

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

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

Student: CAROLYN R LYNCH

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
1/28/19	Ineffective Airway Clearance	NI DC	S DC	NA
3/13/19	Acute Pain	S DW	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
Competencies:			S	NA	S	NA	S	S	S	NI	S	S						
a. Analyze the involved patho-physiology of the patient's disease process. (Interpreting)			S	NA	S	NA	S	S	S	NI	S	S						
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			S	NA	S	NA	S	S	S	S	S	S						
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			S	NA	S	NA	S	S	S	S	S	S						
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			S	NA	S	NA	S	S	S	S	S	S						
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	NA	S	NA	S	S	S	S	S	S						
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			S	NA	S	NA	S	S	S	S	S	S						
g. Assess developmental stages of assigned patients. (Interpreting)			S	NA	S	NA	S	S	S	S	S	S						
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		S	NA	S	S	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	3N	NA	3T	PT/C	DH/D, Homeless shelter	3N	Midterm	4N- 61 yo female- SBO, Incarcerated Hernia	5 rehab 69 yo male left knee arthroscopy/ partial meniscectomy	W/C AC						
Instructors Initials	MD	MD	DC	DW	KA	DW	MD	NS	NS	DW	MD							

Comments:

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Wk 3 - E – You were able to explain the reasoning for the patient's medications and to communicate to need to the patient and their spouse. DC

Week 8 objective 1 – Please remember to include your patient's age and primary medical diagnosis in addition to your clinical site each week. NS

Week 8 1(a,b) – Carolyn, you did a great job this week interpreting what was occurring with your patient in relation to the disease process and correlating her symptoms. You were able to discuss the potential complications associated with limited mobility and increased pain. As you noticed, your patient developed respiratory complications and became febrile. You understood that this was due to lack of movement, coughing, and deep breathing and understood that your patient was at risk for developing HCAP. Great job putting the pieces together! NS

Week 9 : I thought I understood the patho of my patients issue but reviewing with Dawn during our debrief, I didn't realize the blockage was due TO the hernia. Carolyn, May I suggest you get into the patient's chart a little further to understand the medical back story for each patient. You are wonderful at drawing information from your patients through communication, but sometimes the patients will not have this level of knowledge to share with you. I found this information in the History & Physical (H&P) and the Post-Operative Note. Are you routinely looking at these documents for your patients? The H&P especially will give you all of the chief complaints on admission as well as the admitting list of diagnoses and plan of care. Lastly, please make sure you are including the green highlighted information above. DW

Week 10: This week, I made sure I understood the procedure stated on the H&P of my patient. By reviewing the documentation, I was made aware that the patient did not only have a left knee arthroscopy (which was reported x2 in report) but also a left meniscectomy. Great job! MD

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

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

Wk 3 - F – Continue to improve in your documentation. If you see an intervention which you are not familiar, please approach a clinical instructor to determine if it is an appropriate intervention for you to document - DC

Week 5 – 2d – You did a great job thoroughly assessing your patient and communicating any abnormal findings to your assigned RN. KA

Week 5 – 2f – You did a nice job reviewing student charting and assisting them with making the appropriate corrections. KA

Week 6(2b)- This would be one competency that should have been evaluated this week. Fall risk assessments are needed for all patients you worked with in the PT/OT clinical. Please make sure you are reading each competency carefully and evaluating accordingly. DW

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 8 2 (e,f) – Carolyn, I thought you did an excellent job interpreting the correct assessment skills needed for your patient’s disease process and prioritizing your assessment appropriately. You understood the severity of your patient’s pain and were able to conduct your assessment while also promoting comfort for your patient. Your documentation was thorough and provided great detail regarding the events that took place. Your detailed nurses note allowed other members of the health care team to have a better understanding of what you noticed/interpreted, how you responded, and how the patient responded to your intervention. NS

Week 9 (2a,b,f)- Your assessment skills and documentation were timely, accurate, and complete. DW

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

Comments:

