

EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2019

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Elizabeth Gast

Semester: Spring

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

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

Final Grade: Satisfactory/Unsatisfactory

Date of Completion:

Faculty eSignature:

DIRECTIONS FOR USE:

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

METHODS OF EVALUATION:

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
1/24/19	Ineffective airway clearance r/t infection within the lungs	S/KA	NA	NA
1/30/19	Impaired Gas Exchange	S/NS	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:																		
a. Analyze the involved patho-physiology of the patient's disease process. (Interpreting)			S	NA	NA	S	NA	S	S	S	S	S						
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			S	NA	NA	S	NA	S	S	S	S	S						
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			S	NA	NA	S	NA	S	S	S	S	S						
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			S	NA	NA	S	NA	S	S	S	S	S						
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	NA	NA	S	NA	S	S	S	S	S						
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			S	NA	NA	S	NA	S	S	S	S	S						
g. Assess developmental stages of assigned patients. (Interpreting)			S	NA	NA	S	NA	S	S	S	S	S						
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		S	NA	NA	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		3T, 85 F, Difficulty Breathing, Pneumonia	vSim make-up for 1/30/19	No clinical scheduled	4N 56 F Post-op Fem Pop	Homeless Shelter	5T, 82 M, Post-Op Right Hip Fracture	Midterm	Wound Care Alternative Care Center	Digestive Health/Dialysis, PT/OT/Infection Control	3T Team Leader 72 F GI Bleed, SOB						
Instructors Initials	KA	KA	KA	NS	DW	EW	KA	MD	MD	EW	DW	LM						

Comments:

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

WK6 1a-h:Liz, you had a very busy and complex patient but over and over you took the data you noticed, interpreted it and responded. You were very busy but did a good job keeping up. EW

Week 11 (1b & c) – You correlated your patient’s symptoms and diagnostic tests with her disease process appropriately. Nice job! LM

Objective

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

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

Comments:

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

Week 3 – 2d – You did a great job thoroughly assessing your patient and communicating any abnormal findings to your assigned RN. KA

WK6 2b,c,d,e: Fall precautions and communicating your concerns was imperative to this patient and you did a good job with the responding. You also utilized reading orders regarding dressing change and foley removal. EW

Week 11 (2a & d) – You performed a thorough head-to-toe assessment on your patient and communicated abnormal findings to your instructor, team leader, and nurse. Nice job. LM

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

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

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

Comments:

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 3 – 3i – You did a nice job choosing an appropriate EBP article and discussing how it associated to nursing as well as your patient. I could not find where the method for the article was clearly stated. Please make sure to state this when discussing your article in the future. KA

Midterm-Be sure to actively seek out opportunities to practice the skill of restraints if possible. MD

Week 11 (3b) – You demonstrated nursing measures skillfully and safely. LM

Objective

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

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

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

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

(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

Week 3 – 3k – You did a nice try observing the rights of medication and documenting appropriately in the MAR. KA

Week 3 – 3p – Liz, you did a nice job DCing an IV this week. Removing the tape is always the hard part. You did a nice job explaining everything to the patient and performing the skill with accuracy. KA

Week 3 – Week 3 – 3q – You did a terrific job assessing your patient's IV site and documenting findings appropriately. It is unfortunate that it was infiltrated on the second day and we were unable to pass the patient's IV medications. KA

WK6 3k-q,s Liz, you were able to do so much in terms of medications for your patient. You were also able to give a rectal suppository. Good job managing it all and understanding what the medications were for. EW

Midterm-Be sure to be actively seeking out opportunities for practicing trach care if possible. MD

Week 11 (3k, l, & s) – Liz, you properly administered the PO meds and safely administered the subcutaneous insulin injection. You also demonstrated knowledge of proper administration of a FSBS. Nice job! LM

Objective																		
4. Use therapeutic communication techniques to establish a baseline for nursing decisions. (1,5,7)*																		
Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	14	Make Up	Make Up	Final
Competencies:			S	NA	NA	S	S	S	S	S	S	S						
a. Integrate professionally appropriate and therapeutic communication skills in interactions with patients, families, and significant others. (Responding)																		
b. Communicate professionally and collaboratively with members of the healthcare team. (Responding)			S	NA	NA	S	NA	S	S	S	S	S						
c. Report promptly and accurately any change in the status of the patient. (Responding)			S	NA	NA	S	NA	S	S	S	S	S						
d. Maintain confidentiality of patient health and medical information. (Responding)			S	NA	NA	S	S	S	S	S	S	S						
e. Consistently and appropriately post comments in clinical discussion groups. (Reflecting)			S	S	NA	S	NA	S	S	S	S	S						
f. Obtain report, from previous care giver, at the beginning of the clinical day. (Noticing)			S	NA	NA	S	NA	S	S	NA	NA	S						
g. Provide a clear, organized hand-off report to your patient's next provider of care. (Responding)			S	NA	NA	S	NA	S	S	NA	NA	S						
	KA	KA	KA	NS	DW	EW	KA	MD	MD	EW	DW	LM						

Comments:

Week 3 – 4a – Liz, you did a great job developing a rapport with your patient and her family this week. You had a patient who was difficult to understand and by the second day you understood her very well and was able to help her communicate better with others who did not understand her. KA

