

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

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

Student: Kalie Voss

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)
2/14/19	6 hours	3T clinical and onsite debriefing	

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	Acute Pain R/T Operative Procedure	S-MD	NA	NA
3/14/19	Risk for falls	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	S	S	S	S	S	N/A			S	N/A	
a. Analyze the involved patho-physiology of the patient's disease process. (Interpreting)			S	N/A	S	S	N/A	S	S	S	S	S	N/A			S	N/A	
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			S	N/A	S	S	N/A	S	S	S	S	S	N/A			S	N/A	
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			S	N/A	S	S	N/A	NA	S	S	S	S	N/A			S	N/A	
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			S	N/A	S	S	N/A	NA	S	S	S	S	N/A			S	N/A	
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	N/A	S	S	N/A	S	S	S	S	S	N/A			S	N/A	
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			S	N/A	S	S	N/A	NA	S	S	S	S	N/A			S	N/A	
g. Assess developmental stages of assigned patients. (Interpreting)			S	N/A	S	S	N/A	S	S	S	S	S	N/A			S	N/A	
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		S	S	S	S	S	S	S	S	S	S	N/A			S	N/A	
	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	Rehab, 46-years-old, left hip/pelvic fracture	PT/OT and Infection Control	3N, 88-year-old male, difficulty breathing	3T, Team Leader	Crossroads Homeless Shelter	Alternative Care Center and Wound Care	NA	3N, 85-year-old female, weakness, frequent falls,	3T, 76-year-old male, COPD	4N, 64-year-old male, back pain- gangrenous	N/A			3T, 78-year-old male, Hypoxemia, Shortness of	N/A	
Instructors Initials	EW		MD	MD	DC	KA	EW	DW	DW	NS	KA	EW	LM			LM		

Comments:

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 6 patients: 91-year-old with pneumonia, 77-year-old with difficulty breathing, 77-year-old low pulse ox and 54-year-old low back pain

Week 11- I also had a 71-year-old Female with a small bowel obstruction

Week 9 1(a-h) – Kalie, I thought you did very well this week correlating your patient's data to her medical diagnosis. Although her primary concern was pain, you were able to discuss her diagnostic tests as well as her medications to her secondary concern of frequent falls. You were able to discuss with me her critical lab values in regards to her bleeding risks and how it correlated to the care that was provided. Since your patient was admitted with falling at home, you were able to correlate her blood being too thin to her risk for bleeding. This ultimately drove your plan of care to reduce her safety risks while in the hospital and at home. NS

WK11 1a-h: You did a good job each day correlating the patient's diagnosis with treatment and education. EW

Week 12 (1a, b, c)-You did a nice job analyzing your patient's pathophysiology with his disease process. You also properly correlated his symptoms, diagnostic tests, and treatments to his disease process. Great job! LM

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	14	Make Up	Make Up	Final
Competencies:			S	N/A	S	S	N/A	N/A	S	S	S	N/A				S	N/A	
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	S	N/A				S	N/A	
b. Conduct a fall assessment and implement appropriate precautions. (Responding)			S	N/A	S	S	N/A	N/A	S	S	S	N/A				S	N/A	
c. Conduct a skin risk assessment and implement appropriate precautions and care. (Responding)			S	N/A	S	S	N/A	S	S	S	S	N/A				S	N/A	
d. Communicate physical assessment. Responding)			S	N/A	S	S	N/A	N/A	S	S	S	N/A				S	N/A	
e. Analyze appropriate assessment skills for the patient's disease process. (Interpreting)			S	N/A	S	S	N/A	S	S	S	S	N/A				S	N/A	
f. Demonstrate skill in accessing electronic information and documenting patient care. (Responding)	S		S	N/A	S	S	N/A	S	S	S	S	N/A				S	N/A	
	EW		MD	MD	DC	KA	EW	DW	DW	NS	KA	EW	LM			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 6 – 2d – You did a great job completing focused assessments on our team of patients. KA

Week 6 – 2f – You did a nice job reviewing student charting and assisting them with making the appropriate corrections. KA

Week 9 2(b) – You conducted a thorough fall assessment and understood her increased risk for falling which allowed you to develop a strong plan of care. You ensured that safety measures were in place during your care to prevent further complications. NS

Week 10 – 2d – You did a great job taking initiative and completing focused assessments on our team of patients without being directed. KA

