

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

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

Student: Kasey Parkhurst

Final Grade: Satisfactory/Unsatisfactory

Semester: Spring

Date of Completion:

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

Faculty eSignature:

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

DIRECTIONS FOR USE:

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

METHODS OF EVALUATION:

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

ABSENCE (Refer to Attendance Policy)

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

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

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

Satisfactory (S): Safe, accurate each time, efficient, coordinated; confident, focuses on the patient; some expenditure of excess energy; within a reasonable time period; appropriate affective behavior; occasional supporting cues; minimal faculty feedback related to written clinical work.

UNSATISFACTORY CLINICAL PERFORMANCE

Needs Improvement (NI): Safe; accurate each time; skillful in parts of behavior; focuses more on the skill and self rather than the patient; inefficient, uncoordinated, anxious, worried, flustered at times; expends excess energy within a delayed time period, frequent verbal and occasional physical directive cues in addition to supportive cues; faculty feedback required in several areas of clinical written work.

Unsatisfactory (U): Failure to achieve the course competency, safe but needs faculty reminders constantly, not always accurate, unskilled, inefficient, considerable expenditure of excess energy, anxious, disruptive or omitting behaviors, focus on skills and/or self, continuous verbal and frequent physical cues, unsafe, performs at risk to patient/clients/others, unable to function, incomplete, erroneous, faulty, illegible clinical written work, no feedback sought from instructor or response to feedback not evident in submitted written work. If the student does not self-rate a competency the competency is graded "U." A "U" in a competency must be addressed in writing by the student in the Evaluation of Clinical Performance tool. The student response must include how the competency has been or will be met at a satisfactory level. If the student does not address the "U," the faculty member (s) will continue to rate the competency unsatisfactory.

OTHER

Not Available (NA): The clinical experience which would meet the competency was not available.

***Grey shaded boxes do not need a student evaluation rating or faculty member's initials.**

Date	Care Plan Diagnosis	Evaluation & Instructor Initials	Remediation & Instructor Initials	Remediation & Instructor Initials
2/7/19	Decreased Cardiac Output R/T Altered Contractility	S / LM	NA	NA
2/13/19	Ineffective cerebral tissue perfusion	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:			S	N/A	S	S	N/A	N/A	S	S	N/A	S	S					
a. Analyze the involved patho-physiology of the patient's disease process. (Interpreting)			S	N/A	S	S	N/A	N/A	S	S	N/A	S	S					
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			S	N/A	S	S	N/A	N/A	S	S	N/A	S	S					
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			S	N/A	S	S	N/A	N/A	S	S	N/A	S	S					
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			S	N/A	S	S	N/A	N/A	S	S	N/A	S	S					
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	N/A	S	S	N/A	N/A	S	S	N/A	S	S					
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			S	N/A	S	S	N/A	N/A	S	S	N/A	S	S					
g. Assess developmental stages of assigned patients. (Interpreting)			S	N/A	S	S	N/A	S	S	S	N/A	S	S					
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		S	N/A	S	S	N/A	S	S	S	N/A	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	4N	Cancelled Clinical	3T	3N	WC, HS, AC	DH,DI,PT,IC		3T	NA	REHAB	3N					
	Instructors Initials	LM	EW	MD	LM	NS	LM	DC	DC	KA	DW	MD						

Comments:

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

WK3, 1a-e: Kasey you did a very good job on clinical this week. You were able to correlate the patient's disease to treatment and meds, as well as identify patient education needs. EW

Week 6 objective 1 – Remember to include your patient's age and primary medical diagnosis in addition to your clinical site each week. NS

Week 6 1 (b,c) - Excellent job this week interpreting data and correlating it with your patient's disease process. You were able to discuss the symptoms that your patient was experiencing on admission on day 2 of clinical and correlated them to possible lack of cerebral tissue perfusion. You were also able to be present in your patient's room on both days to observe diagnostic testing and correlating the results. You were active in learning opportunities with other health care team members. You absorbed the information received throughout the day and correlated the results in your care plan. NS

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

Comments:

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

Week 6 2(f) – Great job with your documentation this week. You completed thorough assessments of your patients and documented accurately and efficiently. NS

Week 9 – 2d – You did a great job thoroughly assessing your patient and communicating any abnormal findings to your assigned RN. KA

