

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

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

Student:

Final Grade: Satisfactory/Unsatisfactory

Semester: Spring

Date of Completion:

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

Faculty eSignature:

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

DIRECTIONS FOR USE:

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

METHODS OF EVALUATION:

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

ABSENCE (Refer to Attendance Policy)

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

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

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

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

UNSATISFACTORY CLINICAL PERFORMANCE

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

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

OTHER

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

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

Date	Care Plan Diagnosis	Evaluation & Instructor Initials	Remediation & Instructor Initials	Remediation & Instructor Initials
1/28/19	Impaired Physical Walking	S / DC	NA	NA
1/30/19	Ineffective Airway Clearance R/T Asthma	S / LM	NA	NA

Note: Students are required to submit two satisfactory care plans over the course of the semester. If the care plan is not evaluated as satisfactory upon initial submission, the student may revise the care plan based on instructor feedback/remediation and resubmit until satisfactory. At least one care plan must be submitted prior to midterm.

Objective

1. Illustrate correlations to demonstrate the pathophysiological alterations in adult patients with medical-surgical problems. (2,3,4,5)*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	14	Make Up	Make Up	Final
Competencies:			S	NA	NA	NA	NA	S	S	S	NA	S	S			S		
a. Analyze the involved patho-physiology of the patient's disease process. (Interpreting)			S	NA	NA	NA	NA	S	S	S	NA	S	S			S		
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			S	NA	NA	NA	NA	S	S	S	NA	S	S			S		
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			S	NA	NA	NA	NA	S	S	S	NA	S	S			S		
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			S	NA	NA	NA	NA	S	S	S	NA	S	S			S		
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	NA	NA	NA	NA	S	S	S	NA	S	S			S		
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			S	NA	NA	NA	NA	S	S	S	NA	S	S			S		
g. Assess developmental stages of assigned patients. (Interpreting)			S	NA	NA	NA	NA	S	S	S	NA	S	S			S		
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		S	NA	NA	NA	NA	S	S	S	NA	S	S			S		
	Indicate your clinical site as well as your patient's age and primary medical diagnosis in this box weekly.	Meditech, FSBS, D/C IV, IV Pump Sessions	3N		ALTERNATIVE CARE/WOUND CARE	DIGESTIVE HEALTH/DIALYSIS	PT/OT and Infection Control	4N		5T	NO CLINICAL THIS WEEK	3T	3T			3T		
Instructors Initials	KA	KA	DC	LM	MD	DW	KA	EW	EW	MD	EW	KA	LM					

Comments:

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 1 a-h: Leandra you did a good job assessing a complex patient and correlating testing and labs with her care. EW

Week 12 (1a-c)- Leandra, you did a nice job describing your patient's pathophysiology in your CDG. We discussed both of your patients' disease processes and how your patients' symptoms and diagnostic tests correlated to their diseases. Please remember to add your patient's age and primary medical diagnosis to the box above the faculty's initials (Note the yellow box instructions). LM

Objective

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

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

Comments:

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

Week 3 - Nice job with your documentation in Meditech. DC

WK8 2 c-f: :You did a nice job communicating assessment findings and utilizing the correct interventions from the worklist in meditech. EW

Week 11 – 2d – You did a great job taking initiative and completing focused assessments on our team of patients. KA

Week 11 – 2f – You did a nice job reviewing student charting and recognizing areas for improvement. You were able to professionally discuss the suggested changes with your team and assist them with making the appropriate corrections. KA