Week 8 objective 3 – You did a number of wonderful things for the competencies discussed in objective 3. You performed nursing measures skillfully and safely by understanding the importance of elevating your patient as much as she could tolerate when assisting her with feeding. You interpreted the risk for aspiration when lying flat and encouraged her to tolerate the HOB being elevated as much as possible. You were prompt with your care and prioritized and organized your care efficiently. You

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

recognized the need for assistance when you noticed your patients decreased Spo2 and interpreted it as abnormal. You did a great job of implementing DVT prophylaxis by initiating SCDs to prevent further complications. You were able to take what you learned from simulation and apply it in clinical practice. Great job! NS

Week 9 (3b)- You removed an NG tube from your patient this week. Your patient was nervous about having a student do it, but you were reassuring, confident, and skillfull with the removal process. This was even in spite of the new equipment attached to the NG tube (stopcock device). Great job! DW

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

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

Wk 3 – K – Continue to improve in your usage of the Pyxis. DC

Week 5 – 3k – You did a nice job observing your team members utilizing the rights of medication administration and assisting them with documenting appropriately in the MAR. KA

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 8 3(m,n,o) – Great job this week with what appears to be your first experience with IV infusions since the IV lab. You were able to administer a primary IV infusion by changing bags and accurately inputting correct intake. You regulated the IV flow rate according to physician’s orders, and performed a saline flush using appropriate technique. You completed these competencies with confidence and skill. NS

Week 9 (3k,q)- During clinical this week, you were able to administer PO medications in a safe and timely manner. Additionally, you monitored and maintained a peripheral IV with Lactated Ringers infusing continuously. DW

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

Comments:

Week 5 – 4a – You did a great job developing a rapport with your patient and their family this week. KA

Week 5 – 4b – You did a nice job communicating with your team members and helping them work together to accomplish the goal of good patient care. KA

Week 5 – 4e – You did a nice job completing your CDG this week and thoroughly discussing your team leading experience. I could not locate a reference or internal citation for you initial response. Please make sure to address this in future postings. KA

Week 6 4c-Scavenger hunt findings were communicated with staff to ensure proper infection control. DW

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 6 (4e)- Though you were not required to complete a CDG for this weeks clinical, you are receiving a U for this competency for not addressing the U in week 5. Please read the directions carefully on page 1 of this tool. You must comment below on what you've done to be satisfactory in the future for all U's received. Failure to do so results in a continued U until the appropriate comments are made. DW

Week 7 4E: I did not post a reference for my Week 5 discussion. I misunderstood her stating "Please make sure to address this in future postings." The Post was a report and already turned in. I reviewed the rubric as advised and also others posts as an example of what is needed. My week 5 CDG reference was AHRQ Pub. No.14-0001-2. Replaces AHRQ Pub No. 06-0020-2. Revised Dec. 2013. Pgs. 22-23. As I stated above, I am rereading the information given to us at the beginning of the semester. I am so transfixed on getting the Clinical Tool done so that I can move on to studying. I also ask others and sometimes its not the correct information. I've opened my papers and reading what is expected from me after each and every clinical. I hope this addresses the Unsatisfactory performance recorded. Great! You have successfully addressed this! Thank you! MD

Week 8 4(a,b) - You did an excellent job communicating with your patient and developing a therapeutic relationship during the clinical week. Additionally, you provided education and support for the patient's daughter. She arrived at a scary time for her family member and you took the time to explain the situation to her. Taking the time to communicate with the patient and their family is a wonderful way to form a therapeutic relationship. You also did a great job communicating with members of the health care team. You advocated for your patient and spoke directly with the nurse practitioner to ensure the best possible care was being provided. You handled the clinical week very well! NS

Week 9 (4a,b)- Carolyn, you do an exceptional job communicating and developing a rapport with your patients. This was extremely helpful in getting your patient to understand the requirements to be eligible for discharge, increasing nutrition, and decreasing inappropriate pain medication use, etc. Additionally, you were able to gather details related to your patients social determinants of health. This can be a sensitive subject, but you were able to provide a certain comfort necessary to engage the patient in this way. (4e)- While your discussion was right on target with the social determinants of health, you have earned an NI for your CDG this week. According to the CDG Grading Rubric, all initial posts must include an intext citation and reference. Your post did not include a citation to identify which information was borrowed from AHRQ. DW