*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	N/A	S	S	S	S	S	S	N/A	S	S					
a. Perform standard precautions. (Responding)	S		S	N/A	S	S	S	S	S	S	N/A	S	S					
b. Demonstrate nursing measures skillfully and safely. (Responding)	S		S	N/A	S	S	S	S	S	S	N/A	S	S					
c. Demonstrate promptness and ability to organize nursing care effectively. (Responding)			S	N/A	S	S	N/A	S	S	S	N/A	S	S					
d. Appropriately prioritizes nursing care. (Responding)			S	n/A	S	S	N/A	S	S	S	N/A	S	S					
e. Recognize the need for assistance. (Interpreting)			S	N/A	S	S	N/A	S	S	S	N/A	S	S					
f. Apply the principles of asepsis where indicated. (Responding)	S		S	N/A	S	S	S	S	S	S	N/A	S	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	N/A	N/A	N/A	N/A					
h. Implement the appropriate DVT prophylaxis interventions based on assessment and physicians orders. (Responding)			N/A	N/A	N/A	S	N/A	N/A	S	N/A	N/A	S	S					
i. Identify the role of evidence in determining best nursing practice. (Interpreting)			S	N/A	S	S	N/A	N/A	S	S	N/A	S	S					
j. Identify recommendations for change through team collaboration. (Interpreting)			S	N/A	S	S	N.A	S	S	S	N/A	S	S					
	LM		EW	MD	LM	NS	LM	DC	DC	K A	DW	MD						

Comments:

WK3, 3a-f: Good job identifying the need and implementing fall precautions. Successful in aseptic technique of foot wound dressing as well as IV maintenance and IVPB initiation. EW

WK3, 3i: Please note that for further CDGs regarding EBP articles, that your chosen article has a purpose as well as methods and results of research. The article chosen for this week, while informative, is considered a low level research article. If you need further assistance choosing an appropriate article, please consult teaching faculty. EW

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 6 3(i) – Overall good work with your EBP article summary. For your reference, include all of the author’s names. “et al” can be used for in-text citations when three or more authors are included in the study. When work is completed by 3-5 authors, the initial in-text citation should include each of the author’s last names and the year it was published. After the initial in-text citation, subsequent citations can use only the first author’s last name followed by “et al.” For the reference, when 3-7 authors are involved in the study, you will include the last names and initials for each author. Also, pay close attention to the capitalization in the title of the article. Only the initial word and words following “:” should be capitalized. Correct APA format for your journal article would be as follows:

In-text citation: First in-text citation= (Reynolds, Murray, McLennon, & Bakas, 2016). Subsequent citations= (Reynolds et al., 2016).

Reference: Reynolds, S.S., Murray, L.L., McLennon, S.M., & Bakas, T. (2016). Implementation of a stroke competency program to improve nurses’ knowledge of and adherence to stroke guidelines. *Journal of Neuroscience Nursing*, 48(6), 328-335. Doi: 10.1097/jnn.0000000000000265.

Week 6 3(j) – Excellent job this week identifying recommendations for change. You noticed through data collection and research on skyscape that your patient was on a cholesterol medication that is supposed to be taken daily as night before bed. While reviewing your patient’s medications, you noticed that it was ordered for the AM and had been administered the night before. You interpreted this as potentially dangerous for the patient. You reported the information to a faculty member and discussed with your patient when she normally takes the medication. Through collaboration, we were able to work with pharmacy to get the medication removed from the morning meds and timed to be administered at HS appropriately. Great job advocating for your patient! NS

Week 7 (3a, b, f) – You attended the homeless shelter event, wound care, and alternative care center for clinical this week and recognized the needs of the clients through observation and interaction. You skillfully and safely provided interventions on stress management and spirituality to the clients at the homeless shelter. Great job! LM

Week 9 – 3b – You did a great job removing a foley on a patient this week. You were skillful and thoughtful in the process. KA