Week 3 – 4e –Liz, you did a nice job posting comments to the CDG with great thought. You were thorough and respectful when responding to your classmates. KA

Week 4 objective 4(e) – Great job with your CDG this week. Your post was submitted appropriately and was discussed with good thought. You included in-text citations to support facts and opinions drawn from your article selection. Your post was reflective and you included each aspect necessary in your summarization. Great job with your

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

APA referencing! For your in-text citation, the page number is not necessary when using a journal article. Simply putting the authors last name and the year it was published is sufficient. NS

WK6 4c You noticed your patient had not had a bowel movement in a week and also needed to void secondary to having her foley removed. You responded by getting her up to the BSC but she had difficulty getting back to bed. You notified the appropriate staff of the weakness as well as the patient's small bowel movement and minimal urinary output. EW

Week 10 (4e)- CDG's were not required for clinical this week, therefore NA. DW

Week 11 (4e) – You provided a substantive CDG post this week as team leader, however, no in-text citation was provided. A 'NI 'was given for objective 4e. An in-text citation is required each week for the initial CDG posts. LM

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

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

Comments:

Week 3:

Objective 5a- This week I taught my patient the importance of fall precautions. The first day during her assessment, she told me she has fallen within the past week at home and she can only get around with the use of her walker. She also was weak and had a low Hgb that could contribute to her chances of falling. I initiated the fall precautions and placed a wristband on the patient. I also hung a sign outside the door, and above the bed and notified the nurse. The patient was questioning me as to why I was doing this and I explained to her that this was just a precaution. After explaining to her my reasoning and reassuring her than she can not get up on her own, she agreed with me and had no problem asking for assistance when needed. *Liz, nice job educating your patient on the importance of fall precautions. KA*

Week 4:

Objective 5a.) I explained the teaching need to my V Sim patient this week. My patient was admitted to the ER with signs of hypoglycemia. After assessing the patient and administering the proper interventions, the patient was able to listen to my concerns. I provided education to the patient about how to manage type 1 diabetes and things to do to prevent his sugars from getting too low. The patient should always have carbs or sugar or even Glucagon on hand at all times for a crisis and also count carbs throughout the day to provide your body with the proper nutrients and insulin medication. The patient understood and learned from his mistake. *Excellent! You recognized the importance of providing education to your patient as he was a newly diagnoses diabetic. Identifying teaching needs such as this can prevent these types of events from occurring again in the future. Very good thought and detail in your response! NS*

Week 6:

Objective 5a.) This week there were multiple teaching needs available for my patient. She was confused so I learned to focus my assessment on aiming towards a level she could understand. The first day I had her, I asked her to rate her pain on a scale of 1-10 and described what 1 and 10 meant. She told me she was a 10/10, but had mild discomfort. I charted this and notified the nurse. The second day, my patient was still confused at times and when I did her pain assessment, I took a different approach. Instead of giving her two numbers, I showed her the Wong-Baker faces on her board and showed her how to tell me which face she could relate to. She then stated her pain was a 6/10. This was the more appropriate way to address the pain scale because she remained confused.

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

WK 6 5a: Liz I like that you worked through this situation with your patient and did not give up. I believe by reflecting on what wasn't working you were able to find what does. This was a big success in terms of communication with your patient. Strokes affect everyone different so often we have to utilize different communication technique. EW

Week 7:

Objective 5a.) This week was a great opportunity for teaching during the health fair at the homeless shelter. My group based our demonstration off of Blood Pressure. We offered blood pressure readings for the residents as well as a snack of popcorn as well. Before I took a blood pressure, I asked them if they knew what the normal blood pressure was. I was surprised to see that the majority did not know about the normal. The interest they showed allowed me to express my knowledge and educate them. I went through the tri board we had and explained the reasoning of why hypertension happens as well as ways to improve your blood pressure. I believe this was a positive experience for me as well as the residents. Good job! KA

Week 8:

Objective 5a.) This week I had a teaching need with his Lidocaine 5% patch that was ordered. I explained to the patient that he had one ordered and asked him where he would like it placed. He did not know what it was and stated he never wore a patch on his skin before. I gave him education that this patch will help with the pain and make him feel more comfortable. This is a patch that will stick to the skin and only be applied for twelve hours. As soon as I stated that the patch was going to help with pain, he refused the medication and did not want it. The next day he was ordered it again. I told him that it was not a narcotic and it is similar to the blue- emu gel that people use for pain. He then agreed to give it a try and was pleased with the results the medication gave. Excellent job with education this week! MD

Week 9:

Objective 5a.)

This week I worked with a patient in wound care who had a wound on his right foot. He has diabetic neuropathy and lost half of his foot from this disease. We took off his wound vac, did an assessment and then replaced his dressing. The patient asked me how it looked, and using the knowledge Gina taught me I explained the size and appearance of the wound so the patient had a visual of what we were working with. It was nice to see that after I educated the patient, the doctor examined the wound and told the patient that the wound looked good. The doctors judgement of the wound was similar to mine at it made the patient understand more clearly.

Week 10:

Objective 5a.)

