

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

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

Student: Amanda Toole

Final Grade: Satisfactory/Unsatisfactory

Semester: Spring

Date of Completion:

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

Faculty eSignature:

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

DIRECTIONS FOR USE:

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

METHODS OF EVALUATION:

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

ABSENCE (Refer to Attendance Policy)

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

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

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

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

UNSATISFACTORY CLINICAL PERFORMANCE

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

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

OTHER

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

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

Date	Care Plan Diagnosis	Evaluation & Instructor Initials	Remediation & Instructor Initials	Remediation & Instructor Initials
2/14/19	Impaired Gas Exchange R/T Acute Hypoxemic Respiratory Failure	S / LM	NA	NA
3/20/19	Acute Urinary Retention R/T Blockage in Urinary Tract secondary to BPH	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	S	S	S	S	S	S	S	S	S					
a. Analyze the involved patho-physiology of the patient's disease process. (Interpreting)			S	NA	S	S	S	S	S	S	S	S	S					
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			S	NA	S	S	S	S	S	S	S	S	S					
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			S	NA	S	S	S	S	S	S	S	S	S					
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			S	NA	S	S	S	S	S	S	S	S	S					
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	NA	S	S	S	S	S	S	S	S	S					
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			S	NA	S	S	S	S	S	S	S	S	S					
g. Assess developmental stages of assigned patients. (Interpreting)			S	NA	S	S	S	S	S	S	S	S	S					
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		S	NA	S	S	S	S	S	S	S	S	S					
	Indicate your clinical site as well as your patient's age and primary medical diagnosis in this box weekly.	Meditech, FSBS, D/C IV, IV Pump Sessions	Rehab, 71yr-old Femal FX. Rt. Femur, FX Rt	Cancelled Clinical	3N, 62 male with chronic DM four ucler	3T, 89 Male with Hypoxic respiratory,	Homeless shelter, Wound care	Alternative care & Sim	Midterm	3N 77yr old male with chronic sinusitis, Flu A	3T 67yr old nae with urinary retention,	Team leader 4n, 67yr F w/ L groin debridement	PT/OT, Infection control, Digestive Health/					
	Instructors Initials	NS	NS	MD	MD	NS	LM	NS	MD	MD	DC	LM	EW	NS				

Comments:

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 1 objective 1 (h) – You came prepared for each “clinical” by completing the lessons on Edvance360 and actively participating in all learning activities. NS

Week 5 (1 b,d,e) - Amanda, you did a great job this week interpreting your patient’s data and correlating it with his disease process of diabetes. You interpreted his symptoms of delayed wound healing, decreased sensation, elevated blood pressure, etc. to non-compliance and uncontrolled diabetes and hypertension. You noticed in communication with your patient that he did not have the financial resources to care for himself due to a lack of insurance. As a result, he had multiple health concerns that you were able to correlate to his disease process. You understood the treatment that was involved with his wound care and the importance of administering his medications in a timely manner. NS

Week 6 (1a-h) – Amanda, you did a great job analyzing the pathophysiology of your patient’s disease process. You understood and correlated his symptoms to his disease process also. You knew to obtain his blood sugar immediately upon entering his room Thursday morning due to identifying what was stated in report and upon observing your patient. Great job! LM

Week 10 (1a-h) – You did a nice job analyzing the pathophysiology of your patient’s disease process. You also correlated his symptoms of dysuria, abdominal and back pain, dribbling, and distention to his diagnosis of urinary retention. Nice job! LM

Objective

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

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

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 5 (2a, e) – Great job noticing the information that you received in report, interpreting the information and associating it with diabetes, and responding by conducting a thorough skin assessment and understanding that your patient had a risk for decreased blood flow to his legs. You responded by obtaining a Doppler and locating his dorsalis pedis pulses to ensure blood flow was adequate. Great job using your nursing judgement! NS

Week 6 (2a, d, e)- You did a great job obtaining a quick assessment on your patient upon entering his room on Thursday. You noticed that he was lethargic, almost stuporous and you reacted promptly and confidently; utilizing proper nursing judgement. Great job! LM

Week 10 (2d & e) – You performed a detailed assessment on your patient and communicated findings to the instructor, team leader, and nurse. Your patient requested his pain medication and you responded by informing your instructor immediately so your patient could receive the medication in a timely manner. Nice job. L

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

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

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

Comments:

Week 5 3(c,d) – Excellent job this week organizing your patient care effectively and understanding the importance of prioritizing nursing care. You responded to the needs of your patient by locating another faculty member to administer time sensitive medications prior to your patient going off the floor for testing. Since I was stuck in a room

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Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

for a longer period of time than expected, you did the right thing by ensuring medications were done promptly. You were efficient in all aspects of care this week. (h) was changed to “s” because you were able to get your patient out of bed to promote circulation and prevention of DVT. Great job! NS

Week 6 (3c & d) – Amanda, you did an excellent job prioritizing this week. You were a team leader on Wednesday and utilized your prioritization skills accurately. You communicated with your fellow students to develop a plan for the day, based on each patient’s needs. You also did a great job prioritizing your patient’s needs on Thursday when his condition needed to be addressed promptly. You knew exactly what to do and you were confident in performing skills and communicating with the primary nurse. Excellent! LM

Midterm-Be sure you are actively seeking out opportunities to perform restraint skill if possible. MD

Week 10 (3f)- You did a nice job maintaining sterile technique when inserting the foley catheter on your male patient, this week. You knew the steps and maintained sterility throughout the process. You did a great job! LM

WK 11 3 cdef: as both a team leader and primary care provider, you did a good job prioritizing and taking care of patients and your team as well as seeking assistance when needed. EW

Objective

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

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

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

Week 1 (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 5 (3m) – This competency was changed to “s” because you were able to re-start continuous IV fluids when your patient returned from testing. You were able to properly connect a primary line and administered IV therapy through Normal Saline at a continuous rate. You properly documented intake to ensure the safety of your patient. (o) You also demonstrated appropriate skill in performing a saline flush while maintaining aseptic technique. NS

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Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 6 (3q & s) – Amanda monitored her patient’s IV throughout the day and obtained several FSBS on her patient due to her patient’s deteriorating condition. She was skillful with these safety measures. LM

Midterm-Be sure you are seeking out opportunities to perform the skills with NA. MD

Week 10 (3k) – You administered your PO meds observing the rights of medication administration and performing the 3 med checks correctly. Nice job. LM

WK 11 3k-q: Administered all meds appropriately as well as monitoring of IV and observation of PICC line care. DC’d an IV successfully without difficulty. Good job. EW

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	S	S	S	S	S	S	S	S	S					
a. Integrate professionally appropriate and therapeutic communication skills in interactions with patients, families, and significant others. (Responding)			S	NA	S	S	S	S	S	S	S	S	S					
b. Communicate professionally and collaboratively with members of the healthcare team. (Responding)			S	NA	S	S	S	S	S	S	S	S	S					
c. Report promptly and accurately any change in the status of the patient. (Responding)			S	NA	S	S	S	S	S	S	S	S	S					
d. Maintain confidentiality of patient health and medical information. (Responding)			S	NA	S	S	S	S	S	S	S	S	S					
e. Consistently and appropriately post comments in clinical discussion groups. (Reflecting)			S	NA	S	S	S NA	NA	S	S	S	S	NA					
f. Obtain report, from previous care giver, at the beginning of the clinical day. (Noticing)			S	NA	S	S	S	S	S	S	S	S	NA					
g. Provide a clear, organized hand-off report to your patient's next provider of care. (Responding)			S	NA	S	S	S NA	S	S	S	S	S	NA					
	NS	NS	MD	MD	NS	LM	NS	MD	MD	DC	LM	EW	NS					

Comments:

Week 5 (4b) - you collaborated with other members of the health care team on day one with the wound care nurse and fellow nursing students. You also stayed in constant communication with faculty members and team leaders as well as the assigned RN. (d) Great job with your CDG this week. You references and in-text citations were in proper APA format and you summarized your article by including each of the necessary aspects. Keep up the hard work! NS

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Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 6 (4a-g) – As a team leader, you did a great job utilizing therapeutic communication skills throughout the day with other members of the healthcare team, including your fellow students. You also communicated effectively with your primary nurse and the senior nursing student on Thursday regarding your patient’s deteriorating condition. You constantly kept other members of the healthcare team abreast of the situation and need for assistance. Great job!! LM

Week 7 4(e) - Week 7 4(e) – This competency was changed to “NA” because there was not any clinical discussion groups assigned this week. (g) – You did not have assigned patients to perform a hand-off report at the homeless shelter or with wound care. NS

Week 10 (4a-g)- You communicated effectively with your patient, nurse, team leader, and instructor. You reported any change in status with your patient to the appropriate people. You posted a substantive CDG this week. You also provided an in-text citation and reference. Nice job. LM

WK 11 4 a-g: Amanda, I feel your ease of communicating with those around you is one of your greatest strengths. Continue to grow in this area and seek out opportunities to utilize it to encourage your patients and your co-workers. Communication and encouragement can often be overlooked as a strength, but is so needed to improve healthcare environments. EW

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

****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:

5a.) Week 3: Rehab: I educated my patient this week on the importance of repositioning every 2 hrs to prevent further pressure sores.