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	S	S	N/A	N/A	S	S	N/A	S	S					
l. Calculate medication doses accurately. (Responding)			S	N/A	S	S	N/A	N/A	S	S	N/A	S	S					
m. Administer IV therapy, piggybacks and/or adding solution to a continuous infusion line. (Responding)			S	N/A	S	N/A	N/A	N/A	S	N/A	N/A	N/A	S					
n. Regulate IV flow rate. (Responding)	S		S	N/A	N/A	N/A	N/A	N/A	S	N/A	N/A	N/A	S					
o. Flush saline lock. (Responding)			S	N/A	N/A	S	N/A	N/A	S	N/A	N/A	N/A	N/A					
p. D/C an IV. (Responding)	S		N/A	N/A	N/A	N/A	N/A	N/A	S	N/A	N/A	N/A	N/A					
q. Monitor an IV. (Responding)			S	N/A	N/A	N/A S	N/A	N/A	S	N/A S	N/A	N/A	S					
r. Perform tracheostomy care. (Responding)			N/A	N/A	N/A	N/A	N/A	N/A	NA	N/A	N/A	N/A	N/A					
s. Perform FSBS with appropriate interventions. (Responding)	S		S	N/A	N/A	S	N/A	N/A	S	S	N/A	N/A	S					
	LM		EW	MD	LM	NS	LM	DC	DC	KA	DW	MD						

Comments:

Week 1 (3p)- By attending the D/C IV clinical and providing your full, undivided attention during the demonstration of both the Alaris pump, documentation of IV site maintenance and discontinuing a peripheral IV, you are satisfactory for this competency. NS/EW

(3s)-The student was able to demonstrate understanding of the rationale of FSBS and the use of the glucometer. The student was able to perform a Quality Control check of the glucometer as well as demonstrate skills and knowledge required of proper sample ID, collection and handling of blood. LM/DC

WK 3, 3k-o, q,s: Very nice job with med pass including efficiency, skill, and monitoring. EW

Week 6 3(k,o,q) – You did a great job with your medication pass and ensured safety for your patient. You demonstrated appropriate skill in flushing a saline lock using aseptic technique. (q) was changed to “s” because you monitored your patient’s saline lock through the shift and monitored for s/s of infiltration while flushing the line. NS

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 9 – 3k – You did a nice try observing the rights of medication and documenting appropriately in the MAR. KA

Week 9 – 3q – You did a terrific job assessing your patient’s IV site and documenting the findings appropriately in the eMAR. KA

Objective

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

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

Comments:

WK 3, 4b: Kasey, you did a good job communicating with other members of the team and asking questions when appropriate. EW

Week 5- 4 a-g- Kasey, you did a great job as team leader this week! You utilized effective communication skills with your fellow students and the nursing staff. You reported any changes in the patients' status promptly and you provided mutual support and respect to your cohorts. Great job with your team leader CDG as well! You should be proud of yourself! LM

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 6 4(a,b) – You did an excellent job with communication with your patients, family members, and other members of the health care team this week. Your patient had a lot of different people in the room throughout the day. I thought you did well communicating with her and making sure she was comfortable. Additionally, you were able to communicate with other members of the health care team including the neurology med student to provide information regarding the patient to ensure safe and appropriate care was provided. (c) – on day one of clinical you reported your patient’s persistent pain and ensured that multiple measures were taken to improve her comfort level. NS

Week 7 (4a, b, d) – Kasey, through therapeutic communication, you were able to assist the homeless population in providing stress relief tactics. Simple tips can help reduce stress and allow someone to focus more clearly. This is a great topic for this community and for everyone. You were able to provide pertinent information in a brief amount of time. Nice job! LM

Week 9 – 4a – You did a great job developing rapport with your patient this week. KA

Week 9 – 4e – You did a nice job completing your CDG questions on your assigned patient this week. You were thoughtful and very thorough with your responses KA

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

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

Comments:

My patient was not on fall precautions prior to my physical reassessment. However, he told me that he had fallen a month ago, and along with his IV, secondary diagnosis, and using a cane at home I felt the need to put him on fall precaution. So I educated him on why he was placed on fall precaution and that he was still able to get up ad lib, but if he felt dizzy or light headed, to use his call light and allow us to assist. **WK3 5a: very good job recognizing, implementing, and educating on fall precautions. EW**

My patient had an ejection fraction of 30% and after researching what this was I spoke to my patient about how much exercise he was getting. Although his gait is impaired right now, I told him it was still important to try and get at least 20 minutes of exercise in even if it is just walking. Exercise can help increase his ejection fraction, maybe not a lot, but enough to help his heart. **Week 5- 5a- Great job recognizing and reflecting on ways to improve your patient's heart health. LM**

My patient on Wednesday was in with COPD exacerbation and I educated on the importance of using the incentive spirometer. I explained to use the incentive spirometer 10 times every 2 hours, or PRN to promote lung expansion and deep breathing. **Excellent education to provide to your patient to prevent further complications! NS**