This week I provided a teaching need with a patient during my PT/OT rotation. We planned on ambulating in the hall with the walker. The patient was positive for Influenza A. I educated the patient that he needed to wear a mask when we left the room because we didn't want to spread his influenza to others. The patient understood and complied with wearing a mask during ambulation. Once we returned to the room, he was able to remove his mask and continue his normal routine. Great job Liz! DW

Week 11:

Objective 5a.)

My teaching need with my patient was noticed when I received report. The nurse giving report said that she needs encouragement to perform her ADL so that she can return to home tomorrow. The nurse said she would make you wipe her bottom and also enable you to do any other tasks. I was told her husband does everything for her at home. When I washed my patient up for the morning, I explained to her that we need to work on having her do everything we can by ourselves to prove to the doctor that we want to go home. She agreed but was still hesitant about wiping herself. I noticed that she could pull her briefs down with no problem and getting up and moving was easy as well. I gave her the incentive to try and also positive enthusiasm telling her that I had confidence in her. She was able to wipe herself with no problem and also performed her morning care in the bathroom with minimal assistance. This is an important teaching need. You did need to encourage your patient to be more independent with her care. Good job! LM

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

Comments:

See Care Plan Grading Rubrics below.

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.

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME:

OBSERVATION DATE/TIME: 2/25/19 1115-1245

SCENARIO #: MSN Scenario #1

Liz Gast

CLINICAL JUDGMENT	OBSERVATION NOTES
COMPONENTS NOTICING: (2)* - Focused Observation: E A D B - Recognizing Deviations from Expected Patterns: E A D B - Information Seeking: E A D B	Questioning DVT/PE prophylaxis in report-seeking information. Sought information that was lacking in report by asking appropriate questions. Noticed patient was having increased pain. Focused pain assessment performed to gain information. Noticed in report that lack of information was provided. Asked patient about medication allergies and history of antibiotics. Also questioned potential allergies to enoxaparin. ID'd patient with name and DOB. Noticed discoloration of the left toes. Noticed redness in the right lower extremity. Noticed respiratory distress.
INTERPRETING: (1)* - Prioritizing Data: E A D B - Making Sense of Data: E A D B	Interpreted the potential dangers of administering too much pain medication. Interpreted pain as high priority. Obtained necessary vital signs, focusing on respiratory system. Interpreted circulatory assessment as abnormal. Interpreted vital signs as abnormal with abnormal resp. assessment. Interpreted findings as risk for PE.
RESPONDING: (3,4,5,6)* - Calm, Confident Manner: E A D B - Clear Communication: E A D B - Well-Planned Intervention/Flexibility: E A D B - Being Skillful: E A D B	Responded by contacting the ED to confirm whether or not pain medication were administered. Focused assessment of affected leg. Focused circulatory assessment on left foot. Contacted physician regarding circulatory assessment findings. Good communication to physician regarding 6Ps. Provided pain relief promptly with administration of morphine. Correct dosage calculation and wasting procedure. Correct technique with IM injection using z-track method. Contacted OR and provided report and need for immediate action. Tubing primed at the sink. Expelled bubbles appropriately. How could this have been done differently? Use the IV pole maybe to elevate the IV fluid bag? Educated the patient on compromised circulation to the left lower extremity. Reassured the patient with communication. Good teamwork and communication with each other and the patient.

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

	Good education regarding medication purposes. IV piggy back set up appropriately with primary bag hanging below the secondary bag. Tubing labeled correctly. Saline flush performed to confirm catheter patency. Appropriate aseptic technique performed. Dressing changed. Was this necessary? How did the dressing appear? Kept pillow under the leg. What could be done differently to promote circulation to the foot? No ice or elevation if thinking compartment syndrome. Good body mechanics with assessment. Questioned patient regarding Coumadin non-compliance. Educated patient on DVT risks. Elevated HOB when resp. distress was noted. Applied O2. Focused resp. assessment. Contacted physician regarding assessment findings and patient compliant. Discussed noncompliance with Coumadin. Requested O2 order parameters. Received new orders from the physician. Reported orders back to the physician to confirm. Contacted lab and CT for STAT orders. Dosage calculation performed for IM morphine and witnessed wasted amount. IM injection performed with appropriate technique using the z-track method. Contacted physician with lab/diagnostic findings. Received orders and repeated back for confirmation. Remember needle safety with IM injection. Not performed correctly. Remembered with subq injection. Remediated the importance of needle safety in debriefing. Subcutaneous enoxaparin dosage calculated appropriately. Good teamwork. Remembered to address and communicate with the patient during dosage calculation. Education provided regarding enoxaparin. Preventing further clot formation. Education provided regarding importance of medication compliance.
REFLECTING: (7)* - Evaluation/Self-Analysis: E A D B - Commitment to Improvement: E A D B	Actively participated in debriefing. Reflected on the patient scenario. Discussed positives from the scenario as well as ways to improve.
SUMMARY COMMENTS: * = Course Objectives Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric. E= Exemplary A= Accomplished D= Developing B= Beginning	Lasater Clinical Judgement Rubric: Noticing: Regularly observed and monitored a variety of data, noticed most useful information. Recognized most obvious patterns and deviations and used to continually assess. Actively sought information about the patient’s situation. Interpreting: Generally focused on the most important data and sought further information but also attended to less pertinent data when electing to change the dressing. Compared patient’s data patterns to develop interventions. Responding: Generally displayed leadership and confidence and was able to control the situation. Communicated well with health care team members and the patient. Clear directions were given to each team member. Developed interventions on the basis of most obvious data. Displayed proficiency in the use of most nursing skills; could

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

	improve speed or accuracy in certain areas. 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. Satisfactory completion of MSN simulation scenario #1.
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Week 13- See Simulation Scoring Sheet below.