Week 10-After I put so much thought into my CDG and receiving another NI, this is reason enough to remember and get my act together. I have written this on my folder and other than get a tattoo of it on my hand, I have to just embed this into my temporal lobe. Please note that this weeks discussion will have an intext citation as well as a reference. You did a great job with your in text citation and reference this week! MD

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:			S	NA	S	NA	S	S	S	S	S	S						
a. Describe a teaching need of your patient.** (Reflecting)			S	NA	S	NA U	S	S	S	S	S	S						
b. Utilize appropriate terminology and resources when providing patient education. (Responding)			S	NA	S	NA	S	S	S	S	S	S						
c. Evaluate health-related information on the intranet. (Responding)			S	NA	NA	NA	NA	NA	S	S	S	NA						
	MD	MD	DC	DW	KA	DW	MD	NS	NS	DW	MD							

****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:

Wk 3 - Education regarding the need for proper peri care was provided several times to this patient due to her risk of infection related to foley insertion. Education was also given to the patient regarding her albuterol inhaler and proper breathing to avoid further respiratory complications. **You did a good job with this education, especially since both she and her husband followed through with your instructions! DC**

WEEK 5: Patient was given education regarding the importance of daily x2 oral care and also the importance of repositioning in the bed to prevent skin breakdown. **You gave great care and education to your patient with monastic cancer. KA**

Week 6 (5a)- You must comment on 5a weekly, unless you have absolutely no clinical scheduled. The green highlighted information above explains the requirement for alternative clinical sites such as PT/OT and Infection Control. Please be sure to read the directions on page 1 of this tool to ensure you address this U appropriately for week 7. DW

Week 7: addressing week 6a. I was not designated one patient, therefore I did not realize I needed to fill this out. Thank you for highlighting this area. In PT/OT-education seems to always be a priority especially with the elderly. There were a couple of patients who do not realize that they are a fall risk and need to use assistive devices all the time. A gentleman we had stated he uses his furniture to get to his walker which is across the house. The patient had 3 walkers in the house, but this was the only walker he was really using. He also drives and does not take his walker with him. Education was given to the patient regarding the need to use the walkers and after walking only the distance to his door and back to his chair and becoming very winded, the patient was again asked if he understood the importance of having his walker. **Great! MD**

Week 7-I was able to sit down with a dialysis patient and discuss his renal diet. Working in both facilities (Acutes and South Campus) -I knew the status of this patients dietary behavior. We reviewed his renal diet and he informed me of his desire to be more careful. He had not eaten breakfast and did not bring a snack. This patient has many hypoglycemic episodes during and after his dialysis treatments. Reminded pt to bring his carbohydrate snack for mid dialysis treatment. While discussing this, the patient described his wings to me that he made over the weekend. I asked the patient about the sodium content and reminded him of the labels on the back of the bottles. I think that if they aren't shaking it onto their food with a salt shaker, its ok. **Awesome! MD**

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 8 Education necessary for my patient was the need to elevate, reposition, ROM, wearing her SCD's to avoid pneumonia and DVT's. **Excellent identification of areas for teaching. As you saw first-hand, lack of education and encouragement in these areas can lead to preventable complications. NS**