On Thursday I followed Gina from wound care, and we saw multiple different patients. One patient liked to know everything we were doing and why, so I was able to educate him on why we soaked his wounds in Vashe (it kill 8 different bacteria in 15 seconds). I also explained why I wrapped his leg in an ace bandage. His left leg was severely swollen compared to his right leg, so after we dressed the wounds we felt it was needed to apply an ace wrap to try and keep the swelling down. **I am glad that you had a great experience and that you were able to observe multiple patients. LM**

Week 7 (5a & b) – You identified an appropriate teaching need for the homeless population at the shelter event on Monday; stress management and spirituality. You and your group identified several ways in which stress can be reduced. Mindful meditation is one example you provided and this method of stress reduction has been proven to minimize anxiety, depression, and pain, as well. Great job! LM

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

For week 8 I taught a patient and their family why they were being put on contact precautions during the infection control clinical. This patient had MRSA within the last year, but contact precautions were not up so the family and patient were educated.

For week 9 I taught my patient on the importance of routine foot care. Since my patient is a diabetic and has chronic foot wounds, he is at a higher risk of infection. He needs to be sure he inspects his feet everyday because he is not able to feel when something is wrong with him. I agree this was a great teaching point for your patient. KA

For week 11 I taught my patient on why she was getting ace wraps on both her lower legs. She had increased swelling from her TKA in the right leg, but she also had some edema in the left leg as well. She had bilateral ace wraps to help decrease the swelling in the lower legs, and I was able to educate her on that. Great job! MD

For week 12 I taught my patient on the importance of getting out of bed and into the chair. Although she refused to ambulate in the halls, I told her that it would decrease her risk of DVT and help gain get her muscle strength back.

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)			N/A	N/A	S	S	N/A	N/A	S	N/A	N/A	N/A	N/A					
b. Development of clinical judgment in high-fidelity simulation scenarios. (Noticing, Interpreting, Responding, Reflecting)								S	S									
			EW	MD	LM	NS	LM	DC	DC	KA	DW	MD						

Comments:

See Care Plan Grading Rubrics below.

Week 8- See Simulation Scoring Sheet below.

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. DC

Week 13- See Simulation Scoring Sheet below.

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

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME:
 Kasey Pankhurst
 April Randleman
 Destinee Randles
 Ameila Renfro
 Zachary Schoen
 Rachel Scranton

OBSERVATION DATE/TIME: 2/26/19 0945-1100

SCENARIO #: MSN Simulation #1

CLINICAL JUDGMENT					OBSERVATION NOTES
COMPONENTS NOTICING: (2)*					
• Focused Observation: B	E	A	D		Came prepared and asked appropriate questions during report-seeking information. Noticed the patient was in pain. Noticed decreased temperature, pain, paresthesia, decreased pulse, pallor, etc.
• Recognizing Deviations from Expected Patterns:	E	A	D	B	Asked patient about allergies to antibiotics.
• Information Seeking: B	E	A	D		Asked patient about whether or not vaccinations are up to date. ID'd patient with name and DOB. Good body mechanics by raising the bed level. Noticed pain and redness in the right leg. Noticed wheezing upon auscultation.
INTERPRETING: (1)*					
• Prioritizing Data:	E	A	D	B	Interpreted the pain as related to the leg fracture. Prioritized vital signs and focused assessment on the left leg.
• Making Sense of Data: B	E	A	D		Prioritized contacting the physician due to decreased circulation. Interpreted assessment findings as possible compartment syndrome. Interpreted assessment findings as dressing possibly being too tight. Interpreted assessment findings as possible DVT/PE. Interpreted lab/diagnostics and as consistent with PE. Prioritized data appropriately.

