

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

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

Student: Teila Hay

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
1/23/19	Ineffective Airway Clearance	NI/NS	2/1/19 NS	NA
2/2/19	Ineffective Breathing Pattern r/t constriction of the airways	S KA	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	N/A	N/A	N/A	N/A	S	S	S	N/A	S						
a. Analyze the involved patho-physiology of the patient's disease process. (Interpreting)			S	N/A	N/A	N/A	N/A	S	S	S	N/A	S						
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			S	N/A	N/A	N/A	N/A	S	S	S	N/A	S						
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			S	N/A	N/A	N/A	N/A	S	S	S	N/A	S						
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			S	N/A	N/A	N/A	N/A	S	S	S	N/A	S						
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	N/A	N/A	S	N/A	S	S	S	N/A	S						
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			S	N/A	N/A	N/A	N/A	S	S	S	N/A	S						
g. Assess developmental stages of assigned patients. (Interpreting)			S	N/A	N/A	N/A	N/A	S	S	S	N/A	S						
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		S	N/A	N/A	N/A	S	S	S	S	N/A	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	FRMC 3N, 73 yr. old, RSV	NA	AC/WC	DH/D	HS/PT/OT/IC	FRMC 4N 78 yr. old Bowel Obstruction		Rehab	N/A	FRMC 3T, 38yo osteomyelitis						
Instructors Initials	DC		NS	KA	MD	DW	DC	E W	EW	MD		LM						

Comments:

Week 3 objective 1 (a-h) – Great job this week interpreting your patient’s data and correlating each piece with your patient’s disease process. You understood your patient’s nutritional needs with her increased blood glucose levels and provided education regarding a proper diet. You were able to correlate pharmacotherapy in relation to your patient different health problems and demonstrated a good understanding of the care that needed to be provided. NS

Week 6- Please make sure you are thoroughly reviewing your tool each week. Competency 1h demonstrates preparation for clinical. Digestive Health and Dialysis are two clinicals this week in which you would have arrived prepared for. This does not apply to just inpatient clinicals. DW

WK8 1a-h; You did a good job with your assessment and determining patient needs and care goals. EW

Week 11 (1b & c) – You did a nice job correlating your patient’s symptoms and diagnostic tests to her disease process. 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	N/A	NA	N/A	N/A	S	S	S	N/A	S						
a. Perform inspection, palpation, percussion, and auscultation in the physical assessment of assigned patient. (Responding)			S	N/A	NA	N/A	N/A	S	S	S	N/A	S						
b. Conduct a fall assessment and implement appropriate precautions. (Responding)			S	N/A	NA	N/A	N/A	S	S	S	N/A	S						
c. Conduct a skin risk assessment and implement appropriate precautions and care. (Responding)			S	N/A	NA	N/A	N/A	S	S	S	N/A	S						
d. Communicate physical assessment. (Responding)			S	N/A	NA	N/A	N/A	S	S	S	N/A	S						
e. Analyze appropriate assessment skills for the patient's disease process. (Interpreting)			S	N/A	NA	N/A	S	S	S	S	N/A	S						
f. Demonstrate skill in accessing electronic information and documenting patient care. (Responding)	S		S	N/A	NA	N/A	S	S	S	S	N/A	S						
	DC		NS	KA	MD	DW	DC	EW	EW	MD		LM						

Comments:

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 objective 2(f) – Excellent job with your assessments this week. Your documentation was thorough and accurate with minimal tips for improvement. Great job! NS
WK8 2c: You recognized patient skin sensitivity to tape and changed dressing accordingly. EW