Week 10 – 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

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 12 (2a & d)- You performed a head-to-toe assessment on your patient and communicated his blood pressure and pulse to your team leader and instructor prior to medication administration. Good 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		S	N/A	S	S	N/A	S	S	S	S	S	N/A			S	N/A	
a. Perform standard precautions. (Responding)	S		S	N/A	S	S	N/A	S	S	S	S	S	N/A			S	N/A	
b. Demonstrate nursing measures skillfully and safely. (Responding)	S		S	N/A	S	S	N/A	S	S	S	S	S	N/A			S	N/A	
c. Demonstrate promptness and ability to organize nursing care effectively. (Responding)			S	N/A	S	S	N/A	S	S	S	S	S	N/A			S	N/A	
d. Appropriately prioritizes nursing care. (Responding)			S	N/A	S	S	N/A	S	S	S	S	S	N/A			S	N/A	
e. Recognize the need for assistance. (Interpreting)			S	S	S	S	S	S	S	S	S	S	N/A			S	N/A	
f. Apply the principles of asepsis where indicated. (Responding)	S		S	N/A	S	S	N/A	S	S	S	S	S	N/A			S	N/A	
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	S	N/A	N/A			N/A	N/A	
h. Implement the appropriate DVT prophylaxis interventions based on assessment and physicians orders. (Responding)			S	N/A	S	S	N/A	N/A	S	S	S	S	N/A			S	N/A	
i. Identify the role of evidence in determining best nursing practice. (Interpreting)			S	N/A	S	NA	N/A	S	S	S	S	S	N/A			S	N/A	
j. Identify recommendations for change through team collaboration. (Interpreting)			S	S	S	S	N/A	S	S	S	S	S	N/A			S	N/A	
	EW		MD	MD	DC	KA	EW	DW	DW	NS	KA	EW	LM			LM		

Comments:

Week 6 – 3i – I do not believe you reviewed an EBP article this week for your CDG. KA

Week 9 3(c-e) – You did very well prioritizing your care for your patient and documenting in a timely manner. You were prompt in your ability to care for your patient while also promoting rest for healing. You did a good job of recognizing the need for assistance when one of your patient’s pills fell on the floor. You and your fellow classmate were working independently, but you understood that your patient could not receive a medication that fell on the floor and utilized your resources to identify a way to ensure

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

safe medication administration. You and your team leader collaborated and were able to learn how to use the pill identified on Micromedex in case this were to happen again in the future. NS

WK11 3 b-d: You did a good job prioritizing care and prepping your first patient for discharge. EW

Week 12 (3b & d)- You provided safe and skillful nursing care and properly prioritized your care. You safely administered your medications by checking your patient's pulse and blood pressure prior to administration. 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	N/A	S	N/A	N/A	N/A	S	S	S	S	N/A			S	N/A	
k. Administer PO, SQ, IM, or ID medications observing the rights of medication administration. (Responding)			S	N/A	S	N/A	N/A	N/A	S	S	S	S	N/A			S	N/A	
l. Calculate medication doses accurately. (Responding)			S	N/A	S	N/A	N/A	N/A	S	S	N/A	S	N/A			S	N/A	
m. Administer IV therapy, piggybacks and/or adding solution to a continuous infusion line. (Responding)			N/A	N/A	N/A	N/A	N/A	N/A	NA	N/A	N/A	S	N/A			N/A	N/A	
n. Regulate IV flow rate. (Responding)	S		N/A	N/A	N/A	N/A	N/A	N/A	S	N/A	N/A	S	N/A			N/A	N/A	
o. Flush saline lock. (Responding)			N/A	N/A	N/A	N/A	N/A	N/A	NA	S	S	S	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	S	N/A	N/A	N/A			N/A	N/A	
q. Monitor an IV. (Responding)			N/A	N/A	S	S	N/A	N/A	S	S	N/A	S	N/A			N/A	N/A	
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			N/A	N/A	
s. Perform FSBS with appropriate interventions. (Responding)	S		N/A	N/A	S	N/A	N/A	N/A	S	N/A	N/A	N/A	N/A			N/A	N/A	
	EW		MD	MD	DC	KA	EW	DW	DW	NS	KA	EW	LM			LM		

Comments

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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

Week 6 – 3k – You did a nice job observing your team members utilizing the rights of medication administration and assisting them with documenting appropriately in the MAR. KA

Week 9 3(o,p) – Great job with new experiences this week! You were able to perform a saline flush using appropriate aseptic technique to maintain patency of an IV line. Additionally, you were able to d/c an IV using proper technique. Although these were new experiences for you in the clinical setting, you demonstrated confidence and competence in your abilities. (n) – this competency was changed to “s” because you regulated an IV flow rate by discontinuing a primary line and stopping the ordered flow rate on the infusion pump prior to d/c’ing your patients IV. NS

Week 10 – 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 10 – 3o & 3q – You did a nice job assessing and flushing your patient’s IV. You were very skillful and smooth with the process. KA

WK11 3 k-o: Very good job with your medication pass and IV skills. You were very proficient and confident with priming the IV tubing and programming the pump. Good job. EW

Week 12 (3k & l)- You safely administered po medications this week. You observed the rights of medication administration and performed the 3 medication checks. Good 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	S	S	S	S	S	S	S	S	S	N/A			S	N/A	
a. Integrate professionally appropriate and therapeutic communication skills in interactions with patients, families, and significant others. (Responding)			S	S	S	S	S	S	S	S	S	S	N/A			S	N/A	
b. Communicate professionally and collaboratively with members of the healthcare team. (Responding)			S	S	S	S	S	S	S	S	S	S	N/A			S	N/A	

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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

Comments:

Week 6 – 4b – You did a nice job communicating with your team members and helping them work together to accomplish the goal of good patient care. KA

Week 6 – 4e – You did a nice job completing your CDG this week and thoroughly discussing your team leading experience. I could not locate a reference or internal citation for you initial response. Please make sure to address this in future postings. KA

Week 7: 4e- I did not have a CDG this week, but I understand why I received a U. I was not paying attention and completely forgot to include an in-text citation. From now on, I will have the grading rubric right beside me while I am completing the CDG. This way I will not receive another U for a silly mistake. EW