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

RESPONDING: (3,4,5,6)*					
• Calm, Confident Manner:	E	A	D	B	Performed a thorough pain assessment and obtained vital signs. Focused assessment on the left leg initially.
• Clear Communication:		E	A	D	Communicated assessment findings and vital signs with the charge nurse.
	B				Performed a thorough pain assessment and obtained vital signs. Focused assessment on the left leg initially.
• Well-Planned Intervention/ Flexibility:	E	A	D	B	Communicated assessment findings consistent with decreased circulation to the left leg to the physician. Remember to repeat orders to the physician to confirm. Remediated during debriefing session.
• Being Skillful:		E	A	D	Contacted OR and communicated need to go to OR immediately.
	B				Morphine was administered as IVP. Was this the correct order? We have not learned IVP medications at this point. Order was for IM injection. Correct dosage calculation. Make sure that you have another RN witness wasted amount. Remediated during debriefing session.
					Communicated well with the patient throughout the scenario.
					Good education regarding smoking cessation. Good education on wound healing. Educated patient on ORIF procedure.
					IV tubing primed appropriately. Be sure to flush IV site prior to initiation of IV infusion. Good aseptic technique to prevent contamination. IV piggyback set up appropriately with primary bag hanging lower than the secondary bag. Remember to label tubing. Remediated during debriefing session.
					Elevated HOB when patient was experiencing resp. distress. Can we use our nursing judgement to initiate O2 and then receive an order? Remediated during debriefing session.
					Morphine dosage calculated appropriately. Witnessed wasting of medication. Remember to use the z-track method with IM injection. Be sure to aspirate prior to injecting the medication. Remediated during debriefing session.
					Good communication with the patient using therapeutic communication. Contacted the patient's wife to provide an update.
					Contacted physician with lab/diagnostic results. Good SBAR communication. Make sure you are prepared with all assessment findings and vital signs prior to calling the physician. Remember to repeat the orders back to the physician to confirm. Remediated during debriefing session.
					Communicated with the patient regarding discussion with the physician.
					Followed up with a re-assessment of the pain.
					Good teamwork and collaboration for enoxaparin order and dosage. Unsure of medication administration and contacted pharmacy for help.
					You can question the order to verify the correct route. Remediated during debriefing session.
					Good technique with subcutaneous inject.

<p>REFLECTING: (7)*</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D <p style="text-align: center;">B</p>	<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 A= Accomplished D= Developing B= Beginning</p>	<p>Lasater Clinical Judgement Rubric:</p> <p>Noticing: Regularly observed and monitored a variety of data, including both subjective and objective data, most useful information was noticed. Recognized obvious patterns and deviations in data and used this information to continually assess. Actively sought information about the patient’s situation to plan interventions.</p> <p>Interpreting: Generally focused on the most important data and sought further relevant information. Interpreted the patient’s data patterns and compared with known patterns to develop interventions.</p> <p>Responding: Generally displayed leadership and confidence. Reassured patient and family in the scenario. As a whole, became stressed and disorganized during difficult and complex situations. Remember to take a deep breath, slow down, and think through what must be done during high stress situations. Generally communicated well, explained carefully to the patient what was occurring, and gave clear direction to team members. Developed intervention on the basis of most obvious data. Skillfulness in some aspects were in the beginning stage; however, through debriefing remediation allowed for improvement into developing. Could be more skillful and accurate in following proper procedures for nursing skills. In the future, thoroughly review the skills commented on in the rubric to improve and perform skills correctly in the future.</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>

<p>Objective # 6a: Implement patient-centered plans of care utilizing the nursing process and clinical judgment. (2,3,4,5)*</p>	<p>Students Name: Kasey Parkhurst Date: 2/7/2019</p>
<p>**Nursing care plan not appropriate to patient situation = 0 and automatic unsatisfactory rating</p>	<p>Nursing Diagnosis: Decreased Cardiac Output R/T Altered Contractility</p>
<p>Nursing Diagnosis: (3 points total) Problem Statement (1) Etiology (1) Defining Characteristics (1)</p>	<p>Total Points 3 Comments: Kasey provided all 3 of the components of the nursing diagnosis in an appropriate manner. 9 defining characteristics were identified.</p>
<p>Goal and Outcome (6 points total) Goal Statement (1)</p>	<p>Total Points 6 Comments: An appropriate positive goal statement was provided. Kasey identified each outcome and included all</p>