Week 9: Teaching opportunities this week were medication, safety/fall risk precautions, breathing exercises, the importance of ambulating and also diet. My pts two priorities were managing her pain and going home. I discussed the need to discontinue the Dilaudid and use the po tramadol to relieve her pain and also to expedite her discharge plans. The patient had an IV and wound vac. She had a sign on the wall but no precautions were being initiated. I discussed with the patient the importance of these fall precautions and the patient acknowledged understanding. The breathing exercises were discussed by myself and respiratory. I witnessed the patient performing the exercises and discussing the spirometer "game" with her husband. I entered the room at one point and the patient was performing the spirometer exercises on her own without being prompted. Discussing ambulation was a struggle but was performed. The patient acknowledged understanding about the importance of circulation and also digestion. Sleep issues during her stay seemed to be our obstacle and she was very reluctant to perform any exercises before 9 or 10 am. I also had to remind the patient twice on our second day together to ask for help when ambulating as she continued to ambulate without assistance. Nutrition was touched on briefly due to her loose, runny stools and also family bringing her in Pepsi to drink. Pt acknowledged understanding of the nutrition and my teachings were reiterated shortly after by dietary talking with her. **Carolyn, you were highly effective with your education techniques...finding motivation within the patient to take control of their plan of care. Nice job! DW**

Week 10: Educational teaching opportunities this week in Rehab included the need to elevate his legs to reduce swelling, participating in physical therapy to avoid DVT's and increase circulation, medication compliance and when to take the anti-inflammatory/pain relief medication. My patients leg were very swollen the first day of clinicals, we discussed the need to elevate and the next day we noticed his swelling was significantly better. He had also taken both his pain medications around 5:30 on our first clinical day. I spoke with him regarding the benefits of taking it 30-45 minutes before therapy and he discussed this with Dr. Olexa. Dr. Olexa concurred. He acknowledged understanding in everything but the medication compliance for his A-fib. He is very adamant about not taking medication and wants to only take Tylenol and a multi vitamin when he goes home. **Great job with education this week! MD**

Week 11: We had a consult for a patient in wound care who had a stage 3 decutitis with necrotic tissue. She did not want anyone touching her sores. A conversation regarding the importance of cleaning and applying dry dressing was successful. The patient also agreed to be repositioned instead of laying supine all day.

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- NI	S NA	S	NA	NA	NA	S	S	S NA	S						
b. Development of clinical judgment in high-fidelity simulation scenarios. (Noticing, Interpreting, Responding, Reflecting)								S	S									
	MD	MD	DC	DW	KA	DW	MD	S	S	DW								

Comments:

Week 4 (6a)- I will have Devon add feedback and a follow up evaluation to your 1/24/19 care plan when you submit for week 5. DW

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

Week 10 (6A)- You did not submit a care plan so you received an NA. MD

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

Objective # 6a: Implement patient-centered plans of care utilizing the nursing process and clinical judgment. (2,3,4,5)*	Students Name: Carolyn Lynch Date: 1/28/19
**Nursing care plan not appropriate to patient situation = 0 and automatic unsatisfactory rating	Nursing Diagnosis: : Ineffective airway clearance
Nursing Diagnosis: (3 points total) Problem Statement (1) Etiology (1) Defining Characteristics (1)	Total Points :3 Comments:
Goal and Outcome (6 points total) Goal Statement (1) Outcome: Specific (1) Measurable (1) Attainable (1) Realistic (1) Time Frame (1)	Total Points :4 6 Comments: Time frame not listed. Please list “AEB” after the outcomes. Improved characteristics and time frame is listed. DC
Nursing Interventions: (8 points total) Prioritized (1) What (1) How Often (1) When (1) Individualized (1) Realistic (1) Rationale (1) All pertinent interventions listed (1)	Total Points:7 8 Comments: Include more about your education interventions as this will help to promote outcomes after discharge. You included much more specific and individualized education interventions. DC
Evaluation: (5 points total) Date (1) Goal Met/partially/unmet (1) Defining characteristics (1) Plan to continue/terminate (1) Signature (1)	Total Points:3 0 Comments: Date not listed. If goal is partially met, plan should not be terminated. SpO2 not addressed.. DC
Total possible points = 22 18-22 = Satisfactory care plan 17-14 = Needs improvement care plan ≤ 13 = Unsatisfactory care plan	Total Points for entire care plan = 21 17 Comments: Please revise care plan and see me for any additional information/help. DC Thank you for addressing the previous problem areas. Good improvement! DC