Week 9: 4e- I believe that I am satisfactory because I have all of the required material in my CDG including an in-text citation. NS

Week 9 4(e) – you did a great job with your CDG in your discussion regarding the social determinants of health. You communicated well with your patient to identify these areas. Your initial post and response posts were substantive and offered great thought. You supported your opinions and included an in-text citation and a reference. In the future, be sure to include the year with your in-text citation. Although your reference did not include a specific date, including “n.d.” would be appropriate in the in-text citation. For example, your citation should be “Cold Creek Counseling (n.d.) offers evening and weekend appointment scheduling.” Let me know if you have any questions regarding APA referencing! NS

Week 10 – 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 10 – 4e – You did an excellent job completing your CDG this week and thoroughly discussing your team leading experience with your classmates. KA

Week 12 (4e)- I changed the objective to a ‘NA’ because Thursday was a make-up day for clinical and the online CDG did not apply. LM

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	14	Make Up	Make Up	Final
Competencies:			S	S	S	S	S	S	S	S	S	S	N/A			S	N/A	
a. Describe a teaching need of your patient.** (Reflecting)			S	S	S	S	S	S	S	S	S	S	N/A			S	N/A	
b. Utilize appropriate terminology and resources when providing patient education. (Responding)			S	N/A	S	S	S	S	S	S	S	S	N/A			S	N/A	
c. Evaluate health-related information on the intranet. (Responding)			S	N/A	S	S	S	S	S	S	S	S	N/A			S	N/A	
			MD	MD	DC	KA	EW	DW	DW	NS	KA	EW	LM			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- A teaching need that I was able to communicate to my patient was to reposition himself every two hours. He was having a hard time getting comfortable because of his pain. He was unable to get comfortable in his bed. He alternated between his recliner and the wheelchair to find a little bit of comfort. The repositioning was also helping prevent the formation of pressure ulcers. Since my patient is not ambulating much, he is at risk for pressure ulcers. He was educated on this at the bedside. For the digestive health center, a teaching need that I identified was that patients needed to be told not to drive or operate machinery for the rest of the day because they had anesthesia. For dialysis, a teaching need that I identified was that patient's need to be educated on the types of foods they can and cannot have. This is important because some foods can be extremely dangerous for them and could cost them their life if they are not aware of it.

Week 3 (5a)- Great job with all of your education this week! You had some wonderful educational opportunities! MD

Week 4: 5a- A teaching need for PT/OT would be to have the patient perform little exercises while they are in bed to help keep their muscles loose. This will help prevent them from having tight muscles where they had their procedure at and will help them heal. A teaching need for infection control would be for a patient with TB, they would need to wear a mask when they are not in their negative pressure room. This would prevent them from spreading this airborne disease to others.

Week 5: 5a- A teaching need that I was able to communicate to my patient was why I was checking his blood sugar so often. He did not understand why I took his blood sugar twice each day I was there. I educated him that it was important to know what his blood sugar was before he ate each meal and to make sure we were giving him the correct amount of insulin for him based off of his blood sugar. After I educated him, he completely understood. *You did a nice job communicating with him and educating him about FSBS. Your confidence was much better on day 2. DC*

Week 6: 6a- A teaching need that I was able to communicate this week was the importance of eating something so the patient would be able to take her insulin. The patient refused breakfast, therefore, we had to hold her insulin. When I went into the room to do a focused assessment, I offered the patient something to eat, and again she refused. I explained to her the importance of eating something so she could have her insulin, but she did not want any food. Hopefully she was able to eat something after I left the floor so she could have her insulin. *She did not have a big appetite, but she did start to eat more at mealtime. KA*

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 7: 6a- A teaching need that I was able to communicate to somebody at the homeless shelter was some tips on how to quit smoking. She had been smoking since she was 9 years old and she wanted to quit. An idea that I gave her was to eat a sucker when she was craving a cigarette. This gives her the action of bringing something up to her mouth, like a cigarette, but it was a better alternative.

Week 8: 6a- A teaching need I identified was to have the patient use a pillow to keep his heels off of the bed. This would prevent any pressure injuries. After explaining this to the patient, he understood the need for the pillow, and he used the pillow to prop his heels off of the bed. DW

Week 9: 6a- A teaching need I identified was to try and not take so many pain pills. My patient hadn't had a bowel movement since the 9th. It was important to educate her that the pain pills could possibly be why she hasn't had a bowel movement and also lying in bed all day wasn't helping either. My patient said they she normally has a bowel movement four times a day, so this was very unusual for her. After educating her, she understood the importance of trying to not take as many pain pills and to get up and move a little more. Great education topic! With the opioid crisis effecting many of our patients, education on the proper use of pain medications and the potential adverse effects such as constipation is very important. NS

Week 10: 6a- A teaching need I identified was to encourage deep breathing. My patient was admitted to the hospital with COPD. He was on 3L of oxygen and his O2 levels were 93%. They were trying to lower his oxygen and keep his O2 levels above 93% because the patient does not wear oxygen at home. The deep breathing will allow air into the bases of the lungs and help improve his breathing. My patient appreciated the education because he does not want to wear oxygen at home. He is a fairly healthy guy and he takes very few medications. At the end of my day, he was on 2L of oxygen and his O2 levels were still at 93%. Great job choosing appropriate teaching. KA

Week 11: 6a- A teaching need that I identified was to educate my patient on his JP drain that he was going home with. Since I did not know too much about the JP drain and his discharge instructions were still being worked on, I did tell him what I did know about it. I educated him on looking for signs and symptoms of infection around the insertion site of the tube. He was very appreciative of the education that I discussed with him. I was hoping to have all of the discharge paperwork before I left the floor, but that did not happen. I was happy that I was still able to educate him on the JP drain a little bit.