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<p>Outcome: Specific (1) Measurable (1) Attainable (1) Realistic (1) Time Frame (1)</p>	<p>of the necessary SMART criteria. Each defining characteristic that was addressed was turned into a positive assessment/ positive statement. A time frame was also documented.</p>
<p>Nursing Interventions: (8 points total) Prioritized (1) What (1) How Often (1) When (1) Individualized (1) Realistic (1) Rationale (1) All pertinent interventions listed (1)</p>	<p>Total Points 7 Comments: The nursing interventions were prioritized correctly, beginning with assessments, followed by medication administration, and ending with patient education. Kasey addressed needs specific for her patient, such as Carvedilol and Spironolactone administration. When educating, be very specific, "Encourage a heart-healthy diet such as..." 1 point was taken off because I did not see any intervention specific to the fall risk. You may want to remove that from your defining characteristics altogether. Can you provide a reason as to why you used this as a defining characteristic related to your nursing diagnosis?</p>
<p>Evaluation: (5 points total) Date (1) Goal Met/partially/unmet (1) Defining characteristics (1) Plan to continue/terminate (1) Signature (1)</p>	<p>Total Points 4 Comments: 1 point was taken off because no evaluation date is provided. Kasey did note that the goal was partially met. Kasey addressed all of the defining characteristics. She noted to continue the care plan and the care plan was signed. Over-all, nice job!!!</p>
<p>Total possible points = 22 18-22 = Satisfactory care plan 17-14 = Needs improvement care plan ≤ 13 = Unsatisfactory care plan</p>	<p>Total Points for entire care plan = 20/22 = Satisfactory care plan Comments: Kasey, you did a great job over-all. Remember to make sure each defining characteristic directly correlates to your specific nursing diagnosis. Also, remember to include the date of your evaluation. Please refer to the 'nursing care plan guidelines'. Great job!! LM</p>

Objective # 6a: Implement patient-centered plans of care utilizing the nursing process and clinical judgment. (2,3,4,5)*	Students Name: Kasey Parkhurst Date: 2/14/19
**Nursing care plan not appropriate to patient situation = 0 and automatic unsatisfactory rating	Nursing Diagnosis: Ineffective cerebral tissue perfusion r/t plaque in the left carotid artery
Nursing Diagnosis: (3 points total) Problem Statement (1) 1 Etiology (1) 1 Defining Characteristics (1) 1	Total Points 3 Comments: Great job with your nursing diagnosis section of the care plan. You identified the priority nursing diagnosis for your patient admitted with a TIA. Etiology was appropriate without a medical diagnosis. You included 6 defining characteristics to support your nursing problem. You were specific with your defining characteristics which sets up the rest of your plan of care nicely. NS
Goal and Outcome (6 points total) Goal Statement (1) 1 Outcome: Specific (1) 0 Measurable (1) 1 Attainable (1) 1 Realistic (1) 1 Time Frame (1) 1	Total Points 6 Comments: Good work with your goal and outcome section. Your generalized goal is a positive statement that directly relates to your NANDA problem. Most of your outcomes meet the SMART criteria. One point was deducted for specificity with “denies numbness and tingling.” Follow up with your defining characteristics and be specific on where the patient was experiencing numbness and tingling and where you want her to deny (face and left arm) for your outcome. Everything else looked great! NS
Nursing Interventions: (8 points total) Prioritized (1) 1 What (1) 1 How Often (1) 1 When (1) 1 Individualized (1) 0 Realistic (1) 1 Rationale (1) 1 All pertinent interventions listed (1) 0	Total Points 6 Comments: Overall good job with your intervention section. You prioritized your interventions appropriately with assessments taking highest priority. You included what, how often, and when the interventions would be completed. The interventions were realistic and rationale was provided. One point was deducted for individualized. Although you included the PRN medication ordered for your patient’s blood pressure, you left off the individualized medications that your patient was ordered for blood pressure. You would want to include the carvedilol and losartan/hydrochlorothiazide as means to keep her BP in a safe range. You would also want to include the anticoagulant/antiplatelet that the patient was ordered. She was originally taking aspirin, and was switched to Plavix while where were there. Either option would have been acceptable for this care plan. These medications are used to reduce her risk of stroke by keeping the blood flowing to her cerebral tissue. One point was also deducted for all pertinent interventions listed. A complete care plan includes an intervention that assesses, helps, and possibly educates for each of your stated outcomes. How can we evaluate your desired outcomes of “no evidence of worsening carotid stenosis” or “no evidence of further plaque buildup? You would want to include an intervention that reviews or monitors lab and diagnostic data in your plan of care. 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 evaluation of your plan of care! You included all of the necessary criteria for full credit in this section. NS
Total possible points = 22 18-22 = Satisfactory care plan 17-14 = Needs improvement care plan	Total Points for entire care plan = 19/22 Comments: Kasey, excellent plan of care for your patient with a TIA. You received 19 out of a possible 22 points for