Week 12 (2b)- You did a great job recognizing your patient's fall risk when you asked for assistance helping your patient to the bathroom. You made sure all of the proper fall precautions were followed. 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:	S		S	NA	NA	NA	S	S	S	S	NA	S	S			S		
a. Perform standard precautions. (Responding)	S		S	NA	NA	NA	NA	S	S	S	NA	S	S			S		
b. Demonstrate nursing measures skillfully and safely. (Responding)			S	NA	NA	NA	NA	S	S	S	NA	S	S			S		
c. Demonstrate promptness and ability to organize nursing care effectively. (Responding)			S	NA	NA	NA	NA	S	S	S	NA	S	S			S		
d. Appropriately prioritizes nursing care. (Responding)			S	NA	NA	NA	NA	S	S	S	NA	S	S			S		
e. Recognize the need for assistance. (Interpreting)			S	NA	NA	NA	NA	S	S	S	NA	S	S			S		
f. Apply the principles of asepsis where indicated. (Responding)	S		S	NA	S	NA	S	S	S	S	NA	S	S			S		
g. Manages a patient in physical restraints according to hospital policy. (Responding)			NA	NA	NA	NA	NA	NA	S	NA	NA	NA	NA			NA		
h. Implement the appropriate DVT prophylaxis interventions based on assessment and physicians orders. (Responding)			NA	NA	NA	NA	NA			NA								
i. Identify the role of evidence in determining best nursing practice. (Interpreting)			S	S	S	S	S	S	S	S	NA	S	S			S		
j. Identify recommendations for change through team collaboration. (Interpreting)			S	NA	NA	NA	S	S	S	S	NA	S	S			S		
	KA	KA	DC	LM	MD	DW	KA	EW	EW	MD	EW	KA	LM					

Comments:

Week 3 - 3 e. You recognized the need for assistance with your first saline flush. DC
 WK8 3c,d,e: Responded appropriately and prioritized appropriately. Asked for assistance and clarification when needed. EW
 Week 12 (3b, e)- You demonstrated safe and skillful nursing measures by asking for assistance when transferring your patient from the bed to the bathroom and chair. You recognized the need for assistance when you turned and toileted your patient. Great 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:			S	NA	NA	NA	NA	S	S	S	NA	S	S			S		
k. Administer PO, SQ, IM, or ID medications observing the rights of medication administration. (Responding)			S	NA	NA	NA	NA	S	S	S	NA	S	S			S		
l. Calculate medication doses accurately. (Responding)			S	NA	NA	NA	NA	S	S	S	NA	S	S			S		
m. Administer IV therapy, piggybacks and/or adding solution to a continuous infusion line. (Responding)			NA	NA	NA	NA	NA	NS	S	NA	NA	NA	NA			S		
n. Regulate IV flow rate. (Responding)	S		NA	NA	NA	NA	NA	S		NA	NA	NA	NA			S		
o. Flush saline lock. (Responding)			NS	NA	NA	NA	NA	NS	SS	NA	NA	NA	NA			S		
p. D/C an IV. (Responding)	S		NA	NA	NA	NA	NA	NS	S	NA	NA	NA	NS			NA		
q. Monitor an IV. (Responding)			NA	NA	NA	NA	NA	S	S	NA	NA	NA	NA			S		
r. Perform tracheostomy care. (Responding)			NA	NA	NA	NA	NA			NA								
s. Perform FSBS with appropriate interventions. (Responding)	S		NA	NI	NA	NA	NA			NA								
	KA	KA	DC	LM	MD	DW	KA	EW	EW	MD	EW	KA	LM					

Comments:

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

(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 - 3 – O – Continue to improve in your confidence with your clinical skills and abilities. DC

WK8 3 m,o,p: Leandra, you gave yourself NI for these competencies, but I felt you performed them satisfactorily. You had some initial difficulty screwing the tubing and saline flush into the j-loop but that is a minor detail you will become more proficient at with practice. However, you were aseptic and skillfull and did a good job with priming, hanging, and programming. Believe in yourself! EW

Wk 8 3,s: Please attempt to seek out to do a FSBS on clinical. Ask your instructors if there is a patient who needs one if your patient does not. EW

Week 9 (3S)-Practice FSBS on lab day. You know the technique just need practice with using the needle to puncture the skin. MD

Week 11 – 3k – You did a nice job observing your team members utilizing the rights of medication administration. You did a great job observing the rights of medication yourself when passing medication to your patient and reviewing necessary labs, vital signs, and other data before administering the medication. You did an excellent job documenting the administration appropriately in the MAR. KA

KA

Week 12 (3k, l)- You safely administered po medications by following the 3 checks of medication administration and observed the rights of medication administration.