Week 12: 6a- Make up- A teaching need that I identified was to have the patient sit on the edge of the bed before getting up. When the patient got out of bed, he was very unstable on his feet and lost his balance a few times, but I was there to help stabilize him. I educated him on the importance of sitting at the edge of the bed until he felt stable enough to get up. This education could prevent a fall from happening in the future. My patient understood the importance of this education and he said that he would make sure that he started sitting at the edge of the bed for a few minutes before he got up. This is an appropriate teaching need for your patient, especially since his medications can potentially make him lightheaded. Good job! LM

Objective

6. Implement patient-centered plans of care utilizing the nursing process and clinical judgment. (2,3,4,5)*

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

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. DW

Week 13- See Simulation Scoring Sheet below.

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

Objective # 6a: Implement patient-centered plans of care utilizing the nursing process and clinical judgment. (2,3,4,5)*	Students Name: Kalie Voss Date: 1/28/19
**Nursing care plan not appropriate to patient situation = 0 and automatic unsatisfactory rating	Nursing Diagnosis: Acute Pain R/T Operative Procedure
Nursing Diagnosis: (3 points total)3 Problem Statement (1) 1 Etiology (1) 1 Defining Characteristics (1) 1	Total Points 3 Comments: Well written! Consider adding left hip into your etiology. MD
Goal and Outcome (6 points total)6 Goal Statement (1) 1 Outcome: Specific (1) 1 Measurable (1) 1 Attainable (1) 1 Realistic (1) 1 Time Frame (1) 1	Total Points 6 Comments: Great job! You were able to utilize SMART appropriately for your care plan.MD
Nursing Interventions: (8 points total)8 Prioritized (1) 1 What (1) 1 How Often (1) 1 When (1) 1 Individualized (1) 1 Realistic (1) 1 Rationale (1) 1 All pertinent interventions listed (1) 1	Total Points 8 Comments: Your nursing interventions were well written and followed the parameters. MD
Evaluation: (5 points total)5 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: Excellent evaluation of your care plan! MD
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 = 22 Comments: You received a Satisfactory for your care plan this week! Great job!

Objective # 6a: Implement patient-centered plans of care utilizing the nursing process and clinical judgment. (2,3,4,5)*	Students Name: Kalie Voss Date: 3/14/19
**Nursing care plan not appropriate to patient situation = 0 and automatic unsatisfactory rating	Nursing Diagnosis: Risk for falls r/t cluttered environment
Nursing Diagnosis: (3 points total) Problem Statement (1) 1 Etiology (1) 1 Defining Characteristics (1) 1	Total Points 3 Comments: Great job with the nursing diagnosis section of your care plan. As we discussed in clinical, your patient’s risk for falls was certainly a priority. She was admitted with frequent falls at home, and her coagulation studies were critically high leading to a high risk for bleeding. Prioritizing your care on preventing falls in the hospital and at home is appropriate. Your etiology does not include a medical diagnosis and you have provided six defining characteristics that support your NANDA approved nursing diagnosis. You could include the fact that she lives at home alone that could increase her risks for falling and injuring herself. NS
Goal and Outcome (6 points total) Goal Statement (1) 1 Outcome: Specific (1) 1 Measurable (1) 1 Attainable (1) 1 Realistic (1) 1 Time Frame (1) 1	Total Points 6 Comments: Excellent job with your goal and outcome section of your care plan. You started with a generalized goal that is a positive statement that directly relates to the NANDA problem. This is an appropriate goal for a patient that is at risk for falling. The patient needs to understand the risk factors involved that contribute to the risk of falling. You turned each defining characteristic from the nursing diagnosis section into a positive statement and added it to the detailed section of the outcomes. Each outcome meets the SMART criteria. NS
Nursing Interventions: (8 points total) Prioritized (1) 1 What (1) 1 How Often (1) 1 When (1) 1 Individualized (1) 1 Realistic (1) 1 Rationale (1) 1 All pertinent interventions listed (1) 1	Total Points 7 Comments: Great list of interventions for your plan of care! You prioritized your interventions appropriately with assessments taking highest priority. You included what, how often, and when the interventions would be performed and included specific rationale. Your care plan was individualized for your specific patient and each of the interventions were realistic. One point was deducted for “all pertinent interventions listed.” Your patient was consulted to PT/OT while in the hospital. This would be an important intervention to include for a patient at risk for falls. PT/OT evaluate and assist with education regarding activities of daily living and ambulation. 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: Excellent work with your evaluation section to receive 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 = 21/22 Comments: Kalie, great job with your plan of care for your patient admitted with frequent falls at home. You understood that this was a priority for your patient and developed a strong plan of care to increase her safety to