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<p>≤ 13 = Unsatisfactory care plan</p>	<p>a satisfactory evaluation. Please take the time to review the provided comments for continued success. You have now completed 2 satisfactory care plans for the semester. You are not required to submit any care plans going forward. However, do not hesitate to continue to practice your care plans as the semester progresses. Keep up the hard work! NS</p>
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Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	14	Make Up	Make Up	Final
a. Reflect on an area of strength.** (Reflecting)	S		S	N/A	S	S	S	S	S	S	N/A	S	S					
b. Reflect on an area for improvement and set a goal to meet this need.** (Reflecting)	S		S	N/A	S	S	S	S	S	S	N/A	S	S					
c. Demonstrate evidence of growth, initiative, and self-confidence. (Responding)	S		S	N/A	S	S	S	S	S	S	N/A	S	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	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	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	S					
g. Demonstrate the ability to give and receive constructive feedback. (Responding)	S		S	N/A	S	S	S	S	S	S	N/A	S	S					
h. Actively engage in self-reflection. (Reflecting)	S		S	N/A	S	S	S	S	S	S	N/A	S	S					
	LM		EW	MD	LM	NS	LM	DC	DC	K A	DW	MD						

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

Comments:

For week one I believe my strength was coming to class prepared by reviewing all the videos and lessons provided for us. It allowed me to have a better understanding of the task at hand and better prepared me for the quiz.

For next week I will continue to review over the policies and guidelines, as I am still not sure of all the policies and the procedures set in place. I also forgot to clamp the IV tubing before spiking the bag, so my IV fluid started to leak. So I will rewatch the videos for IV and be sure to not make this mistake in the future.

Week 1 (7a & 7b) - I agree with Kasey’s comments above. She came prepared to each skills lab. I commend her for identifying an area of

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

improvement and concur with her suggestion of how to perfect this skill. LM

Week 3: I believe my strength for this week clinical was being able to give insulin to my patient and using the corrective scale appropriately. It was my first-time giving meds that weren't PO, so I thought I did well performing this task.

To improve for next week, I will watch more videos on starting IV fluids, considering I did not clamp prior to priming my bag so there were multiple air bubbles in the tube. I will make sure for next time that I clamp beforehand to minimize the amount of air in the tube.

Wk 3 7a & 7b: Kasey I like that you chose this area for improvement as the bag you were priming was an antibiotic. It is important to have good control over the fluid so as not to "lose" the dosage in having to get rid of air bubbles in the line. EW

For week 5 I believe my strength was talking with the patient when he had expressed his concerns with me. He was upset that he did not go for his biopsy on time, and after speaking and explaining to him why this happened, he was a little more understanding. When he went to his biopsy I got to observe the procedure and was there for my patient if he had needed anything else.

For week 6 I would like to improve on my prioritization skills. After being a team leader I was able to understand more on how to prioritize each patient, and would like to implement what I learned in the next week clinical. Week 5- 7a & 7b- You did a great job explaining the reason for your patient's biopsy delay to him. Also, prioritization skills can always be improved upon. This was your first team leading experience and you did a great job! You were in constant contact with your fellow students and their nurses and re-evaluated their patients care throughout the day. Nice job!! LM

Week 6 7(b) - For week 7 I would like to improve on evaluating the medication list more thoroughly. I was able to recognize pravastatin should be taken at night once a day, but I did not notice there was a combo drug on the list. I also should have asked my patient when she usually takes her home medications to limit any further miscommunication. Good area to note for improvement. Remember, when reflecting on areas to improve, it is important to develop a goal to meet the need for improvement. A goal should consist of what you will do to improve, how often, and when you will do it by. What kind of goal can you develop to prevent this from happening again in the future? This competency was changed to "NI" because the response lacks a clear goal. NS

Week 6 7(a) - For week 6 I think my strength was offering non-pharmacological techniques in attempt to relieve my patients 10/10 pain. It is important to not jump straight into medications to limit risk of addiction and over medicating. I offered my patient a cold wash cloth to place over her eyes to help her headache. Awesome!! As nurses we have the ability to perform a number of different interventions to improve our patients comfort level before jumping to medications. You did a great job responding to your patients' needs and finding alternatives to pain relief. Keep up the hard work! NS