(3p)- You discontinued an IV on Wednesday and followed the proper steps. I changed your 'NA' to 'S'. Nice job! LM

Objective

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

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

Comments:

Wk8 a,f,g: You are professional and precise in your report. Work on organizing your sheet in a way that works best for you. Keep up the good work! EW

Week 11 – 4b – You did a wonderful job communicating with your team members and assisting them when needed. You helped your team have the necessary resources to provide great patient care. KA

Week 11 – 4e – You did an excellent job completing your CDG this week and thoroughly discussing your team leading experience with your classmates. KA

Week 12 (4a, b, e)-You communicated effectively with patients, peers, and other members of the healthcare team. You posted substantive responses to your peers CDG posts and answered your initial CDG post correctly. Remember to include the year of publication in your in-text citation. Also, in-text citations should be noted throughout the post when providing direct quotes or paraphrases and the full references should be noted at the end of the post. I did not change 4e to an NI because you did provide part of the in-text citation, but please review this before completing your CDG posts. LM

Objective

5. Implement patient education based on teaching needs of patients and/or significant others. (1,6)*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	14	Make Up	Make Up	Final
Competencies:			S	S	NA	NA	S	S	S	S	N	S	S			S		
a. Describe a teaching need of your patient.** (Reflecting)						U			S		A							
b. Utilize appropriate terminology and resources when providing patient education. (Responding)			S	NA	NA	NA	NA	S	S	S	A	S	S			S		
c. Evaluate health-related information on the intranet. (Responding)			S	NA	NA	NA	NA	S	S	S	A	S	S			S		
	KA	KA	DC	LM	MD	DW	KA	EW	EW	MD	EW	KA	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) My patient did not have a chair alarm put in place and since he was a high fall risk, I put one on his chair. He did not understand why he needed it, so I explained to him that it was put there for his safety. That if it went off, it would notify us that you either got up or that you slipped off the chair. He understood the reasoning and was ok with it. **Very good. This will be a common issue you will see. Continue with the education! DC**

Week 4-5a) A teaching that I could give to Jennifer Hoffman would be about a rescue inhaler and maintenance inhalers. A teaching that I could give to Skylar Hansen would be the need to eat more and the use of his insulin. **I agree with Leandra's teaching needs for both of the patients. LM**

Week 5- 5a) This week clinical, I was at the alternative care center and wound care. I did not have the opportunity to provide education. However, I did see how a wound vac is applied and I did help out with the wound care specialist clean a massive wound. **What an interesting clinical! I am sure you were able to learn a lot! MD**

Week 6-5a) This week clinical, I was at Digestive Health and Outpatient Dialysis. I did not have the opportunity to provide educations. However, I did see how colonoscopy, dilation of the esophagus, a nerve block and how dialysis is performed. **Please review the green highlighted directions above. We realize you are often unable to actually provide education on the alternative sites such as Dialysis or Digestive Health, but you are still required to describe a teaching need you identified while on clinical. Unfortunately, this results in a U. Please review the directions on p. 1 of this document. You are required to address how you have improved from a U to and S for next week in the comments below. Failure to do so will result in a continued U until addressed in the comments. Let me know if you have any questions. DW**

Week 7-5a) I was with PT/OT this week for clinical. One of the patients that was there for a fall, did not want to get out of the bed. I think she was afraid of falling again, but an education that was provided was to let the patient know, that for everyday someone is in bed, is equal to 3 days of recovery. Getting out of bed allows the muscles to stretch and allows a person's lungs to fully expand. **Nice job! KA**

To address week 6, To address the U, I am satisfactory for this, by finding something at all clinical, to teach at least one thing to a patient. If someone does not want to get out of bed, provide information about staying in bed for too long. For someone who smokes, provide information on smoking and what it can be doing to the body and complications it can cause for their health. For digestive health, someone was having issues with their breathing when they were put under. The patient is a smoker and she may have had some underlying respiratory issue that was not address. I should have provided information about smoking and breathing. **Good job. KA**

Week 8 5a) I think for my patient that I had for clinical, I think she needed a few teaching needs. I educated her about where to put the Ventri mask when she's eating to maybe help with not only keeping her O2 up, but also to get her nutritional needs in to help with her healing. I also educated her about the importance of trying to get out of the bed and maybe having her lunch in her chair.