Week 11 (2a-d) – You performed a detailed assessment on your patient this week and identified abnormal findings with your patient's skin assessment and fall risk appropriately. Nice job! 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:																		
a. Perform standard precautions. (Responding)	S		S	N/A	S	S	S	S	S	S	N/A	S						
b. Demonstrate nursing measures skillfully and safely. (Responding)	S		S	N/A	N/A	N/A	N/A	S	S	S	N/A	S						
c. Demonstrate promptness and ability to organize nursing care effectively. (Responding)			S	N/A	N/A	N/A	N/A	S	S	S	N/A	S						
d. Appropriately prioritizes nursing care. (Responding)			S	N/A	N/A	N/A	N/A	S	S	S	N/A	S						
e. Recognize the need for assistance. (Interpreting)			S	N/A	N/A	N/A	S	S	S	S	N/A	S						
f. Apply the principles of asepsis where indicated. (Responding)	S		S	N/A	S	S	S	S	S	S	N/A	S						
g. Manages a patient in physical restraints according to hospital policy. (Responding)			N/A	N/A	N/A	N/A	N/A	N/A	NA	NA	N/A	N/A						
h. Implement the appropriate DVT prophylaxis interventions based on assessment and physicians orders. (Responding)			N/A	N/A	N/A	N/A	N/A	S	S	NA	N/A	N/A						
i. Identify the role of evidence in determining best nursing practice. (Interpreting)			S	S	S	N/A	S	S	S	S	N/A	S						
j. Identify recommendations for change through team collaboration. (Interpreting)			N/A S	N/A	N/A	N/A	N/A	S	S	S	N/A	S						
	DC		NS	KA	MD	DW	DC	EW	EW	M D		LM						

Comments:

Week 3 objective 3 (a) – You were able to follow the guidelines for contact and droplet precautions for your patient with RSV. You utilized PPE appropriately and applied the principles of asepsis by ensuring the glucometer was cleaned when leaving the patient’s room to prevent the spread of microorganisms. (b) you were able to prioritize your care and completed your nursing interventions in a timely manner before your patient was taken to dialysis (j) you collaborated with the co-assigned nurse and identified the need for obtaining a blood pressure in the patient’s leg due to her history of a lumpectomy and fistula placement in handoff report. NS

Week 4 – 3i – Tiela, you did a great job choosing an appropriate EBP article for the discussion this week. Nosocomial infections education is a great topic. KA
WK8 4c,d,e You did a nice job as a primary nurse as well as a team leader in organizing and prioritizing care and assisting when needed. EW

Week 11 (3d & f) – You prioritized your nursing care appropriately. Nice job! We discussed following appropriate aseptic technique when administering subcutaneous injections. Teila almost forgot to don gloves before performing a subcutaneous injection, but remembered right before administration, therefore, Teila is still receiving a satisfactory for this objective. Remember to gather all necessary equipment before performing tasks. 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	N/A	N/A	N/A	N/A	S	S	S	N/A	S						
l. Calculate medication doses accurately. (Responding)			S	N/A	N/A	N/A	N/A	S	S	S	N/A	S						
m. Administer IV therapy, piggybacks and/or adding solution to a continuous infusion line. (Responding)			N/A	N/A	N/A	N/A	N/A	N/A	NA	S	N/A	N/A						
n. Regulate IV flow rate. (Responding)	S		N/A	N/A	N/A	N/A	N/A	N/A	NA	S	N/A	N/A						
o. Flush saline lock. (Responding)			N/A	N/A	N/A	N/A	N/A	N/A	NA	S	N/A	N/A						
p. D/C an IV. (Responding)	S		N/A	N/A	N/A	N/A	N/A	N/A	NA	S	N/A	N/A						
q. Monitor an IV. (Responding)			N/A	N/A	N/A	N/A	N/A	S	S	S	N/A	N/A						
r. Perform tracheostomy care. (Responding)			N/A	N/A	N/A	N/A	N/A	N/A	NA	NA	N/A	N/A						
s. Perform FSBS with appropriate interventions. (Responding)	S		S	N/A	N/A	N/A	N/A	S	S	NA	N/A	S						
	DC		NS	KA	MD	DW	DC	EW	EW	MD		LM						

Comments:

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 (3t)-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 objective 3 (k,l,s) – Great job with your medication administration this week. You practiced the 3 checks of the 6 medication rights. You were able to identify the purpose of each medication, the side effects, and nursing implications. You calculated appropriate insulin dosages according to the corrective scale and carb coverage. You also demonstrated appropriate skill in performing a FSBS. Great job this week! NS

WK 8: In the next 8 weeks please inform your instructors you have not had IV opportunities or attempt to seek them out. EW