For week 7 I believe my strength was being able to dress multiple wounds on a patient. I followed the standard policies and procedures for a wound with scant amount of drainage and no necrotic tissue present. After the wound was dressed, I also wrapped his leg in ace wrap. I have not had a lot of experience with wound care so I thought I did great being able to dress the wounds myself. I am so glad that you had a great experience and that you were able to observe and perform multiple dressing changes. Great job! LM

For week 8 I want to improve on patient communication. Being on clinical on med surg floors is different because you only have one patient and it is easy to get to know them. When you are seeing multiple patients I find that it is hard to get to know them or to have a conversation with them. To improve on this skill I will come up with 10 questions, and will ask 2 questions per patient. This will allow me to be more personable with the patients. I agree with your idea of coming up with some questions and asking the patients as you enter the rooms. This also helps distract them as you are performing their dressing changes. LM

For week 8 I believe my strength was identifying that precautions needed to be in place when they weren't. I know it is important to limit the risk of disease spreading through the hospital, so to ensure proper precautions are in place is essential.

For week 9 I would like to improve on transferring patients correctly. At PT/OT the pt showed us proper ways to move patients to decrease pain for the patient. I will review the paper she gave us going over those movements and also review in the book.

Midterm - All objectives have been met with satisfactory evaluations. Continue the good work! DC

For week 9 my strength was removing a foley catheter successfully. I was very nervous prior to this procedure, but I was able to walk Kelly through the steps of what I needed to do, and I implemented the same steps in the actual removal. It was a good experience to finally do it on a real person instead of a mannequin. You did a terrific job! KA

For week 10 I would like to improve on administering eye drops on a patient. I have never had to do that before so it was a new experience, but I would like to become better at it. When I looked up the med I also looked up the PO version of the medication which gave me false information on what the medicine was for and what interventions to implement. To improve on this I will be sure to thoroughly look at the medication on skyscape and to review in the book on how to administer eye drops. Great idea! KA

For week 11 I think my strength was noticing abnormal lab values and communicating those with the nurse and instructor. My patient had elevated B12 levels (1134), and the normal range caps at 900. She was also taking a B12 vitamin daily, so I had told the charge nurse about the lab value and she called the physician as well. Great job noticing this lab value and communicating! MD

For week 12 I would like to improve on using slide boards to transfer patients. I had answered some call lights and the patient used a slide board to transfer and I was not comfortable doing it alone, so I had to ask for help. To improve on this skill I will refer to videos of how to properly use slide boards to transfer patients. **Great goal! Keep up the great work! MD**

For week 12 I believe my strength was advocating for my patient and communicating any changes with the nurse. My patient had seemed very depressed, lethargic, and was having trouble finding her words. I notified the RN of these changes and she had me obtain a fingerstick to make sure her blood sugar was not the cause. My patient was also confused on what her plan was and I took the time to talk to her about what I knew and notified the nurse so she could talk to her as well.

For week 12 I think my weakness was not being assertive enough. I was able to get the patient to her chair but she refused all other care. I know how important it is for her to get up and ambulate and to get cleaned up and for next clinical I will be sure to be more encouraging and motivating.

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

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

1/16/19-Tracheostomy Care and Suctioning-During this lab, you were able to satisfactorily demonstrate competence with tracheostomy care and tracheostomy suctioning. The steps were completed in an appropriate sequence and sterility was maintained. You required 0 prompts for both check-offs. You were very thorough and well-prepared. NS/LM

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

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

vSim Evaluation	VSim						
	Vincent Brody (Surgical-Surgical)	Juan Carlos (Pharmacology)	Marilyn Hughes (Surgical-Surgical)	Vernon Russell *1, 2, 3, 4, 5, 6) (Fundamentals)	Stan Checketts (Surgical-Surgical)	Harry Hadley (Pharmacology) 1, 2, 3, 4, 5, 6)	Yoa Li (Pharmacology) 4, 5, 6)
	Date: 1/28/19	Date: 2/12/19	Date: 2/25/19	Date: 3/26/19	Date: 4/15/19	Date: 4/25/19	Date: 4/29/19
Evaluation	S	S	S	S			
Faculty Initials	MD	NS	DC	MD			
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA			

* Course Objectives

EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2019

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

I was given the opportunity to review my final clinical ratings in each course competency. I was given the opportunity to ask questions about my clinical performance. I have the following comments to make about my clinical performance/final clinical evaluation:

Student eSignature and Date:

dw 1/3/19