Week 3: Nursing Care Plan

Date and Initials:

January 23, 2019

E. Gast, SN

Nursing Diagnosis:

Ineffective Airway Clearance

R/T Infection within the lungs (Doenges, M, 2016) Okay to use, but remember infection is a borderline medical diagnosis consider revising in the future. KA

Aeb:

- Moist Non-productive Intermittent Cough
- Crackles upon Auscultation on Bilateral Lungs with Inspiration and Expiration
- SPO2 95% on Room Air Is this concerning?
- WBC 17.6
- CO2 21.2
- RR 18/min Is this abnormal for your patient? RR normal 12-20. KA
- Smokes 1PPD of cigarettes

Patient Outcomes:

Patient will be able to clear secretions and no longer have an infection in the lungs

Aeb:

- No cough present Would no cough or productive cough be better since your concern is airway clearance? KA
- Clear Lung Sounds Bilaterally upon inspiration and expiration
- SPO2 >93% on RA Patient already met this in assessment so is this a good outcome? KA
- WBC 3.8-11.6
- CO2 22-30
- RR 12-20/ min Patient already met this in assessment so is this a good outcome? KA
- Expresses understanding of smoking cessation

By Discharge

Related Interventions:

1. Assess Respiratory Status Q4h (0800,1200,1600, etc.)
 - Notice Worsening or Improvement of Lung Sounds
2. Assess VS Q4h (0800,1200,1600, etc.)
 - Monitor for changes in RR, Pulse, SPO2, Temp, BP

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

3. Assess cough and sputum Q4h and PRN (0800,1200,1600, etc.)
 - Monitor for change in frequency of cough, production, and color/amount of sputum
4. Assess Diagnostics/ Labs Daily (0400) **and as available or prn KA**
 - Monitor for changes in WBC, and CO2
5. Raise HOB at least 30 degrees AAT
 - Prevent Aspiration of sputum and allow easier ventilation
6. Encourage Cough and Deep Breathing Q2h (0800,1000,1200, etc.)
 - Coughing will excrete the sputum and clear the airway
7. Encourage oral Intake of fluids 8oz Q2h (0800,1000,1200, etc.)
 - Loosen the Secretions in the airway to provide easier expectoration, maintains hydration
8. Administer Medications as Ordered:
 - Albuterol 2.5mg Inhalation Q4h and PRN (0900,1300,1700, etc.)
Bronchodilation, relaxation of Airway (Vallerand,2017)
 - Ipratropium Bromide 0.5mg Inhalation QID (0600,1200,1800,0000)
Bronchodilation
 - Azithromycin 500mg in 250mL @ 250mL/hr (0900)
Antibiotic to kill bacteria causing infection
 - Guaifenesin 600mg PO BID (0900,1700)
Mobilization of mucus and increases respiratory tract fluid (Vallerand,2017)
9. Educate on Smoking Cessation Daily (1200)
 - Provide intervention options that give the patient the opportunity to decrease or stop the habit
10. Ambulate in the hallway TID or as Tolerated (0900, 1400,1800)
 - Regain strength and allows for secretions to move allowing easier expectoration

Evaluation

1/24/19

Goal Partially Met

Aeb:

- Moist Non-Productive Intermittent Cough
- Clear Lung Sounds Upon Auscultation Bilaterally with Inspiration and Expiration
- SPO2 95% on RA
- WBC 25.2
- CO2 21.2
- RR 16/min
- Understands Smoking Cessation

Continue Plan of Care

E. Gast, SN FRMC

References:

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Doenges, M. E., Moorhouse, M. F., & Murr, A. C. (2016). *Nurses' pocket guide: Diagnoses, prioritized interventions, and rationales* (14th ed). F. A. Davis Company: Skyscape Medpresso, Inc.

Vallerand, A. H., Sanoski, C. A., & Deglin, J. H. (2017). *Davis's drug guide for nurses* (15th ed). F. A. Davis Company: Skyscape Medpresso, Inc.

