sure you do this? Remember to make a more finate goal. KA

Week 8 – 7g – Sara you have had difficulty following feedback in the past few weeks related to your CDG competency. Please review the comments and make necessary changes in future CDG responses. If you need any help understanding or correcting this in the future do not hesitate to ask. KA
Week 8 (3/15)- I am buying a book to assist in the APA formatting, That seems to be my biggest problem, I also can=me up with a plan to ensure no more blank boxes on the tool

Miidterm – Sara, you had a successful semester with skills and clinical competency. Review comments associated with your CDG postings and leaving competencies blank to help improve you tool ratings for the second half of the semester. KA
Week 9(a) I was very comfortable walking into a new unit and asking for directions and where to go. I think I am outgoing and not shy when it comes to new people. I asked introduced myself to patient and asked permission to observe procedures without prompting.
9(b) I found myself standing and not helping the staff nurses, I think I should have asked the faculty what I was allowed to do before clinical. I know we are there to observe, but I also think I maybe could have helped transfer patients or al least assist with transfers to ease the load form the staff nurses. I didn't know I would feel this way so for the next round of clinical's I will get clarification before the day of clinical.

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

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

*Course Objectives

**Comments:**

Week 1- Enjoyed this week, even though I messed up my head to toe on the first attempt. I will slow down and think before jumping ahead. DW
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)- Your initial Head to Toe Assessment was evaluated at unsatisfactory due to the need for additional prompting. Following remediation, you were able to satisfactorily demonstrate the Basic Head to Toe Assessment in a systematic and thorough manner. 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 2 (Trach Skills)- During this lab, you were able to satisfactorily demonstrate competence with tracheostomy care and tracheostomy suctioning. The steps were completed in an appropriate sequence and sterility was maintained. No prompting was required. KA

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

| **vSim Evaluation**<br><br>Peformance Codes:<br><br>**S**: Satisfactory<br><br>**U**: Unsatisfactory | | | **vSim** | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | lical-Surgical) Vincent Brody | cal-Surgical)Jennifer Hoffman | edical-Surgical)Skylar Hanson | )Juan Carlos (Pharmacology) | cal-Surgical) Marilyn Hughes | Vernon Russell (Fundamentals)<br>*1, 2, 3, 4, 5, 6) | lical-Surgical) Stan Checketts | Harry Hadley (Pharmacology)<br>1, 2, 3, 4, 5, 6) | 4, 5, 6)(Pharmacology) Yoa Li |
| | **Date: 1/28/19** | **Date: 2/2/19** | **Date: 2/2/19** | **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 | S | S | | | | |
| Faculty Initials | NS | NS | NS | MD | DW | | | | |
| Remediation | NA | NA | 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:

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Student eSignature and Date:

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dw 1/3/19