Week 3 (5a)-Great job this week with your education! MD

Week 5 3N: I educated my patient on the importance of keeping his heels off the bed while in bed to prevent pressure ulcers on his heels, especially because my patient suffers from neuropathy. Excellent education that you provided for your patient! Preventing further skin breakdown through teaching is a great way to provide nursing care. You interpreted his risks for delayed wound healing and potential for skin breakdown, responded by providing education, and reflected on the experience by identifying this as an important teaching needs. NS

Week 6 5 a.) I educated one of my peers patients to let us know is she feels any kind of discomfort at or around her iv site, Just in case it infiltrated since one of my peers had a difficult time flush the patients IV. This is a great observation and you seized the moment to provide education. Nice job! LM

Week 7 5 a.) I educated a few patients during my wound care rotation that eating appropriate amount of protein is essential for wound healing. Very good! NS

Week 8 a.) I educated one of patients at the alternative care site on the importance of drinking water, so her body would not get dehydrated after performing her morning exercises. Excellent teaching this week! MD

Week 9 a.) I educated my patient this week on the importance of sitting up in his chair for every meal and the importance of getting up to ambulate the hallways to prevent getting pneumonia. Good job. You established a good relationship with your patient this week and it showed that he valued your education. DC

Week 10 a.) I educated my patient this week on the benefits to using a bedside commode instead of a bedpan. I informed him that it easy to push out a bowel movement without causing to much strain with using a bedside commode. It was also important for him to get up out of bed. You did a great job encouraging your patient to use the

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

commode. He did not want to get out of bed, but you gently suggested that he use the commode. This, then, provided the opportunity for him to sit in the chair afterwards. Great job! Sometimes patients just need encouragement to motivate them to get out of bed. LM

Week 11 a.) I educated my patient this week on the importance of drinking more water. She was having trouble urinating and is not much of a water drinker. She is also a smoker, she has dry skin and her body needed hydrated.

Week 12 a.) I educated a patient my PT/OT rotation to make sure they push off from the bed or chair before standing up to their walker. Pulling themselves up by just using their walker could injury their back. Awesome! Education that can prevent injury and further complications. Very good! NS

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

Comments:

See Care Plan Grading Rubrics below.

Week 8- See Simulation Scoring Sheet below.

Week 8 (6B)-By responding appropriately to all of the questions in pre-briefing and the reflection journal, you are satisfactory for this portion of the high-fidelity simulation scenario #1. Please review the individual faculty comments from each section of the simulation.

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Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

RESPONDING: (3,4,5,6)*				
• Calm, Confident Manner:	E	A	D	B
• Clear Communication:		E	A	D
	B			
• Well-Planned Intervention/ Flexibility:	E	A	D	B
• Being Skillful:		E	A	D
	B			
<p>Responded to patient complain of pain with a focused pain and circulatory assessment.</p> <p>Vital signs communicated prior to morphine administration.</p> <p>Removed pillow from underneath the leg.</p> <p>Good technique with IM injection using the z track method.</p> <p>Contacted the physician with assessment findings. Remember to repeat orders back to the physician. Remediated during debriefing.</p> <p>Good aseptic technique with saline flush to confirm IV patency. IV tubing primed appropriately. IV piggyback set up appropriately with primary bag hanging lower than the secondary bag. Good aseptic technique when connecting the secondary tubing. Remember to label the tubing.</p> <p>Re-assessed pain after medication administration. Vital signs re-assessed.</p> <p>Therapeutic communication provided to the patient. Education provided regarding compartment syndrome.</p> <p>Post-op ORIF education provided. Education provided on rationale for antibiotics to prevent osteomyelitis.</p> <p>Good teamwork and collaboration.</p> <p>Thorough pain assessment post-op. Focused assessment on the left leg.</p> <p>Elevated the HOB when patient was experiencing resp. distress. Focused assessment on the right leg. Administered O2 for decreased pulse ox.</p> <p>Communicated well with the patient.</p> <p>Communicated assessment findings to the physician. Be prepared with SBAR communication with all assessments and vital signs prior to calling. Remember to repeat orders back to the physician to confirm. Remediated during debriefing session.</p> <p>Re-assessed the patient and communicated physician's orders for post-op complications. What led you to believe it was a fat embolism vs pulmonary embolism? What leg was the redness in? Would a fat embolism develop in the opposite leg? Great job recognizing deviation from the norm and responding. Re-assessed lung sounds. Remediated during debriefing session.</p> <p>Remember proper technique for IM injections. Use the z track method and remember to aspirate prior to injecting the medication. Good job with needle safety. Good job with dosage calculation for morphine order. Remediated during debriefing session.</p> <p>Communicated lab/diagnostic results with the physician. Orders received for enoxaparin. Remember to repeat orders back to the physician.</p>				