Nursing Diagnosis

Impaired Gas Exchange

R/T

Altered Oxygen Supply (Doenges, M.E. 2016)

Aeb:

- SPO2 74% on RA
- RR 31 bpm
- Unable to speak clearly, only one-word statements
- Signs of Respiratory Distress
- Wheezing Bilateral in lungs upon auscultation

Goals and Outcomes

Patient will show signs of improved ventilation and gas exchange

Aeb:

- SPO2 > 92% on RA
- RR 16-20 bpm
- Able to speak clear and full sentences without complications
- No signs of respiratory distress
- Clear Bilateral lung sounds upon Auscultation

By Discharge

Interventions

- Assess Respiratory Status Q1hr (Auscultate Lung Sounds, RR, SPO2, Breathing Pattern) (0800,0900,1000, etc.)
Notice any changes in the respiratory status
- Assess VS Q5min (HR, RR, SPO2, T, BP,) (1200,1205,1210,1215, etc.)
Note if any other symptoms in the body are compromising for the distress

- Administer Oxygen via Nasal Cannula 2L AAT or until SPO2 is >92%
Increase Oxygenation to improve gas exchange
- Administer Methylprednisolone 100mg IV push once (0900)
Promote functioning of lungs by decreasing inflammation and increasing ventilation
- Administer Albuterol 5mg in 3mL NS nebulized Q20min PRN up to 3 doses (0900,0920,0940)
Allows for bronchodilation and easier breathing (Vallerand A.H.,2017)
- Administer Ipratropium 500mcg nebulized with first dose of Albuterol (0900)
Bronchodilation allowing improved gas exchange
- Educate pt. on use of home nebulizers and inhalers during acute asthma attacks and also how to avoid inhaled allergens that could flare up an asthma attack (1100)
The patient can learn how to care for the diagnosis and prevent recurring episodes in the future

Evaluation

Goal Partially Met

Aeb:

- SPO2 96 % on RA
- RR 22 bpm
- Pt is able to speak clear and complete sentences
- No signs of Respiratory distress
- Clear Bilateral Lung sounds upon Auscultation

Continue Plan of Care

E. Gast SN, FRMC

Resources

Doenges, M. E., Moorhouse, M. F., & Murr, A. C. (2016). *Nurses' pocket guide: Diagnoses, prioritized interventions, and rationales* (14th ed). F. A. Davis Company: Skyscape

Medpresso, Inc

Vallerand, A. H., Sanoski, C. A., & Deglin, J. H. (2017). *Davis's drug guide for nurses* (15th ed). F. A. Davis Company: Skyscape Medpresso, Inc

Objective # 6a: Implement patient-centered plans of care utilizing the nursing process and clinical judgment. (2,3,4,5)*	Students Name: Liz Gast Date: 1/24/19
**Nursing care plan not appropriate to patient situation = 0 and automatic unsatisfactory rating	Nursing Diagnosis: Ineffective airway clearance r/t infection within the lungs
Nursing Diagnosis: (3 points total) Problem Statement (1) 1 Etiology (1) 1 Defining Characteristics (1) 1	Total Points 3 Comments: Liz, you did a nice job writing your nursing diagnosis. Remember infection is a borderline medical diagnosis and you may want consider revising in the future. Maybe state disease process. Also, defining characteristics should be abnormal findings associated with the patient's nursing diagnosis. Do not include normal findings in the future. KA
Goal and Outcome (6 points total) Goal Statement (1) 1 Outcome: Specific (1) 1 Measurable (1) 1 Attainable (1) 0 Realistic (1) 0 Time Frame (1) 1	Total Points Comments: 4 Liz, you did a nice job writing your outcomes. When you are worried about airway clearance and evaluating a cough think about is no cough would be a better finding than a moist nonproductive cough becoming productive. Which one shows the airway becoming clear more? KA
Nursing Interventions: (8 points total) Prioritized (1) 1 What (1) 1 How Often (1) 1 When (1) 1 Individualized (1) 1 Realistic (1) 1 Rationale (1) 1 All pertinent interventions listed (1) 1	Total Points 8 Comments: Liz, great job writing thorough and complete interventions. Nice job including all pertinent interventions. KA
Evaluation: (5 points total) Date (1) 1 Goal Met/partially/unmet (1) 1 Defining characteristics (1) 1 Plan to continue/terminate (1) 1 Signature (1) 1	Total Points 5 Comments: Liz, you did a nice job thoroughly evaluating your care plan. KA
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 = 20 Comments: Liz, you satisfactorily completed your care plan. In the future you do not need to include normal in your defining characteristics. Only the abnormalities. See comments on care plan to help improve in the future. Good job! KA