Week 11 (3k, l, s) – You administered your PO meds and gave the subcutaneous injection correctly. We discussed the 3 medication checks and agreed that it is best to use the scanner near the computer to review the medication instead of scanning the med at the patient’s bedside table. Teila understood this. 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	N/A	N/A	N/A	S	S	S	S	N/A	S						
a. Integrate professionally appropriate and therapeutic communication skills in interactions with patients, families, and significant others. (Responding)			S	N/A	N/A	N/A	S	S	S	S	N/A	S						
b. Communicate professionally and collaboratively with members of the healthcare team. (Responding)			S	N/A	N/A	N/A	S	S	S	S	N/A	S						
c. Report promptly and accurately any change in the status of the patient. (Responding)			N/A	N/A	N/A	N/A	N/A	S	S	N/A	N/A	S						
d. Maintain confidentiality of patient health and medical information. (Responding)			S	N/A	N/A	N/A	S	S	S	S	N/A	S						
e. Consistently and appropriately post comments in clinical discussion groups. (Reflecting)			S NI	S	N/A	N/A	N/A	S	S	S NI	N/A	S						
f. Obtain report, from previous care giver, at the beginning of the clinical day. (Noticing)			S	N/A	N/A	N/A	N/A	S	S	S	N/A	S						
g. Provide a clear, organized hand-off report to your patient’s next provider of care. (Responding)			S	N/A	N/A	N/A	N/A	S	S	S	N/A	S						
	DC		NS	KA	MD	DW	DC	E W	EW	MD		LM						

Comments:

Week 3 objective 4 (a) – You were able to build a trusting and therapeutic relationship with your patient. You noticed her anxiety in regards to dialysis and were able to provide therapeutic communication. Your patient seemed very comfortable in your care. (b) You also did a great job of communicating professionally and collaboratively with your co-assigned nurse. NS

Week 3 objective 4 (e) – Overall you did a very good job with your CDG. You identified an important educational need for your patient and located an article that pertained. In the future, be sure to find research articles that include a clear research method, results, and specific nursing implications. This competency was changed to “NI” for APA formatting. According to the CDG grading rubric, in-text citations should be used to support opinions, data, articles, or textbooks. Within your summary of the article, an in-text citation should be used to give credit to the authors. Additionally, your reference was not in complete APA format. Refer to the 2019 MSN Course Resources on Edvance360 for the APA Formatting Examples document for guidance. Pay close attention to capitalization of titles and italicizing of journals. Another good resource for APA referencing is Purdue OWL, which you can find with a google search. Be sure to seek out assistance for any of the faculty if you have any questions! NS

Week 4 – 4e – Tiela, it looks like you used the comments from last week and improved your CDG for this week. When writing an in-text citation remember it only needs to be (author, year) in the citation, you do not need to include the title of the article. If you were doing a direct quote it would look like this (Authors, year, page #). Nice job. Keep up the good work! KA

Week 6- Please make sure you are thoroughly reviewing your tool each week. Competencies 4a and b should have been completed especially considering the interview completed during the Dialysis clinical. DW

Week 9 (4E)-Please remember to add an in text citation to your CDG. MD

Week 11 (4e) – You provided a detailed CDG post with substantive information this week. You also provided an in-text citation. Please remember when citing a reference that you do not indent the first line but you do indent the subsequent lines. 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:			S	S	S	S	S	S	S	S	N/A	S						
a. Describe a teaching need of your patient.** (Reflecting)			S	S	S	S	S	S	S	S	N/A	S						
b. Utilize appropriate terminology and resources when providing patient education. (Responding)			S	N/A	N/A	N/A	S	S	S	S	N/A	S						
c. Evaluate health-related information on the intranet. (Responding)			S	N/A	N/A	N/A	N/A	S	S	S	N/A	S						
	DC		NS	KA	MD	DW	DC	EW	EW	MD		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, 5a: I taught my patient to cough and deep breath to help her move the mucous out of her lungs, opening the alveolar sacs in the lung bases, and to help her clear her airways. I explained to the patient to sit up in high fowlers, take a deep breath in through nose and to continue until your lungs feel full and hold for 3 seconds. Then let out air slowly and to cough deeply from the lungs not the throat. **Excellent education for your patient with a compromised respiratory system! NS**

Week 4: 5a I educated Skyler Hansen, on his type one diabetes and how to better control his blood sugars. I taught him the causes for low blood sugars, and that he should always have a snack and/or candy available at all times. I taught him the effects of increased activities and how that can cause your sugar to drop quicker than normal. We also went over the signs of low blood sugar, so he will be prepared next time. **Great education provided to the diabetic patient. KA**

Week 5: 5a Although I did not educate the patient myself, but Sharon did. Sharon had to apply a wound vac, and educate the patient about it. She explained to the patient why she was getting a wound vac and the purpose is to keep it in a closed system to pull fluid off the wound, to can help reduce swelling, and may even help remove bacteria from the wound, and it will help pull the edges of the wounds together that will help heal the wound quicker. **Great! I am sure you learned a lot from her! MD**