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	<p>Good job of communicating with the patient throughout the scenario. Educated patient on enoxaparin and PE.</p> <p>Is the right forearm a proper location for a subcutaneous injection? Good job with the 45 degree angle. Remember to clean the site before injecting. Dosage calculation incorrect for subcutaneous order. Remember your rounding rules. Can we accurately give 0.95ml? Round up to 1ml. Good job with needle safety. Remediated during debriefing session.</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="text-align: center;">B</p>	<p>Actively participated in debriefing. Reflected on the patient scenario. Discussed positives from the scenario as well as ways to improve.</p>
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric.</p> <p>E= Exemplary</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. In simple, or familiar situations the group was able to compare the patient’s data patterns with those known and developed interventions. Had some difficulty appropriately interpreting data related to PE and guided interventions towards treating fat embolism initially.</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>

	Satisfactory completion of MSN simulation scenario #1.
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Week 13- See Simulation Scoring Sheet below.

<p>Objective # 6a: Implement patient-centered plans of care utilizing the nursing process and clinical judgment. (2,3,4,5)*</p>	<p>Students Name: Amanda Toole Date: 2/14/2019</p>
<p>**Nursing care plan not appropriate to patient situation = 0 and automatic unsatisfactory rating</p>	<p>Nursing Diagnosis: Impaired Gas Exchange R/T Acute Hypoxemic Respiratory Failure</p>
<p>Nursing Diagnosis: (3 points total) Problem Statement (1) Etiology (1) Defining Characteristics (1)</p>	<p>Total Points 2 Comments: Amanda, you provided an accurate problem statement, however, the etiology cannot be a medical diagnosis, therefore, 1 point was taken off for this. Instead, you could state "R/T altered oxygen delivery secondary to Acute hypoxemic respiratory failure". You provided 10 defining characteristics to support your nursing diagnosis, great job! LM</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 4 Comments: Your goal statement was "Patient will display impaired gas exchange." This statement should be a positive statement that directly relates to the NANDA problem, therefore, 1 point was taken off. Your patient outcomes are measurable, attainable, and realistic, but remember to be very specific when stating the outcomes. An example would be, "patient will have clear lung sounds throughout bilaterally, anteriorly and posteriorly". Also, you mentioned- SP02 <93% on RA. Do you want the SPO2 less than 93% on RA? Please proofread your work. Your outcomes could be more specific, so 1 point was taken off for this. You did provide a time frame, nice job. LM</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: Amanda, you did a great job with your nursing interventions. You properly prioritized your interventions, beginning with assessment. You provided specific interventions individualized to your patient. Remember to state the "bronchodilator" that was used for your patient. Be as specific as possible. You also did a great job including your rationale for each intervention. All pertinent interventions were listed and all were realistic. Nice job! LM</p>
<p>Evaluation: (5 points total) Date (1) Goal Met/partially/unmet (1) Defining characteristics (1) Plan to continue/terminate (1) Signature (1)</p>	<p>Total Points 4 Comments: Amanda, remember, you need to provide a date for the evaluation and no date was provided, therefore, 1 point was removed. You did identify that the goals were not met and you did address all of the defining characteristics. Again, remember to be very specific when addressing the characteristics. You stated to continue the care plan and signed the care plan. Great job! LM</p>
<p>Total possible points = 22 18-22 = Satisfactory care plan 17-14 = Needs improvement care plan</p>	<p>Total Points for entire care plan = 18/22 = Satisfactory care plan Comments: Amanda, you did a great job, over-all, on your care plan. Please review my comments and suggestions. These suggestions will assist you with your next care plan. Remember to follow the care plan grading rubric also.</p>