Objective # 6a: Implement patient-centered plans of care utilizing the nursing process and clinical judgment. (2,3,4,5)*	Students Name: Carolyn Lynch Date: 3/13/19
**Nursing care plan not appropriate to patient situation = 0 and automatic unsatisfactory rating	Nursing Diagnosis: Acute Pain RT Operational procedure
Nursing Diagnosis: (3 points total) Problem Statement (1) Etiology (1) Defining Characteristics (1)	Total Points 3 Comments: This was an appropriate diagnosis for your patient and well supported with 7 defining characteristics.
Goal and Outcome (6 points total) Goal Statement (1) Outcome: Specific (1) Measurable (0) Attainable (1) Realistic (1) Time Frame (1)	Total Points 5 Comments: Overall, your outcomes were specific, attainable, realistic, and included a time frame. One point was deducted for measurability. "Increase" in appetite is not measurable. It would be better to state that the "Patient will eat 50% or more of each meal" or identify a set number of serving for each food group. Additionally, the outcome related to the pain medication should include a frequency of requesting the pain meds.
Nursing Interventions: (8 points total) Prioritized (1) What (1) How Often (1) When (1) Individualized (1) Realistic (1) Rationale (1) All pertinent interventions listed (0)	Total Points 7 Comments: The interventions you included in the care plan were individualized and specific. There were however, several other pertinent interventions including: nonpharmacological pain management techniques, encourage intake (nutrition), assess nutritional status, alternate rest and activity, education on bowels, activity, pain meds, etc.
Evaluation: (5 points total) Date (1) Goal Met/partially/unmet (0) Defining characteristics (1) Plan to continue/terminate (1) Signature (1)	Total Points 4 Comments: After reviewing the set outcomes and your evaluations of the patient, one point was deducted for the goal statement. You identified it as "Goal met", however the patient did not achieve one of the goals (pain at 5) resulting the "Goal partially met". Also in the future, please be more specific with the defining characteristics. What did the patient do for therapy, what pain meds did she take, how often, how much, and what did the patient eat (appetite).
Total possible points = 22 18-22 = Satisfactory care plan 17-14 = Needs improvement care plan ≤ 13 = Unsatisfactory care plan	Total Points for entire care plan = 19 out of 22 Satisfactory Comments: Overall, nice job with this care plan. It is individualized and specific. Keep up the good work! DW

	<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>REFLECTING: (7)*</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D <li style="padding-left: 20px;">B 	<p>Actively participated in debriefing. Reflected on the patient scenario. Discussed positives from the scenario as well as ways to improve.</p>
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</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	S NA	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		S	S NA	S NI	S	S	S	S	S	S	S						
c. Demonstrate evidence of growth, initiative, and self-confidence. (Responding)	S		S	S NA	S	S	S	S	S	S	S	S						
d. Follow the standards outlined in the FRMCSN Student Code of Conduct Policy. (Responding)	S		S	S NA	S	S	S	S	S	S	S	S						
e. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions. (Responding)	S		S	S NA	S	S	S	S	S	S	S	S						
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (Responding)	S		S	S NA	S	S	S	S	S	S	S	S						
g. Demonstrate the ability to give and receive constructive feedback. (Responding)	S		S	S NA	S	S	S	S	S	S	S	S						
h. Actively engage in self-reflection. (Reflecting)	S		S	S NA	S	S	S	S	S	S	S	S						
	MD	MD	DC	DW	KA	DW	MD	NS	NS	DW	MD							

****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. An area of strength for me this week was the IV math. I thought it would be difficult, but once we were taught-I found it quite fun. I practiced and practiced and helped another student work on hers.
 7B. An area of weakness was receiving report. When Nick gave us report, I was scribbling everywhere and getting flustered because I couldn't find where to put the details. This caused me to miss some things that were said. I will practice with another student on getting report and familiarize myself more with the report sheet.

Week 1 (7 A and B) Great job with the math portion this week! I am glad you found it quite fun! Receiving report takes time to learn. I am glad you will practice this skill. MD

Week 3 (7A-B) Areas of strengths included educating the patient and family on prevention of exacerbation of her COPD and other respiratory issues. An area to work on would be my charting. When I thought I was done charting, it was time to do another charting. In between working with the patient, passing their meds and remembering to be compliant in charting on time will be something I work on for my next clinical.