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

<p>≤ 13 = Unsatisfactory care plan</p>	<p>prevent further complications. You received 21 of 22 points for a satisfactory evaluation. You have now completed two satisfactory care plans for the semester and are not required to submit any additional care plans for grading. Don't hesitate to continue to practice care plans as they will be a part of the curriculum in each class moving forward. You seem to have a strong understanding on how to develop a plan of care for your patients. Please review the comments and don't hesitate to see me with any questions or concerns. Keep up the hard work! NS</p>
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Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: OBSERVATION DATE/TIME: 2/26/19 1330-1500 SCENARIO #: MSN Scenario #1
 Kala Whitmore Kalie Voss Paige Warren Sarah Weatherwax Erica Wiegand Trevor Wright

CLINICAL JUDGMENT COMPONENTS NOTICING: (2)*	OBSERVATION NOTES
<ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 	<p style="color: red;">Came prepared and asked appropriate questions during report-seeking information.</p> <p style="color: red;">Identified members of the team.</p> <p style="color: red;">Noticed the patient was in pain.</p> <p style="color: red;">ID'd patient with name and DOB. ID'd patient prior to medication administration.</p> <p style="color: red;">Noticed decreased pulse, pallor, paresthesia, etc.</p> <p style="color: red;">Noticed increased BP.</p> <p style="color: red;">Second group introduced self and ID'd patient. Good body mechanics.</p> <p style="color: red;">Noticed decreasing pulse ox and need for O2.</p> <p style="color: red;">Noticed redness to the right leg.</p> <p style="color: red;">Noticed crackles in the lung upon auscultation.</p> <p style="color: red;">Noticed increased resp. rate.</p> <p style="color: red;">Asked patient about allergies.</p> <p style="color: red;">Noticed accurate weight on the patient's chart.</p>
INTERPRETING: (1)* <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 	<p style="color: red;">Prioritized pain assessment and vital signs.</p> <p style="color: red;">Interpreted left leg assessment findings as abnormal.</p> <p style="color: red;">Interpreted need to relieve patient's pain and prioritized prior to IV medications.</p> <p style="color: red;">Interpreted need to intervene quickly due to decreased circulation in the left foot.</p> <p style="color: red;">Interpreted assessment findings as consistent with DVT/PE.</p> <p style="color: red;">Interpreted the resp. distress as an emergent situation.</p> <p style="color: red;">Prioritized respiratory assessment before returning to full head to toe assessment.</p> <p style="color: red;">Interpreted lab and diagnostic results as consistent with a PE.</p> <p style="color: red;">Interpreted refusal of PT and SCDs as increased risk for DVT/PE.</p>

*End-of-Program Student Learning Outcomes

<p>RESPONDING: (3,4,5,6)*</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 	<p>Good communication with vital signs and assessment findings.</p> <p>Performed pain assessment. Obtained vital signs after patient stated increased pain. Remember to re-assess the pain after medication administration. Remediated during debriefing.</p> <p>Responded to decreased circulation to the left foot by contacting the physician. Good SBAR communication. Remember to read orders back to the physician to confirm. Remediated during debriefing.</p> <p>Educated patient on decreased circulation and need to address quickly by moving up surgery.</p> <p>Patient educated on ORIF procedure.</p> <p>Good job with z-track method for IM injection. Dosage calculated appropriately. How would you waste the remaining medication? Should this be done before administering to the patient? Make sure you have a witness when wasting narcotics. Remember needle safety! Using the needle lock system to avoid potential needle sticks. Remediated during debriefing.</p> <p>Good teamwork with IV medications to ensure they are initiated prior to surgery. IV tubing primed appropriately. Good aseptic when connecting the primary line and secondary line. Remember to perform a saline flush prior to initiating fluids to confirm IV patency. IV piggy back set up appropriately with the primary bag hanging lower than the secondary bag. Remember to fill the chamber in the secondary tubing 2/3 to ½ full. Remember to label the tubing. Remediated during debriefing.</p> <p>Contacted OR to provide a report on the patient that will be having surgery immediately.</p> <p>Communicated with the patient regarding conversation with his wife to promote comfort. Kept the patient informed.</p> <p>Educated the patient on rationale behind antibiotics prior to surgery.</p> <p>Initiated O2 when patient began experiencing resp. distress.</p> <p>Contacted the physician when patient demonstrated resp. distress. Communicated assessment findings with the physician. Remember SBAR communication, be prepared with vital signs and focused assessment findings. Remediated during debriefing.</p> <p>Educated patient on pulmonary embolism. Educated patient on the diagnostic tests that are going to be performed.</p> <p>Good communication with the patient.</p> <p>Dosage calculated correctly. Medication waste witnessed appropriately. Good technique with IM injection using the z-track method. Remember to aspirate prior to injecting the medication. Remember needle safety! Don't recap a used needle. Activate the safety lock prior to discarding the needle in the sharps container. Remediated during debriefing.</p> <p>Communicated diagnostic and lab results with the physician. Received new orders. Clarified order with the physician.</p> <p>Educated patient on enoxaparin.</p> <p>Correct dosage calculated for subcutaneous injection. Correct location administered for subcutaneous injection. Appropriately used 45 degree angle for injection. Remember needle safety! Don't recap a used needle. Remediated during debriefing.</p>
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<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="padding-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, including both subjective and objective data, most useful information was noticed. Recognized obvious patterns and deviations in data and used this information to continually assess. Actively sought information about the patient’s situation to plan interventions.</p> <p>Interpreting: Generally focused on the most important data and sought further relevant information. Interpreted the patient’s data patterns and compared with known patterns to develop interventions.</p> <p>Responding: Generally displayed leadership and confidence and were able to control or calm the situation. Communicated well, explained carefully to the patient, and gave clear direction to team members. Developed interventions on the basis of the most obvious data and monitored progress. 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>