Week 9 5a) For this weeks clinical, my patient questioned the need for a chair alarm. He didn't know what the purpose of it. I explained it was to provide safety for him, then if he moved off of it, it would sound an alarm to alert the nurse or orderly or student nurse to come in and check on him. He ended up not needing it due to a low fall score. **Great job noticing that he did not have a chair alarm and education regarding it! MD**

Week 11 5a) For this weeks clinical, I taught my patient the improtance of shift his body weight for one side to another. I elivate the pressure on the one side. I let him know what can potentially happen if he does not **shift** his weight around. **This made me laugh. It is amazing how spell check doesn't catch the out of place words if they are spelled correctly. I agree this is good education for your patient who was in pain after his fall at home. KA**

Week 12 5a) For this week on clinical, my patient on Thur needed some encouragement with proper breathing for his O2 status. I encouraged him by doing some deep breathing with him. I also told him the importance of moving every so often, so that he was not on one spot for to long and develop a sore. I told him every 2 hours I was either going to have him get up and walk around or would turn him to one side and put a pillow under him. **This is an appropriate teaching need. You did a nice job following through with helping your patient change positions every 2 hours. Great job! LM**

Week 14 5a) This week for my patient, I educated him on the importance of deep breathing and coughing to get his O2 stats to come up. When I took his AM vitals, his O2 read 91%. I had him take a couple deep breaths and he did, I re-took it, but it didn't change. I did tell the nurse.

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)			NS	S	NA	NA	NA	NA	S	NA	NA	NA	NA			NA		

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

Comments:

See Care Plan Grading Rubrics below.

Wk 3 - See grading rubric. DC

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.

Objective # 6a: Implement patient-centered plans of care utilizing the nursing process and clinical judgment. (2,3,4,5)*	Students Name: Leandra Gump Date: 1/25/2019
**Nursing care plan not appropriate to patient situation = 0 and automatic unsatisfactory rating	Nursing Diagnosis: Impaired Physical Walking
Nursing Diagnosis: (3 points total) Problem Statement (1) Etiology (1) Defining Characteristics (1)	Total Points: 2 Comments: No problem statement listed.
Goal and Outcome (6 points total) Goal Statement (1) Outcome: Specific (1) Measurable (1) Attainable (1) Realistic (1) Time Frame (1)	Total Points: 5 Comments: Very good goals and outcomes. However, timeframe was not addressed.
Nursing Interventions: (8 points total) Prioritized (1) What (1) How Often (1) When (1) Individualized (1) Realistic (1) Rationale (1) All pertinent interventions listed (1)	Total Points:8 Comments: Good rationales and times that were listed.
Evaluation: (5 points total) Date (1) Goal Met/partially/unmet (1) Defining characteristics (1) Plan to continue/terminate (1) Signature (1)	Total Points 5 Comments:
Total possible points = 22 18-22 = Satisfactory care plan 17-14 = Needs improvement care plan ≤ 13 = Unsatisfactory care plan	Total Points for entire care plan = 20 Comments; Nice job on your first careplan this semester. Please come to see me tomorrow after class to discuss. Thank you! DC

<p>Objective # 6a: Implement patient-centered plans of care utilizing the nursing process and clinical judgment. (2,3,4,5)*</p>	<p>Students Name: Leandra Gump Date: 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 Asthma</p>
<p>Nursing Diagnosis: (3 points total) Problem Statement (1) Etiology (1) Defining Characteristics (1)</p>	<p>Total Points 2 Comments: Leandra provided the correct problem statement and identified 6 defining characteristics. 1 point was taken off for the etiology portion of the statement because you cannot use a medical diagnosis for the etiology. Please review the NCP guidelines. How could this be worded differently? R/T thick secretions? What could be another cause? Also, one of your defining characteristics was RR 20 breaths per minute. Is this abnormal?</p>
<p>Goal and Outcome (6 points total) Goal Statement (1) Outcome: Specific (1) Measurable (1) Attainable (1) Realistic (1) Time Frame (1)</p>	<p>Total Points 6 Comments: Leandra provided a positive, general goal statement that directly relates to the NANDA problem. Each outcome was appropriately listed in a positive manner and Leandra included all of the SMART criteria. An appropriate time-frame was listed, as well. Nice job!</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 8 Comments: Leandra provided 8 interventions prioritizing them accurately. She began with assessment related interventions, then listed interventions directly related to helping the problem, and lastly, provided interventions related to patient education. All of the interventions were related to the problem, except for the history of falls. I am not sure how this correlates directly to the problem. Also, when assessing every 5 minutes due to an acute Asthma attack, include stating that you will remain in the patient's room until she is stable. Another suggestion, when stating you are going to educate the patient on Asthma, you need to be very specific. What aspect of Asthma are you educating the patient? Your interventions need to be very specific and the majority were specific, so nice job.</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 5 Comments: Leandra provided an end date, stated the goal was met, addressed each defining characteristic, stated to terminate the plan of care, and provided a signature. 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 = 21/22 = Satisfactory care plan Comments: Leandra, you did a great job with your care plan. Please review my suggestions when writing future care plans. Also, remember, you cannot use a medical diagnosis for an etiology. Over-all, great job! LM</p>