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Good job Carolyn. Charting and time management are areas that all nurses continue to improve upon. Don't hesitate to ask for help in areas of time management - there are many different ways to improve this skill. DC

Week 4: Studying habits are improving as I have eliminated some interruptions. Areas of improvement are that I second guess myself when answering questions on quizzes and tests and this resulted in me getting a D on the quizzes this semester so far. I know the material but review when I am done to make sure I filled in the correct "bubble" and change answers. I need to make sure I select the correct answer and then just move on. I also need improvement in my Nursing Care plans and have corrected to the best of my ability and have inserted it into the clinical tool for this week. Carolyn, you did not participate in clinical this week as you were scheduled off, therefore NA. DW

Week 5: (7A B)-Strengths this week included advocating for my patient on her oxygen being humidified, I asked and received an order for chemo mouthwash for the thrush in her mouth and throat and also educated the patient and family on the importance of repositioning and turning and keeping her heels off the bed. Barrier cream was implemented on buttocks and feet for prevention of further breakdown. Discussion regarding hospice was initiated by my patients daughter and my experience with hospice was shared. A weakness I continue to work with is prioritization. When assuming the Team Leader position, I based prioritization more from a Nurses Aid position and not an RN using my A-B-C's. Carolyn, you were a great advocate for your patient this week. I agree this is a great strength of yours. You did a nice job discussing a weakness, however you did not set a goal for improvement. Please remember it is important to set a realistic goal for your area of improvement. KA

Week 6 7A/B): Strengths for this week included actively engaging in the physical therapy experience with a patient in ICU. I felt confident in helping the staff with ambulating him and also his personal care. I enjoyed the infection control scavenger hunt and felt confident and efficient looking up lab results for patients on isolation precautions. I am glad you had positive clinical experiences this week! It is evident in my observations of you, that you take the initiative to make all clinicals engaging and worthwhile. Well done! DW

Last week I was the team leader and stated that a problem I had was the use of prioritization. I need to prioritize my patients by medical necessity. I have another experience with the team leader position this semester. I will work on this and use this for my timeline to improve this weakness. Being in an observation only standpoint this week, I have not experienced much with a patient weakness but I am struggling with the pharmacy list for muscular skeletal. I am going to work on these with the use of mnemonics so that I can improve my grade for the next pharmacy test. DW

Week 7 (7A/B): Strengths included my confidence in talking with the doctors on procedures. When I didn't understand what I was looking at, I asked the doctors. I have often not asked nurses or doctors because I was intimidated. I feel I am gaining confidence which is a huge barrier to my learning process. Weaknesses this week were finding time for myself as I have been so overwhelmed. I am going to make a conscious effort to take breaks during studying and do something for myself. I am going to start a small workout program that is daily and 30 minutes. This helps me concentrate more. I can not afford to risk my health over the stress and I need to get it under control so that I can finish this program. Awesome with the confidence! Performing a workout plan will be an excellent way to relieve stress! MD

Week 8: Strengths include my assessment on day 1 of the pain level my patient was in and advocating for additional pain medication. Great area of strength to note! You did an awesome job of advocating for your patient during both clinical days. Keep it up! NS

The area in which I struggle with is ABG's. I realized during debriefing that I can get the answers right regarding acidosis and alkalosis but when it comes to putting it into practice, I am not understanding the concept. During Spring Break, I am going to review ABG's, review with a nurse and try and understand the concept. I realize how important this is now that I had an experience like this week. Good reflection on an area for improvement. ABGs are tricky, but I think you have a great plan in place to improve in your understanding and can work towards making this a strength in the future. Keep up the hard work. NS