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	S	S	N/A			S	N/A	
b. Reflect on an area for improvement and set a goal to meet this need.** (Reflecting)	S		S	S	S	S	S	S	S	S	S	S	N/A			S	N/A	
c. Demonstrate evidence of growth, initiative, and self-confidence. (Responding)	S		S	S	S	S	S	S	S	S	S	S	N/A			S	N/A	
d. Follow the standards outlined in the FRMCSN Student Code of Conduct Policy. (Responding)	S		S	S	S	S	S	S	S	S	S	S	N/A			S	N/A	
e. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions. (Responding)	S		S	S	S	S	S	S	S	S	S	S	N/A			S	N/A	
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (Responding)	S		S	S	S	U	S	S	S	S	S	S	N/A			S	N/A	
g. Demonstrate the ability to give and receive constructive feedback. (Responding)	S		S	S	S	S	S	S	S	S	S	S	N/A			S	N/A	
h. Actively engage in self-reflection. (Reflecting)	S		S	S	S	S	S	S	S	S	S	S	N/A			S	N/A	
	EW		MD	MD	DC	KA	EW	DW	DW	NS	KA	EW	LM			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- An area of strength I have is being able to perform a FSBS without any issues. I was able to identify all of the steps and perform this skill on myself. I was also able to perform the control tests without any issues and I was able to document this in meditech. **EW**

7b- An area where I can improve on is being able to manually count the drip rate for an IV. I understand how to do it, but I can improve on being able to perform this skill perfectly. To improve on this, I will read more into how to perform this task. This will give me a better understanding on how to be more successful. I will also practice

this skill at least two times before I actually perform this on a patient. In the clinical setting, I will jump right in and perform this task as many times as I can so I can get as much experience as I can. This will help me become more confident in performing this task. EW

Week 3: 7a- An area of strength that I noticed this week was that my charting was done really well. I only forgot to document the pedal pulses in the physical re-assessment. That was the only mistake that I made in my charting. I felt like that was a strength because it was my first clinical on rehab and that is a little bit different from the actual floors at the hospital.

Week 3: 7b- An area that I can improve on is time management. On the rehab floor, there is a lot more going on than the other floors. Patients are being taken to PT/OT early in the mornings, which is when the vital signs and head to toe assessments need to be done. This was very frustrating for me on my first day because I tried to document my head to toe assessment three different times that morning and every time I would start it, I would be interrupted. Something that I could do to help with this is to make a checklist with times beside each task that needs to be done. This will give me a structured time frame that I need to work with. I will make a checklist for every clinical day, twice a week, to help manage my time. By my next clinical, I will have my checklist made and will be able to follow this checklist to be able to stay on top of everything and not fall behind.

Week 3 (7a & b)-You did a great job with your charting this week! Time management comes with more experience. Great job with coming up with a plan to help you! MD

Week 4: 7a- An area of strength that I noticed this week was that I was able to assist PT/OT in the morning. I was able to jump in and help them move patients from the bed to the chair. I was also able to assist them in ambulating a patient. I felt very comfortable in this clinical and I felt like I did a good job of assisting them when they needed help. Great job! I am glad you felt comfortable in this area! MD

Week 4: 7b- An area where I can improve on is being able to find the reports and what the patient is diagnosed with and why they are on certain precautions. During the infection control clinical, she showed us many patients charts and what they were diagnosed with and why they were on precautions. I did not know how to find any of this information. This information would be important to know how to find because if a patient needs to be put on proper precautions, I would need to know where to find their diagnosis so I could implement the precautions. At every clinical I will look at my patients' chart and make sure I am familiar with where the reports are to make sure that they are on the proper precautions. I will also make sure that I am charting the proper precautions on the patient. I think that if I start practicing this now, it will help me throughout the rest of school and the rest of my career not to make a mistake in charting the precautions. This will come with time and practice. Keep up the hard work! MD

Week 5: 7a- An area of strength that I noticed this week was that I was able to gather all of the necessary supplies and explain to the patient why she was getting an NG tube. I was very calm when explaining the procedure to her and I was able to answer any questions that she had. Even though I was very nervous, I was able to remain calm and not let the patient know that I was nervous. I was unable to successfully insert the NG tube because it was too large for her, but when the time comes to put in another NG tube, I believe that I will be more confident and not as nervous. You prepared very well for this skill! You were helpful and a calming presence for the patient. Even though both of us were unsuccessful in placing the NG due to the initial size, you still did great. As we discussed, even though you may be well prepared and attempting the skill with expertise, we may not be 100% successful everytime. It was a good learning experience to have this week! DC