Week 6: 5a I myself did not teach any patients this week, but I did observe the nurse educating the patients in digestive health on discharge instructions, not only after the procedure but also before so they knew what to expect to happen before, during and after the procedure was done. **DW**

Week 7: 5a While at the homeless, our group taught a few of the clients there about the proper way to do CPR with just compressions. I explained to them how you really have to push hard to actually get the heart pumping and since we had the mannequin that would light up green, if being performed correctly, really gave them a good idea how hard and fast you have to do compressions. I taught them they need to count and if more than one person available need to take turns so you don't get tired and the chest compressions become ineffective. **I am glad that you addressed that if there is more than one person available to switch on and off. Fatigue can occur very quickly with CPR. DC**

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 8: 5a My patient had hypoactive bowel sounds after abdominal surgery, and no BM or flatulence since 2/23. I taught my patient the importance up getting up, moving, and ambulating to help with peristalsis, and preventing other complications as well. My patient was very understanding and was compliant with the education. She got up and ambulated in the halls, and the patient stated she could feel “something happening in my stomach” and when we returned to the room the patient tried to go to the bathroom, she did not have a BM but she did have flatulence.

Week 9: 5a This week I taught my patient to cough and deep breath to help him move the mucous out of lungs, opening the alveolar sacs in the lung bases to prevent pneumonia, even though it hurt because of his fractured ribs. When he coughed he would hold his ribs and you could tell he was holding his cough in because it hurt to cough. I taught him to hold a pillow against his chest when he is coughing to help with pain so he was able to cough hard enough to get the mucous out. **Great job! MD**

Week 11: 5a This week I talked to my patient about how to keep track of her carbs and being more aware of what she is eating and drinking that could cause her glucose to increase. I taught her that if you can get your diabetes under control, that she may have better wound healing and prevent anymore wounds from forming. I also taught my patient that every night before going to bed to examine her feet for any open areas since she is diabetic and has neuropathy in both of her feet. **Great information! 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 NI	S	N/A	N/A	N/A	N/A	S	NA	N/A	N/A						
b. Development of clinical judgment in high-fidelity simulation scenarios. (Noticing, Interpreting, Responding, Reflecting)								S	S									
	DC		NS	KA	MD	DW	DC	EW	EW	M D		LM						

Comments:

See Care Plan Grading Rubrics below.

Week 8- **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. See Simulation Scoring Sheet below.**

Week 13- See Simulation Scoring Sheet below.

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

<p>Objective # 6a: Implement patient-centered plans of care utilizing the nursing process and clinical judgment. (2,3,4,5)*</p>	<p>Students Name: Teila Hay Date: 1/23/19 2nd attempt: 1/30/19</p>
<p>**Nursing care plan not appropriate to patient situation = 0 and automatic unsatisfactory rating</p>	<p>Nursing Diagnosis: Ineffective Airway Clearance r/t excessive mucous, thick sputum</p>
<p>Nursing Diagnosis: (3 points total) Problem Statement (1) 1 1 Etiology (1) 1 1 Defining Characteristics (1) 0 1</p>	<p>Total Points 2/3 Comments: Great job selecting a priority diagnosis for your patient with RSV and pneumonia. Your problem statement is NANDA approved and there is no medical diagnosis in the etiology.</p> <ul style="list-style-type: none"> Not all pertinent defining characteristics were listed. Think about your related to of excessive mucous and thick sputum when determining your defining characteristics. Was she short of breath at rest? Or with exertion? Was her respiratory rate or Spo2 completely within normal limits? Be more specific with where her wheezing and crackles were noted upon auscultation. Ex: right lobe/left lobe, upper/lower, anterior/posterior, inspiration/expiration. Think about your respiratory assessment and questions that you may ask? How was your patient's cough? Was it productive? Moist? Etc. <p>Great job taking into consideration the feedback provided. Your defining characteristics are specific and individualized to your patient. You met the necessary criteria to receive full credit in the Nursing Diagnosis section. NS</p>
<p>Goal and Outcome (6 points total) Goal Statement (1) 1 1 Outcome: Specific (1) 0 1 Measurable (1) 1 1 Attainable (1) 1 1 Realistic (1) 1 1 Time Frame (1) 1 1</p>	<p>Total Points 5/6 Comments: Your generalized goal is a positive statement that directly relates to the NANDA problem. Your listed outcomes are SMART (specific, measurable, attainable, realistic, timeframe). However, there are some key goals that have been left out specific to your patient. Think about what your nursing diagnosis is and what it is related to. What would our outcomes be to ensure that the patient's airway is clear? If your patient has excessive mucous and thick secretions, what outcomes are we looking for to ensure effective airway clearance? Try to include some more detail from your respiratory assessment.</p> <p>Your defining characteristics for your outcomes are specific. Great job with this section of the care plan. NS</p>
<p>Nursing Interventions: (8 points total) Prioritized (1) 0 1 What (1) 1 1 How Often (1) 0 0 When (1) 0 1 Individualized (1) 0 1 Realistic (1) 1 1 Rationale (1) 1 1 All pertinent interventions listed (1) 0 0</p>	<p>Total Points 3/6 Comments:</p> <ul style="list-style-type: none"> Remember to prioritize your interventions with all assessment taking highest priority. Interventions that will help the problem should come after all assessment interventions Not all interventions included how often they would be completed. Include how often each intervention would be performed, including education interventions. Make sure to include when each intervention would be performed as well. Ex (0800, 1200, etc). When listing interventions, make sure they are individualized for your patient. Medications should include the name, dose and frequency specific to your patient's plan of care. Not all pertinent interventions were listed. How can we assess the patient's ability to clear secretions? How do we know if she still has excessive mucous or thick secretions? Since your care plan is based on ineffective airway clearance, you need to include interventions related to thick sputum. What lab/microbiology and diagnostic tests would we be monitoring? What other nursing interventions can we perform or encourage that can help thin secretions? What were some of the interventions your patient was doing to thin her