Midterm – Carolyn, at this point in the semester you have been rated as satisfactory in all applicable competencies. Your dedication and hard work is evident in your clinical performance tool. You having such a caring attitude towards your patients and do an amazing job at building a trusting relationship through therapeutic communication. You advocate for their needs to ensure they are receiving the best possible care. Keep it up. 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 administer IV therapy, regulate IV flow rates, perform saline flushes, and D/C an IV. Also try to seek out opportunities for a FSBS and accessing educational materials on the intranet. 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

WEEK 9 A/B: Strengths were removing the NG tube. I realized the patient was nervous as she asked me three times regarding what was involved. She also asked the nurse about the procedure and asked her if it hurt (the same questions she asked me). I felt I reassured her properly and performed the task professionally and efficiently. Well done Carolyn! DW

Weaknesses were my understanding of the GI system. I thought I understood the procedure and that she had an impaction removed and that he found a hernia and fixed it. The blockage was because of the hernia. I read the surgery reports but I didn't see how the blockage was due to a hernia. I will be spending some time on GI issues to understand these conditions. This will come with practice and really investigating the patients chart. I would encourage you to do the investigating and then spend a little time with the clinical instructor to determine if you have a clear understanding of the patient's current medical state. You will get this! DW

Week 10 A/B: I felt as a strength I educated my patient on two subjects that would be beneficial to him and he adhered to. One being the elevation of his legs and the second being the administration of his medication so that it was effective during physical therapy where he needed it the most. My weakness as a team leader was the difficulty in knowing where to begin in Rehab with the patients assigned to the students. The ABC's weren't there to follow. It was more about their schedule. I felt very discombobulated walking around trying to keep everyone's schedules straight, medications straight etc.

Great strength this week! Your weakness will get better with time. Keep up the good work! MD

Week 11 A/B: A strength for week 11 was my ability to help Gina in wound care and I felt confident in doing so. I had a couple of questions regarding certain situations for patients including one patient who looked as if she had a sprained ankle. I brought this to Ginas attention and she did bring this to the attention of the Hospitalist. The patient stated she had fallen a couple of times here at the hospital but no X-rays have been done. Another situation was with a patient whose behavior went from passive to aggressive and hostile. The daughter was concerned that nobody was giving her an answer as to the mental change in her mother. I looked into the testing and labs and nothing has been done with this patient. It was brought to the attention of her nurse who stated night report was given that she had been acting this way but nobody knew why. Rachel and I were in the room with the daughter and her daughter was very distraught. I explained to Gina that they gave her an Ativan (which we never could find in the computer) but nothing else had been done. Gina took this information to the NP for the Hospitalist and this was the first time she had been told about a mental status change. I realize how much Gina is an advocate for these patients. She listened to me and she brought it to someones attention. A weakness for me was my lack of enthusiasm for the Adult Care Center and my grades this week. My family is going through a traumatic situation right now and my feelings of sadness interfered with my grades. I let my personal life get in the way of my goals this week. I am trying to get a grasp on this and remain focused, but with the situation as it is, it is going to be a struggle. I

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

have come too far to allow this to stop me. I also did not do well on the neuro section and I really enjoyed this section. I did not focus enough on the mechanism of action but instead, memorized the drugs and side effects. With the GI section, I am going to focus on the mechanism of action as well.

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

Skills Lab Competency Evaluation	Lab Skills							
	Week 1	Week 1	Week 1	Week 1	Week 1	Week 2	Week 3	Week 10
Performance Codes:	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)*
S: Satisfactory U: Unsatisfactory	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	S	S	S	S	S	S	S
Instructor Initials	MD	MD	MD	MD	MD	MD	DC	MD
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA

*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 2 Trach Care and Suctioning- 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. You required 0 prompts and were able to identify a single break in sterility and correct immediately. Great job! KA

Week 3 EBP Lab- During this lab, you were able to satisfactorily demonstrate 3 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	vSim						
	Medical-Surgical) Vincent Brody	Pharmacology) Juan Carlos (Pharmacology)	Medical-Surgical) Marilyn Hughes	Vernon Russell *1, 2, 3, 4, 5, 6) (Fundamentals)	Medical-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	DW	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