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	NA	S	S			S		
b. Reflect on an area for improvement and set a goal to meet this need. ** (Reflecting)	S-NI		S	S	S	S	S	S	S	S	NA	S	S			S		
c. Demonstrate evidence of growth, initiative, and self-confidence. (Responding)	S		S	NA	NA	NA	NA	S	S	S	NA	S	S			S		
d. Follow the standards outlined in the FRMCSN Student Code of Conduct Policy. (Responding)	S		S	NA	S	S	S	S	S	S	NA	S	S			S		
e. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions. (Responding)	S		S	NA	S	S	S	S	S	S	NA	S	S			S		
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (Responding)	S		S	NA	S	S	S	S	S	S	NA	S	S			S		
g. Demonstrate the ability to give and receive constructive feedback. (Responding)	S		S	NA	NA	NA	NA	S	S	S	NA	S	S			S		
h. Actively engage in self-reflection. (Reflecting)	S		S	NA	NA	NA	NA	S	S	S	NA	S	S			S		
	KA	KA	DC	LM	MD	DW	KA	EW	EW	MD	EW	KA	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) I think compared from last semester I have better communication with other people. I think working in pharmacy, one of my strengths is doing dosage calculations. **Good math and communication skills will serve you well throughout your nursing career. KA**

7B) An area of improvement that I need is continuing to remember all the steps I need to do for giving an IM injection, inserting a foley cath, inserting a NG tube, wound care. Since I didn't get to experience that last semester, I think there will be more of an opportunity this semester to do all. I think as long as I keep reading and watching the videos, I think I will feel more

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

confident in remembering all the steps. **Leandra, remember to be specific with you plan. Use the example above. (i.e. “I will review the skills videos on NG, dressing changes, and foley catheter insertion at least oncebefore my first day of clinical.”). KA**

Week 3 7a) I think I have a strength in noticing when normal vital signs are not normal. I know if I take a blood pressure, and if it’s to low, to wait and re-take it. I then let the nurse know immediately so that they can intervene if need be. **Communication is a vital ability to possess – even when you are an RN. Continue to work on this skill. DC**

7b) I think an area of improvement would have to be my self confidence. I will improve on this by continuing to practice and to continue to not put myself down when I feel like I did something wrong and that I am doing these clinicals, so that I can learn from. **When you know you content, review policies and have effective communication - you have confidence. Continue to work on this. Your clinical skills are improving! DC**

Week 4 7a) I think I have a strength on doing calculations. Whether it be for medications or IV calculations. Since one of my jobs is to prepare IV’s for patients, I think this is something that will help me in my nursing career. **This is a great strength, Leandra. I am glad you are comfortable with calculations. LM**

7b) I think an area of improvement, would be to find better EBP articles and writing about it. If I continue to keep practicing and keep reading on my spare time, I think I will become a better writer. **This is an area of improvement that we can all work on. You did a great job with your evidence-based article this week. The more you keep researching articles, the greater the comfort level. LM**

Week 5, 7a) This week is kind of difficult for me to answer, I think I have a strength in coming up with a good thinking activity and participating in the activity for elderly patients with difficulty remembering. **Great! MD**

7b) I think I need improvement in helping with cleaning wounds. This was my first opportunity working with wounds, and I felt at times unsure of myself. I will continue watching the videos ATI provides, re-read skills lab handouts, re-read the power point from last semester and help see if I can help another student in clinical, to help me practice. **Great idea! Everything comes with practice! Keep up the good work! MD**

Week 6 7a) I think I have a strength in sitting one on one with a patient asking questions and trying to engage in other conversations (my person at dialysis). **Great! This is an important part in developing a rapport/trusting relationship with the patient and is also helpful with subjective assessment. DW**