Objective # 6a: Implement patient-centered plans of care utilizing the nursing process and clinical judgment. (2,3,4,5)*	Students Name: Teila Hay Date: 2/2/19
**Nursing care plan not appropriate to patient situation = 0 and automatic unsatisfactory rating	Nursing Diagnosis: Ineffective Breathing Pattern r/t constriction of the airways
Nursing Diagnosis: (3 points total) Problem Statement (1) 1 Etiology (1) 1 Defining Characteristics (1) 1	Total Points 3 Comments: Teila, you did a nice job writing a thorough and complete nursing diagnosis for the vSim patient. KA
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: You did a good job with your goal and outcomes. Remember to positively word your outcomes. See care plan for more specific comments. KA
Nursing Interventions: (8 points total) Prioritized (1) 1 What (1) 1 How Often (1) 0 When (1) 0 Individualized (1) 1 Realistic (1) 1 Rationale (1) 1 All pertinent interventions listed (1) 0	Total Points 5 Comments: Teila, the majority of your interventions met all of these criteria. One intervention did not state how often or when. Also there was no intervention assessing the cough you listed in the outcomes. Remember to follow your defining characteristics all the way through your plan. Each one should have an outcome, an intervention, and an evaluation. See more specific comments on the care plan. 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: Teila, you did a nice job thoroughly evaluating your patient's care plan as written. 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 = 19 Comments: Teila, you completed a satisfactory care plan. See comments above and on care plan. Please remember to follow your defining characteristics all the way through your care plan in the future to prevent missing a needed intervention. Great job!

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

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

Comments:

Week 1: 7a A strength of mine this week, was my ability to use the insulin pen, and to assist other students through the steps and procedure.

7b. I had to be given three prompts while doing my head to toe assessment, in my second attempt I did not receive any prompts. I will review my head to toe assessment check off list daily until clinicals. – Reviewing the HTT assessment is essential. God job for recognizing that this is an area to improve upon. Also – assisting other students is a good skill to continue to work upon – it shows teamwork and the ability to provide help to others when needed. In your future Clinical Tool submissions, please make sure to identify yourself when saving/submitted your document.