Objective # 6a: Implement patient-centered plans of care utilizing the nursing process and clinical judgment. (2,3,4,5)*	Students Name: Liz Gast Date: 1/30/19
**Nursing care plan not appropriate to patient situation = 0 and automatic unsatisfactory rating	Nursing Diagnosis: Impaired Gas Exchange r/t altered oxygen supply
Nursing Diagnosis: (3 points total) Problem Statement (1) 1 Etiology (1) 1 Defining Characteristics (1) 1	Total Points 3 Comments: Great job selecting the NANDA approved priority nursing diagnosis for your patient with acute asthma. Your etiology is appropriate and does not include a medical diagnosis. You listed five defining characteristics to support your diagnosis. NS
Goal and Outcome (6 points total) Goal Statement (1) 1 Outcome: Specific (1) 1 Measurable (1) 1 Attainable (1) 1 Realistic (1) 1 Time Frame (1) 1	Total Points 6 Comments: Excellent job on your goal and outcome section of the care plan. Your generalized goal is a positive statement that directly relates to your NANDA problem. Your outcomes meet the SMART criteria. For every defining characteristic that you included in your nursing diagnosis, you turned it into a positive assessment and added it to the detailed section of the outcomes. For additional defining characteristics, what did you notice about the patient's skin color? Did it appear cyanotic or dusky to you? How was her anxiety level? Just some things to think about! NS
Nursing Interventions: (8 points total) Prioritized (1) 1 What (1) 1 How Often (1) 1 When (1) 1 Individualized (1) 1 Realistic (1) 1 Rationale (1) 1 All pertinent interventions listed (1) 0	Total Points 7 Comments: Good list of interventions for your patient with asthma! You prioritized your interventions appropriately with assessments taking highest priority. Each intervention states what, when, and how often they would be performed. The interventions are individualized and realistic to your patient. Great job identifying the importance of educating the patient on avoiding irritants as she had been to the ER numerous times in the last year for asthma. Proper education could potentially decrease her hospital visits. Not all pertinent interventions were listed. When a patient is in respiratory distress, what are some non-pharmacological interventions that we can do for the patient? Should the head of the bed be flat or elevated? What can we do to reduce anxiety for a patient that is having difficulty breathing? Also, don't limit yourself to oxygen only being at 2L. The orders in the scenario did not specify how much oxygen that patient should have. Sometimes we might have to increase the oxygen or possibly use a venti-mask or non-rebreather. Great job! NS
Evaluation: (5 points total) Date (1) 1 Goal Met/partially/unmet (1) 1 Defining characteristics (1) 1 Plan to continue/terminate (1) 1 Signature (1) 1	Total Points 5 Comments: Great job with the evaluation of your care plan! NS
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 = 21/22 Comments: Liz, you did a great job with this care plan for your vSim patient. It seems like you were able to recognize the important findings during the scenario and developed a plan of care to reduce possible complications. You received 21 out of 22 points for a satisfactory grade. You have now completed two satisfactory care plans this semester. You are not required to submit any additional care plans for grading, excellent work! Remember to review the comments provided for continued success. Keep up the hard work! NS

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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						
b. Reflect on an area for improvement and set a goal to meet this need.** (Reflecting)	S NI		S	S	NA	S	S	S	S	S	S	S						
c. Demonstrate evidence of growth, initiative, and self-confidence. (Responding)	S		S	NA	NA	S	S	S	S	S	S	S						
d. Follow the standards outlined in the FRMCSN Student Code of Conduct Policy. (Responding)	S		S	NA	NA	S	S	S	S	S	S	S						
e. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions. (Responding)	S		S	NA	NA	S	S	S	S	S	S	S						
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (Responding)	S		S	NA S	NA	S	S	S	S	S	S	S						
g. Demonstrate the ability to give and receive constructive feedback. (Responding)	S		S	NA	NA	S	S	S	S	S	S	S						
h. Actively engage in self-reflection. (Reflecting)	S		S	NA S	NA	S	S	S	S	S	S	S						
	KA	KA	KA	NS	DW	EW	KA	MD	MD	EW	DW	LM						

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

Comments:

Week 1:

Objective 7a.) My area of strength this week was having the confidence in handling an IV. I have also done FSBS at my current job, so this skill I performed with confidence. I loved doing the skills hands on and can not wait to work with insulin pens and IV pumps on the clinical site. **Nice job. You can truly tell you have confidence in these skills and are enthusiastic to learn more. KA**

Objective 7b) I need to improve on working with the IV tubing and the setup. My goal is to walk in the patient's room and start an IV infusion with no complications and have confidence in operating the IV pump as well as correlating it with my charting in Meditech. I'm sure this will come with time and experience, but as of right now, I am going to need assistance and guidance when working with the pump and infusion tubing. My plan is to become comfortable with starting an infusion by the end of the semester. **Liz, this sounds like a great goal. In the future try to set a shorter term goal and remember to be more specific with your plan. You plan includes a time, but does not say what you will do to improve this skill or how often. (i.e. "I will review the IV skills video 2 times before my first clinical.") KA**

Week 3:

Objective 7a.) My area of strength this week was in a few areas. First of all, I was offered to take a different assignment due to my patient being in Environmental Isolation. I am a firm believer that you are never given more than you can handle, so I was willing to garb up in the gown to help my patient, and not veer away from the challenge. I was comfortable taking the patient and overall it was a great learning experience. My biggest strength was my outlook on the situation. My patient asked me why I had the blue gown and hat on, and I told her it was my party hat and party dress. I also complemented on her stylish dress that they gave her. The room on 3T was very spacious so I told the patient she needs to get better so we can go dancing on her dance floor! Throughout both days, my patient was laughing and smiling. I feel like my biggest job is done when in spite of all the bad news the doctors told her, I made her smile and laugh. I tried to make the best of her situation just by keeping her water fresh and encouraging her to drink as well as putting her coffee in a different cup to make it easier for her to drink. Multiple times in the two days, my 85-year-old lady told me I am going to be a good nurse, and that is what makes all the silly acts and hard work all worth it. **Liz, you did rise to the challenge and took great care of your patient! KA**