7b) This week, since I was not on a floor at the hospital. But I think one this I could work on, is not feeling like I’m asking too many questions. I sometimes feel like I just ask question after question and I am annoying who ever I’m with that day. I need to remember that I am doing this so that I learn what people are going through, what the processes of different procedures are. **Leandra, I appreciate the reflection, but your comment does not include a goal for improvement. How will your confidence and comfort level with inquiry and asking questions? This must be included on a weekly basis unless you have absolutely no clinical scheduled. Please be sure to address your U in the comments below according to the directions on p.1 of this document. DW**

Week 7 7a) I think I have a strength of offering help, when I feel like someone needs it. I offered help to the physical therapist when I thought I saw them struggling with a patient to get them into a chair. **Great job! KA**

7b) I think an area of weakness would be to provide education to someone who does not want education. I think for the homeless shelter, I did not have the opportunity to provide education about the topic I had. A goal for this weakness would be to continue to do the best I can to provide the education a patient needs that I think needs to be taught, and not to take it personal when someone does not want the education that I am providing. **Please remember to have a defined time for your goal in the future. KA**

To address my U from last week, I am not satisfactory, because I realize there’s always something I can do better and to find a goal to help my area of weakness. I think a goal for last week, would be to tell myself that I am there to learn and to not worry about asking to many questions, because that is helping me learn.

Week 8 7a) I think for this clinical and for most, I have a strength on providing education when I think is needed. I think I did a good job specifically for this clinical, since she was not really eating because of the mask and she wasn’t wanting to get out of bed and educated her on coughing and deep breathing.

7b) I think for a weakness that I have, again specifically with this clinical, I need to work better with dressing changes. I was a little unsure of myself with doing the dressing change. I think a goal for me is for the next clinical, is if my assigned patient is not in need of anything, I'll try to find a student who has a dressing change and watch them. I will also look back at the ATI videos/lectures and look back at my skills lab sheets we got last semester, before next clinical.\

WK8 7c,e,f,g: Leandra, I thought you did a great job with this dressing change. It was intimidating (a fasciotomy!)but, you did a good job maintaining sterility and changing gloves when appropriate. I am so proud of you because you tackled this without hesitation. You are capable of so much. You are professional, respectful, and kind. You are a great nurse and a great team player. Your patients and team members will benefit from your thoughtful approach to care. Continue to work on believing in yourself. Don't compare yourself to others. Everyone has their own strengths; continue to build on yours. EW

Week 9 7a) I think I have a strength in communication with patients. I use to not know how to start up a conversation with a patient, due to the fear of being yelled at. Now, I think I don't have any problems with trying to either start up a conversation or keep a conversation going. This is great progress! MD

7b) I have a weakness in obtaining a finger stick to check blood sugar. My goal to improve on this, is to work on it for lab next week, and to continue to remember the advise, both Monica and Cheyenne gave me. By the next time I attempt a finger stick, it will only take 1 time to do it. Great! Keep practicing! MD

Week 11 7a) I think for this weeks clinical, my strength was to advocate for my patient. I taught him the importance of shifting his body weight every now and then . I also noticed that a medication that he takes at home was not on his list to take at the hospital. I agree this was great to advocate for this! You helped the patient's family have a more positive experience than they were having because you cared and advocated for him! KA

7b) I think for this weeks clinical, my weakness was to not get so nervous about the patient I am assigned to. I need to remember that I am not on my own and that if I need help that I have my peers, my instructor, my nurse or orderly's there to help me. I will be working on this for next weeks clinical. I agree it is important to accept challenges that get us out of our comfort zones while you are in school. This experience will help you handle a similar situation better when you are an RN. However, it is important to know when we are extremely uncomfortable and unable to provide the best care to the patient. It is better to recognize this and speak up then it is to avoid the patient and not provide the best care to them. You handled this situation well, but I agree it is important to challenge ourselves because we will need to care for these types of patients throughout our career. KA

Week 12 7a) For clinical this week, I think my strength was education. I think I did a good job teaching my patient not only with deep breathing (for both my patients I had), but also with the importance of turning (more so for my patient I cared for on Thur). I agree with your area of strength. You were in your patient's room most of the morning, helping him turn and transfer from the bed to the bathroom and chair. Great job! LM