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 3: 7a. One strength this week is being comfortable with my patient and being able to provide patient care with confidence. **This is a great strength to have, especially with it being your first clinical in the program. Take this strength with you each week as you continue to build towards becoming an RN. NS**

7b. An area that I need to improve on is being able to put all the information together and how it all relates to each other. For example how the abnormal labs relate to the patients diagnosis or medications. I will review some of the more common diagnosis, and medications and compare to the lab values and what I should expect to find and why. I will do this throughout the clinicals this semester and be more comfortable with why and what the cause is for the patient to have abnormal labs by the end of this clinical rotation. **This is a good area to note for improvement. This is something that will come with time and experience as you learn the different body systems throughout this course. Continue to ask questions during clinical so that you can learn more each week and make this a strength in the future! NS**

Week 4: 7a. Being able to manage my time and get all assignments done ahead of time so I can prepare myself for next week. **Great job submitting everything on time this week. I agree everything was plenty early. Good job! KA**

7b. I need to improve on making nursing care plans , and having more specific to my patient interventions, and not so general goals and outcomes. I plan on doing a nursing care plan every week on my own time to get use to doing them. And making sure they are more patient specific and by the end of my clinical rotation this semester be able to make a nursing care plan with minimal or no corrections needed. **This is a great goal. Practice really does make perfect. The paper you used to set up your care plan should also help make it organized and help you see the defining characteristics followed all the way through. KA**

Week 5: 7a Having some experience with wounds was definitely a strength this week, because I was more willing to jump in and help with dressing changes, measurements, and asking questions. **This is a great strength! I am glad you were able to excel in this area! MD**

7b . I am usually really comfortable with patients, and having conversations with them but, when at alternative care, I had some problems getting some of the patients involved with conversation, because they are all so use to the same routine and a few of the them did not want to be bothered. I will work on different approaches to make the patients more comfortable and be willing to conversate with me. Within the next 3 weeks I will work on different approaches and what is most appropriate for the patient at that time. **Great plan! MD**

Week 6: 7a Having experience with residents on dialysis and knowing about it and what and how it works, was an advantage this week because when she was explaining everything to me and showing me how they do things, I could have a better understanding of it all, opposed to someone who has never seen or taken care of someone on dialysis. **DW**

7b. While on digestive health, I got to see radiofrequency ablation done for pain management, I did not know what the procedure was and I always just thought of pain management as pain medications, epidurals, and corticosteroids, I never realized all the different procedures that can be done to control pain. This week I will look up different ways to control pain and make a list of the most commonly used procedure and which ones people have the best results with. **Nice! I appreciate the spirit of inquiry. DW**

Week 7: 7a Being able to access patient information in a timely matter, to look up precautions, reasons for precautions and to make sure that the patients on precautions are being charted on properly. **DC**

7b: When we were at the homeless shelter, even though we did get to talk and teach some of the clients there, I feel like I could work on being more personable to them and trying to make more of them willing to learn about CPR. Trying to make it fun for them to learn so more people including kids will want to learn. I am going to look up ways to make CPR and other educational material fun so that more adults and children are more willing to try it. I will look up several different ideas and have them for the next time we having a teaching opportunity. **Very good. It is important to find multiple ways to educate a population to help address their educational needs. DC**

Week 8: 7a I feel that I prioritized my patients appropriately, and helped out the other students with their patients when I was team leader.

7b: Something that I can improve on is my charting, I still made some errors while charting on my patient this week. I have 4 more weeks of clinicals so each week I plan on having less errors and by my last two rounds to have no errors with my charting and all things are charting appropriately.

WK8 7a,b: I agree with both your strength and weakness statements. The charting will continue to come with practice. EW

Week 9 7a: Being able to teach my patient about coughing and deep breathing, and to hold a pillow to his chest . **Great! MD**

7b: I still need to improve on my charting, I had fewer mistakes this week, but I still need to keep practicing , so I plan to have no mistakes by next weeks clinicals by taking my time and double checking everything. **Great goal! MD**

Week 11 7a: My strength this week was my charting, I had no mistakes and I charted everything appropriately. And also being an advocate for my patient and letting wound care and PT/OT know that she was in too much pain to be bothered with, at the certain time. **You did a great job with your charting and being a patient advocate, making sure other disciplines did not proceed with care until your patient's pain medicine was effective. LM**