Objective 7b.) My area of weakness this week was trying to understand what my patient was saying. The patient talked in a very garbled and jumbled speech which required heavy attention to what she was saying. I realized that I kept making the patient repeat what she said because I could not understand her. I should have provided alternative communication methods such as a pen and paper available for her to write. The patient enjoyed my company and would tell stories to me while I was in the room about her life and beliefs. I tried to listen closely but could only make out a few words. At times, her daughter noticed me not comprehending her mother and replied "Mama, she doesn't know what you're saying...". The next time I have a patient with a communication disorder, I will provide alternative communication methods to be available in the room and provide education on how to use them. I plan on doing this by midterm this semester and also know that it is an option for every patient I take care of this semester. **Great idea. I think we sometimes forget there are communication boards and cards that can be used when communication can be difficult. KA**

Week 3 – 7e – Liz you had a challenging situation this week and instead of backing down from the challenge, you rose to the occasion and utilized it as a teaching experience. You had a true ACE attitude this week! KA

Week 4:

Objective 7a.) This week, my area of strength was my organizing skills. I make sure to read all the orders and write them down to refer from throughout the simulation. I constantly was checking my orders and all the interventions and possible thing to do to make sure I wasn't forgetting anything. This was a good skill to do because I scored a 96% on one and 100% on the other. **Awesome!! NS**

Objective 7b.) My weakness this week was the scoring on the V sim post quizzes. I was not impressed with my initial scores so I tried the test again until I received satisfactory scores. My goal is to pay more attention to the questions and try to get a satisfactory score on my first try by the next V sim. **Good area to note for improvement and I think you have a strong goal in place to be more successful! NS**

Week 6:

Objective 7a.) My area of strength was my understanding of the patient's condition. With my patient being confused, it was difficult trying to have effective communication with her. I chose not to over stimulate her by talking too much or using difficult terminology, but instead make all my communication clear and concise so that it was easy for my patient to understand me. I also constantly checked her orientation to see if she was showing signs of improvement. The first day, she did not know what year it was or where she was. After working with her, by the end of the second day she saw me cheer for her as she announced the date, and where she was correctly and with confidence. This made me feel good knowing that working with her, over time she was able to improve her cognition.

Objective 7b.) My weakness this week would have to be my efficiency in charting. I know that I can do this, I have done it before, but it felt like I was running around clueless at times this week. The first week of clinicals was a little rough just because I haven't charted since last semester. I was then off for two weeks, so getting

into the rhythm took me half a day to click in my head. I saw that I was constantly checking my chart to see what I missed, and not having a sense of organization. My plan by next weeks clinical is to write down what needs done by the hour and have a self-built checklist that would make it easier. The end of the day on Thursday, I did so many tasks all at once that once the patient was settled, I had to back chart everything, and I felt like I was missing things. I want to improve on knowing what needs done at certain times.

WK6: I agree with each of these that you chose for strengths and weaknesses. I love that noticed the patient had a stroke, interpreted there were communication barriers, and responded by being clear and concise with communication. I also love that you cheered her on and gave her positive reinforcement. She has been through a lot and that probably made her day. As far as charting it will take time to get into a rhythm but it is good to make a check list and work from there. EW

Week 7:

Objective 7a.) My area of strength this week was my enthusiasm to help whenever I could. I learned to put my personal thoughts and beliefs aside and open up my understanding to those that may be less fortunate than me. I wanted to know more about their stories, and help them with whatever they needed. If we were able, I wanted to join in on the UNO game they were playing. I was glad that I was able to help and my strength was my compassion and attitude was a positive outlook on the experiment. There are small victories in which the man sitting in front of me had hypertension. I made a fresh batch of popcorn for him. He asked for extra extra salt. I told the nursing student that he was all taken care of and the man gladly took his popcorn and left. In reality, I added NO salt to his popcorn because I didn't have it in my heart to increase his Sodium intake and cause a risk down the road. **Interesting tactic. KA**

Objective 7b.) An area that I would need for improvement this week may be to be more proactive about my education. I want to be confident on the information that I was presenting so that I am not reading the board to them. One of biggest pet peeves when learning is being read to word for word. I can improve that by preparing myself the next time I need to do a teaching. I will do this by studying beforehand and not relying on the board. Some of the residents asked me questions that I did not know the answer to. Instead of telling them that I didn't know the answer, I tried to advise them to discuss with a physician or tell them the best to my ability what I knew. Wow, this week made me realize that our presentation makes others think we know everything about medical things and they turn to us to answer their medical questions.... Not sure if I'm ready for that yet. **There is definitely is an authority that goes along with being a nurse. It is a role in time you will welcome and realize you are well prepared for. KA**

Week 8:

Objective 7a.) My area of strength this week was my time management throughout my care. In rehab there's a strict schedule involving the meals and therapies at certain times. I learned how to interrupt his breakfast both days and perform my head to toe assessment and explain my reasoning f doing that as well. I timed my assessments and interventions based off of when it was most appropriate and with that, I was able to complete all my tasks needed and my patient was not rushed through anything throughout the day. **Excellent! MD**