Week 5: 7b- An area where I can improve on is my nurse notes. I thought that I was doing a good job on writing my notes, but Devon pointed out some things that I could add to my notes to make them better and I completely agree with her. My notes were not very detailed. I think it would be a good idea to include that I gave the patient their call light and I made sure that their bed alarm was turned on in the note. This lets the other caregivers know that the patient had the right precautions put into place before I left the room. One way that I will fix this is I will practice writing notes Monday and Tuesday before clinicals. This will give me a little bit of practice before having to write a note on the day of clinical. When I am at the hospital for clinical, I will slow down and think about what is important and what should be put in the note. These notes are very important and it's very crucial that I take the time to write out a good note that has all of the necessary information in it. Keep up the good work! You are very receptive to new ideas and flexible. Those are great characteristics to have as a nurse! DC

Week 6: 7a- An area of strength that I noticed this week was when I was team leader, I was able to go through everybody's charting and see what they missed charting. I thought that I did a really good job with that because I had to think about everything we need to document on for a head to toe assessment and make sure that they did that all correctly. Also, I had to think about that specific patient because everybody's patients were in there for different reasons and all of their assessments were different. I also had to make sure that they correctly documented in the IV assessment, patient rounds every two hours, feeding method, vital signs, intake and output, pain assessment, and blood glucose assessment. I agree you did a nice job checking charting this week. KA

Week 6: 7b- An area that I can improve on is being able to prioritize my patient's. When I was team leader, I had to prioritize my patients from top priority to least priority. I said that my top priority patient would have been the 54-year-old male who was in with lower back pain, but he also had a traumatic brain injury when he was younger, so

he needs a lot of assistance. Even though he needs a lot of assistance, he was not the top priority. The top priority patient would have been the one with difficulty breathing. After I sat and talked to Kelly about this, it made sense. To improve on this, I will always remember to use my ABC's when prioritizing patients. I will also practice this at home before clinicals. I will think of scenarios in my head and think about who the highest priority patient would be. This will prepare me for clinicals and will definitely help me throughout school. Also, I would like to apologize for missing clinical. It is very unlike me to be late and miss something. It won't happen again. I have given my mom a copy of my schedule so she will know when I have class and clinical and will be able to wake me up if I am not awake. Again, I do apologize for this. **This are both good plans to help improve these 2 areas of weakness for the week. It was a mistake that could happen to anyone. The importance is to learn from it and prevent it from occurring in the future. It sounds like you have a plan to do that. KA**

Week 7: 7a- An area of strength that I noticed this week was that I was able to jump in and help serve food to the clients at the homeless shelter. It felt really good to help serve food to these individuals without hesitation. They really appreciated it and that made me feel good. I have never had an opportunity like this before and I'm glad that I was able to experience it.

Week 7: 7b- An area that I can improve on is being able to start a conversation with somebody. It was hard to start a conversation with somebody with the topic I had at the homeless shelter. Nobody was really interested in our poster and it was difficult to think of something to say to them without offending them. To improve on this I will research some ways to approach people without offending them and then I will practice these approaches with my mom and sister and home at least three times before my next clinical.

Week 7: 7f- In week 6, I was unsatisfactory because I missed clinical. I now believe that I am satisfactory because I arrived to clinical on time with no issues. My mom now has a copy of my schedule, in case I oversleep again to make sure that I make it to class and clinical on time. This will not happen again.

Week 8: 7a- An area of strength that I noticed this week was that I was able to use foam to put inside of a patient's wound on her foot. Even though I have never heard or seen anyone do this, I was successfully able to do it and then wrap her foot. If I ever have to do this again, I feel confident enough that I will be able to execute it with no issues. **DW**

Week 8: 7b- An area that I can improve on would be being able to identify the different stages of pressure injuries. The wound care nurses were able to identify the stages of pressure injuries so fast. I will improve on this by studying the different stages of pressure injuries and reading my book about them. I will do this once a week to familiarize myself with them so I will feel more confident next time I have a patient who has a pressure injury. **Great Kalie! DW**

Midterm- Kalie, you are doing a great job in clinical. You are very attentive to your patients and are able to think through clinical situations using clinical judgment. Please remember you have a makeup clinical scheduled for Thursday, April 4, 2019. This will be a 6 hour clinical including onsite debriefing. Overall, you are satisfactory in all clinical, lab, and simulation competencies except for 4e (CDG). I am confident this will easily be fixed in the second half of the semester as you have 4 remaining weeks of clinical on inpatient nursing units requiring CDG participation. You have a few NA evaluations at midterm. Please make a conscious effort to seek opportunities with these competencies prior to the end of the semester. Additionally, you still have one more care plan to submit for the semester. Keep up the good work Kalie! DW

Week 9: 7a- An area of strength that I noticed this week was that I was able to DC and IV. I was able to DC my patient's IV before she was transferred to 5T. I was able to hold pressure after removing the IV because she was on blood thinners. I was able to apply 2x2 gauze and tape it down. **Great area of strength to note! You were able to perform a new skill for the first time in the clinical setting with confidence and competence. Excellent recognition of your patient's bleeding risk and taking the appropriate precautions to ensure the bleeding had stopped. NS**