7b) For clinical this week, I feel like there are a few things I need to work on for improvement. I did my every first foley removal and IV removal. I need to not be nervous when doing new things. If I'm nervous I need to not show it, because then I feel like the patient is not going to have confidence in me. I will work on this by first, knowing that I can do this and to utilize all the resources that I have through ATI, my book, maybe even youtube. I will be working on this for next clinical. You may have felt uncomfortable and unsure of yourself, but you did a great job discontinuing the IV and removing the foley catheter. LM

Week 14 7a) For this week at clinical, I think I noticed when things weren't done the way we are taught how it should be and also using judgment by letting the nurse know when something is not right. With the chest tube and how it was being handled, and also when his O2 was a 91% I let the nurse know.

7b) For this week at clinical, I think my weakness was remembering what I learned about the chest tube. I had not seen one in action and we learned about them back in January. I think that made me nervous. What do I need to look for, what are my responsibilities for the tube, just trying to remember how to work with chest tubes and that

I need to prepare myself for everything that we went over this semester and knowing that I don't know what I will be dealing with for next clinical. I will continue to keep studying and going over what I learned, over the next couple weeks, to feel better prepared for next semester.

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	KA	KA	KA	KA	KA	KA	DC	EW
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA

*Course Objectives

Comments:

Week 1

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

(Assessment)- You were able to satisfactorily demonstrate the Basic Head to Toe Assessment during lab. EW/KA/DW

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

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

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

Week 2 Trach Care & Suctioning – During this lab, you were able to satisfactorily demonstrate competence with tracheostomy care and tracheostomy suctioning. The steps were completed in an appropriate sequence and sterility was maintained. You required one prompt to remember to state that you mixed up the order of two steps, but corrected easily. Otherwise, well done. EL

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

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

vSim Evaluation	vSim								
	ical-Surgical) Vincent Brody	edical-Surgical)Skylar Hansen	ical-Surgical)Jennifer Hoffman	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: 1/30/19	Date: 1/30/19	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	LM	LM	LM	DW	KA	KA			
Remediation: Date/Evaluation/Initials	N/A	N/A	N/A	NA	NA	NA			

* Course Objectives

RESPONDING: (3,4,5,6)*					<p>Responded by contacting the ED to confirm whether or not pain medication were administered.</p>
<ul style="list-style-type: none"> • Calm, Confident Manner: E 	A	D	B		
<ul style="list-style-type: none"> • Clear Communication: B 	E	A	D	<p>Focused assessment of affected leg. Focused circulatory assessment on left foot.</p>	
<ul style="list-style-type: none"> • Well-Planned Intervention/ Flexibility: E 	A	D	B	<p>Contacted physician regarding circulatory assessment findings. Good communication to physician regarding 6Ps.</p>	
<ul style="list-style-type: none"> • Being Skillful: B 	E	A	D	<p>Provided pain relief promptly with administration of morphine. Correct dosage calculation and wasting procedure. Correct technique with IM injection using z-track method.</p>	
					<p>Contacted OR and provided report and need for immediate action.</p>
					<p>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?</p>
					<p>Educated the patient on compromised circulation to the left lower extremity. Reassured the patient with communication.</p>
					<p>Good teamwork and communication with each other and the patient.</p>
					<p>Good education regarding medication purposes.</p>
					<p>IV piggy back set up appropriately with primary bag hanging below the secondary bag. Tubing labeled correctly.</p>
					<p>Saline flush performed to confirm catheter patency. Appropriate aseptic technique performed.</p>
					<p>Dressing changed. Was this necessary? How did the dressing appear?</p>
					<p>Kept pillow under the leg. What could be done differently to promote circulation to the foot? No ice or elevation if thinking compartment syndrome.</p>
					<p>Good body mechanics with assessment.</p>
					<p>Questioned patient regarding Coumadin non-compliance. Educated patient on DVT risks.</p>
					<p>Elevated HOB when resp. distress was noted. Applied O2. Focused resp. assessment.</p>
					<p>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.</p>
					<p>Contacted lab and CT for STAT orders.</p>
					<p>Dosage calculation performed for IM morphine and witnessed wasted amount. IM injection performed with appropriate technique using the z-track method.</p>

	<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 <p style="margin-left: 40px;">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</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:

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dw 1/3/19