7b: I need to work on knowing how all my meds work, so that I am knowledgeable when my patient asked me questions about their medications. When learning medications for our Pharm test I will be sure that I know the MOA of the meds as well as what they are for, and if they have any other uses than what is listed. **This is an appropriate area for improvement. 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
Performance Codes: S: Satisfactory U:Unsatisfactory	IV Math (3,7)*	Assessment (2,3,4,5,7)*	Insulin (2,3,5,7)*	Lab Day (1,2,3,4,5,6,7)*	IV Skills (2,3,5,7)*	Trach (1,2,3,4,5,6,7)*	EBP (3,7)*	Lab Day (1,2,3,4,5,6,7)*
	Date: 1/7 & 1/9/19	Date: 1/8/19	Date: 1/8/19	Date: 1/10/19	Date: 1/11/19	Date: 1/16/19	Date: 1/22/19	Date: 3/22/19
Evaluation:	S	U	S	S	S	S	S	S
Instructor Initials	DC	DC	DC	DC	DC	DC	NS	LM
Remediation: Date/Evaluation/Initials	NA	S/DC	NA	NA	NA	NA	NA	NA

*Course Objectives

Comments:

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

(Assessment)- Your initial Head to Toe Assessment was evaluated at unsatisfactory due to the need for additional prompting. Following remediation, you were able to satisfactorily demonstrate the Basic Head to Toe Assessment in a systematic and thorough manner. EW/KA/DW

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

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

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

Week 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

Week 10- You satisfactorily participated in lab day this week. LM

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

vSim Evaluation	vSim								
	ical-Surgical) Vincent Brody	al-Surgical) Jennifer Hoffman	Skyler Hansen(Medical-Surgical)	Juan Carlos (Pharmacology)	ical-Surgical) Marilyn Hughes	Vernon Russell *1, 2, 3, 4, 5, 6) (Fundamentals)	ical-Surgical) Stan Checketts	Harry Hadley 1, 2, 3, 4, 5, 6) (Pharmacology)	4, 5, 6)(Pharmacology) Yoa Li
Performance Codes: S: Satisfactory U: Unsatisfactory	Date: 1/28/19	Date: 2/2/19	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	S			
Faculty Initials	KA	KA	KA	DW	EW	LM			
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA			

* Course Objectives

Week 11 – I did not see a screenshot in the drop box that you completed the vSim on Vernon Russell, therefore, a “U” was given for this. LM

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME:

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

SCENARIO #: MSN Scenario #1

Kyle Conley
 RJ Dante
 Katie Darkow
 Liz Gast
 Leandra Gump
 Teila Hay

CLINICAL JUDGMENT						OBSERVATION NOTES
<p>COMPONENTS NOTICING: (2)*</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 						<p>Questioning DVT/PE prophylaxis in report-seeking information.</p> <p>Sought information that was lacking in report by asking appropriate questions.</p> <p>Noticed patient was having increased pain.</p> <p>Focused pain assessment performed to gain information.</p> <p>Noticed in report that lack of information was provided.</p> <p>Asked patient about medication allergies and history of antibiotics. Also questioned potential allergies to enoxaparin.</p> <p>ID'd patient with name and DOB.</p> <p>Noticed discoloration of the left toes.</p> <p>Noticed redness in the right lower extremity.</p> <p>Noticed respiratory distress.</p>
<p>INTERPRETING: (1)*</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 						<p>Interpreted the potential dangers of administering too much pain medication.</p> <p>Interpreted pain as high priority. Obtained necessary vital signs, focusing on respiratory system.</p> <p>Interpreted circulatory assessment as abnormal.</p> <p>Interpreted vital signs as abnormal with abnormal resp. assessment.</p> <p>Interpreted findings as risk for PE.</p>

RESPONDING: (3,4,5,6)*					Responded by contacting the ED to confirm whether or not pain medication were administered.
• Calm, Confident Manner:	E	A	D	B	Focused assessment of affected leg. Focused circulatory assessment on left foot.
• Clear Communication:	E	A	D	B	Contacted physician regarding circulatory assessment findings. Good communication to physician regarding 6Ps.
• Well-Planned Intervention/ Flexibility:	E	A	D	B	Provided pain relief promptly with administration of morphine. Correct dosage calculation and wasting procedure. Correct technique with IM injection using z-track method.
• Being Skillful: B		E	A	D	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.
					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.

	<p>Contacted physician with lab/diagnostic findings. Received orders and repeated back for confirmation.</p> <p>Remember needle safety with IM injection. Not performed correctly. Remembered with subq injection. Remediated the importance of needle safety in debriefing.</p> <p>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.</p> <p>Education provided regarding importance of medication compliance.</p>
<p>REFLECTING: (7)*</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D 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, noticed most useful information. Recognized most obvious patterns and deviations and used to continually assess. Actively sought information about the patient’s situation.</p> <p>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.</p> <p>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 improve speed or accuracy in certain areas.</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>

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