Week 9: 7b- An area that I can improve on would be to know the medications better. I think it's important to have a good understanding of the medications that my patients are taking. I will improve on this by studying my medications before clinical and I will also use Skyscape to help answer my questions. I will study my medication notecards everyday and I will use Skyscape at clinical. By the next clinical, I will have a better understanding of a lot of medications. **Good area to note for improvement! As we talked about, pharmacology is very challenging and requires repetition to have a strong understanding of each medication that we are giving. I think you have a great plan in place to improve this area in the future! Keep up the hard work. NS**

Week 10: 7a- An area of strength that I noticed this week was that I was able to flush my patient's IV. I was able to remember to use alcohol to scrub the hub for 15 seconds. I was able to break the seal on the saline flush and remove the air until a little fluid came out of the top of the syringe. I was able to attach the syringe to the IV with no issues. I then unclamped the IV. I then pulled back to see if I had any blood, which I didn't. I then advanced the fluid into the patient with ease. The IV site was

patent and did not feel cool to the touch. I remembered to clamp the IV back when I was done flushing it. I then took the syringe and discarded it in the sharps container. **You did a terrific job with this skill! KA**

Week 10: 7b- An area that I can improve on would be transferring a patient from the chair to the bed. I helped another student transfer their patient from the chair to the bed and it did not go smoothly. He had a below the knee amputation on his right leg. When he stood up, he said his foot was hurting and that he was going down. However, he was nowhere near the bed. We had to think quickly to help the patient. This was a very scary transfer. To improve on this, I am going to look in my book and notes from last semester on the proper ways to transfer a patient and what to do in a situation like that. I will look over this material every day to make sure I am prepared for the next clinical. By the next clinical, I will have a better idea of what the best way to transfer a patient is. **Great thought! KA**

Week 10 – 7e – Great job discussing your patient’s ER experience with him and seeking out how it could be better. You ACE’d it by caring about his thoughts and story and not brushing off or diminishing his concerns. KA

Week 11:7a- An area of strength that I noticed this week was that I was able to administer and IV antibiotics to my patient. I was successfully able to pull his medication from the Pyxis and prime the IV tubing. I also programmed the IV pump before attaching the tubing to his IV. I was able to flush his IV site to verify patency of the site and then attach the tubing to his IV and administer the antibiotic. After the antibiotic was completed, I was able to detach the tubing from his IV and flush the site again using aseptic technique.

Week 11: 7b- An area that I can improve on is giving insulin. When I was gripping the back of the patients arm to administer the insulin, I created more of a valley when I administered it. I need to be able to get a good grip on the patient’s skin to make sure that the insulin is properly being administered. There are a few things that I can do to improve on this. One way is to practice on my family members at home at least once a day. Having the experience and practice of grabbing the skin correctly will help me next time I need to administer insulin in the back of the patient’s arm. I can also change the way that I stand to give the insulin. Liz made the suggestion that I could have sat on the patient’s bed to have a better view and grip of the arm that way. This would have been more comfortable for me as well because I am right handed, and I was giving the insulin in the patient’s right arm. I will practice this on my family also at least once a day to improve on this. I will make sure that I practice both of these to improve on this and by the next clinical I will be more confident when giving insulin.

WK 11 7a,b: Kalie you did a very good job with your IV skills and I agree with your strengths. I also like what you identified as your weakness. These are good practice ideas to utilize I also think one of your strengths is you are able to take instruction and ideas from others. Being a part of a working team is listening to how others do things and seeing if they apply to your scope of care. This is a strength that will make you a strong nurse and great team player. Good job this week! EW

Week 12: 7a- Make up- An area of strength that I noticed this week was that I was able to communicate with my patient the importance of using his incentive spirometer. He was admitted to the hospital because he was experiencing shortness of breath and dyspnea. I noticed the incentive spirometer on his bedside table but didn’t notice him using it. I made sure that he knew what it was for and the proper way to use it. The patient demonstrated the proper way to use it and understood what it was used for. **Great! You recognized a teaching opportunity! LM**

Week 12: 7b- Make up- An area that I can improve on is being more conscious of looking at every detail of the patients chart. When the team leader asked me if the patient had any allergies, I couldn’t answer that question because I forgot to even look at that when I was in his chart. Before I gave him his medication, I did make sure to check his allergies. To improve on this, I will take my time when looking at the patient’s chart. I will be sure to read every part of the chart to make sure I do not miss any important details. I will also practice reading charts on the test version of meditech at least three times a week to get better at reading everything. I will be more proficient at this by the next clinical time.

This is a great opportunity for improvement. It is important to check your patient’s allergies and always verify them with the patient before administering medications. LM

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

Skills Lab Competency Evaluation	Lab Skills							
	Week 1	Week 1	Week 1	Week 1	Week 1	Week 2	Week 3	Week 10
Performance Codes:	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	EW	EW	EW	EW	EW	EW	MD	KA
Remediation: Date/Evaluation/Initials	N/A	N/A	N/A	N/A	N/A	N/A	NA	NA

*Course Objectives

Comments:

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

(Assessment)- 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

WK 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 no prompts. Good job!

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	KA	DW	EW			
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