Objective 7b.) My weakness this week was putting my personal needs into consideration throughout my day. The first day, I arrived to clinical without eating any breakfast. I was offered to be relieved for a break by the team leader, but I refused because I thought I was fine and I wanted to be with my patient during his care. By the end of the day, I felt lightheaded and jittery because I went so long without eating. I excused myself from the room and grabbed some crackers to hold me over. The next day, I tried to avoid that from happening again and grabbed breakfast at the gas station before coming in. That was not the best choice either, because I left the room during my assessment to go to the bathroom, since the food I had made me ill. The next week I plan on preparing a healthy breakfast that I can grab and go and also give myself a small break throughout the day so that this will not happen again. I also was bummed that while transferring the patient back to bed, I squatted down to lift his legs up, and I heard a rip... My hemostats ripped through the pocket in my pants and caused a big hole. I will make sure they are in a different pocket next time! **Make sure you are putting your safety as a priority! This is so important to practice! MD**

Midterm-Great job! Make sure you are seeking out opportunities to practice the skills with an NA if possible. Keep up the good work! MD

Week 9:

Objective 7a.) One of my strengths this week was my day at Alternative Care. This was by far one of my favorite days in clinicals! I enjoyed interacting with the senior citizens and helping them out. They loved the Pot of Gold Game and they also loved the music we played too! I had one of the clients tell me they didn't want me to leave that day because they liked my music. I had no nervousness or mistakes on this clinical and I would've spent the entire day there if it was allowed.

Objective 7b.) One of my weakness this week was not paying attention to the infection control standards. We took care of a patient this week that was in Environmental Precautions for bed bugs. I had this isolation before, but I was on 3T and we took off the PPE in the small area connected to the room. This was a basic room and I removed

all my PPE besides my shoe covers and walked on the tape in the doorway. The nurse reminded me to take all of this off in the room and not enter the hallway. I am now more aware of this and will pay closer attention to removing PPE next time I have an isolation patient.

Week 10:

Objective 7a.) My strength this week was my communication with the nursing staff on the floor. During Infection Control, we noticed a patient was on droplet isolation to R/O viral meningitis. After looking at the protocol, the viral meningitis does not require isolation. Susan Cramer gave us the responsibility to discuss with the Critical Care nurse and explain to them the reasoning on why they can remove the isolation. The nurse thanked me for letting them know and removed the isolation after speaking with me. **Excellent Liz! I am sure this was not the most comfortable discussion. It appears you handled it well and the nurse was receptive. Keep up the great work! DW**

Objective 7b.) One of my weaknesses was being the quiet one. I do not want to be known as the shy quiet one, but I also sit back and take in the entire situation. I noticed I saw myself not speaking throughout the alternative site and doing a lot of observing. I did ask questions as much as I could, but I want to be able to offer help, or even jump in and do things that I see need done and I can do to help out. I was not a fan of sitting around and watching but what I did watch was a good learning experience for me. Next alternative site, I want to be more proactive and engage myself rather than sitting back and watching until someone told me what to do. **Wonderful reflection Liz. You have the power to make each experience a beneficial one or a waste of time. We do not provide clinical experiences just to kill time, so I am glad you will be choosing to take a more active approach in all remaining clinical. There is something to learn in everything you do. DW**

Week 11:

Objective 7a.)

My strength this week was acknowledging the administration of cardiac and blood pressure medication when my patients' blood pressure was low. I held the Lisinpril, Cardizem and Lopressor until I could confirm with another nurse. My patients blood pressure was 110/62 before administration. I knew the medication I gave could lower her blood pressure, and it was ordered due to her irregular atrial fibrillation rhythm. I checked with the instructor and also took a manual blood pressure as well. The manual was 106/64 and she was asymptomatic. I notified the nurse and he discussed the history with me. We decided to administer the medication as she has received them before but I made sure to check the blood pressure one hour later to check the effect of the meds. Her pressure was 121/72 and I was proud of myself for looking into the medication before administering it. **You did a great job questioning to proceed with antihypertensive med administration due to your patient's B/P. You followed the protocol correctly. LM**

Objective 7b.)

My weakness this week was my medication research. I felt like my assessment and vitals were my priority in the morning as well as obtaining a FSBS before breakfast. My patient then needed to go to the bathroom and I also needed to give her insulin before her breakfast. By the time I looked at the MAR and wrote them all down, they wanted me to pass meds. I did not have the time to go into the med room and look at Skyscape to answer all the questions. I want to be able to look up my meds and fit this into my morning routine and be more prepared before the next med pass. **I agree that time management can be improved upon. Also, I noticed an apathetic demeanor displayed from you this week. Time management can also assist you in being more efficient and passionate about your role. LM**

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
	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)*
Performance Codes: 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	KA	KA	KA	KA	KA	KA	KA	DW
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 & 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 one prompt to remember to state to oral suction after trach suctioning and one prompt to remember to state to clean the stoma from the stoma outward. Otherwise, well done. NS

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

<u>vSim Evaluation</u> Performance Codes: S: Satisfactory U: Unsatisfactory			vSim						
	ical-Surgical) Vincent Brody	cal-Surgical)Jennifer Hoffman	edical-Surgical)Skylar Hanson	Juan Carlos (Pharmacology)	cal-Surgical) Marilyn Hughes	Vernon Russell *1, 2, 3, 4, 5, 6) (Fundamentals)	ical-Surgical) Stan Checketts	Harry Hadley *1, 2, 3, 4, 5, 6) (Pharmacology)	4, 5, 6)(Pharmacology) Yoa Li
	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	EW	KA	LM			

* 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:

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dw 1/3/19