≤ 13 = Unsatisfactory care plan	You did a nice job! LM
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Objective # 6a: Implement patient-centered plans of care utilizing the nursing process and clinical judgment. (2,3,4,5)*	Students Name: Amanda Toole Date: 3/20/19
**Nursing care plan not appropriate to patient situation = 0 and automatic unsatisfactory rating	Nursing Diagnosis: Acute Urinary Retention related to: Blockage in urinary tract secondary to Benign Prostatic Hypertrophy (BPH)
Nursing Diagnosis: (3 points total) Problem Statement (1) Etiology (1) Defining Characteristics (1)	Total Points 3 Comments: You provided a NANDA approved problem statement, appropriate etiology, and 7 defining characteristics that support the nursing diagnosis. Nice job! LM
Goal and Outcome (6 points total) Goal Statement (1) Outcome: Specific (1) Measurable (1) Attainable (1) Realistic (1) Time Frame (1)	Total Points 6 Comments: You did a nice job providing a positive, generalized goal statement. You also provided all of the necessary SMART criteria for each outcome. You also provided a realistic time frame in which your patient will achieve these outcomes. LM
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 7 Comments: You provided appropriate nursing interventions for this problem. Remember to be very specific when stating the interventions. You mentioned to assess the GU assessment and causative, contributing factors on admission. What are you going to assess when you perform the GU assessment? What are some causative factors that can contribute to BPH? Lifestyle? Foods? Include in the lab work a CMP-Comprehensive Metabolic Panel. This test includes a BUN and creatinine. You prioritized your interventions correctly, beginning with assessments. 1 point was taken off because some of the interventions could have been more individualized. Nice job, over-all. LM
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: You provided an evaluation date, stated that the goals were partially met, addressed each defining characteristic, and stated to continue the plan of care. You also signed the care plan. Great job! LM
Total possible points = 22 18-22 = Satisfactory care plan 17-14 = Needs improvement care plan ≤ 13 = Unsatisfactory care plan	Total Points for entire care plan = 21/22 = Satisfactory care plan Comments: Amanda, you provided a great nursing care plan that is appropriate for your patient. Way to go! LM

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	NA	S	S	S	S	S	S	S	S	S					
b. Reflect on an area for improvement and set a goal to meet this need.** (Reflecting)	S		S	NA	S	S	S	S	S	S	S	S	S					
c. Demonstrate evidence of growth, initiative, and self-confidence. (Responding)	S		S	NA	S	S	S	S	S	S	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	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	S	S	S					
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (Responding)	S		S	NA	S	S	S	S	S	S	S	S	S					
g. Demonstrate the ability to give and receive constructive feedback. (Responding)	S		S	NA	S	S	S	S	S	S	S	S	S					
h. Actively engage in self-reflection. (Reflecting)	S		S	NA	S	S	S	S	S	S	S	S	S					
	NS	NS	MD	MD	NS	LM	NS	MD	MD	DC	LM	EW	NS					

****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 A.) My strength this week was being completely confident with my head to toe assessment check off. **Excellent! NS**

Week 1 B.) My weakness this week was not being fully confident when practicing my wet to dry sterile dressing change. I plan to review the video over this material as well as reviewing the check list that is in my red folder by Monday. **Great plan for improvement. Hopefully the mandatory lab review of foundational skills was a good opportunity to practice and refresh your memory in a comfortable and open setting.**

Reviewing your checklist will ensure you know each step and promote confidence. Great job this week, keep up the hard work! NS

Week 3 A.) My strength this week was that a successfully removed 16 staples from my patient’s right femur/hip.

Week 3 B.) My weakness this week was that I did not know side effects for all my medications that I passed this week. I plan to look the importance of knowing the side effects of each medication by my next clinical rotation.

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 3 (7a & b)-You did an awesome job jumping in and removing staples! I know next week you will do a great job with your medications and knowing the side effects. Good job this week! MD

Week 5 A.) My strength this week was getting my patient up to ambulate in his room and into the hallway. Great strength to note! Simple things like ambulating patients and getting them out of the bed has so many benefits to their overall health during their hospital stay. Excellent job recognizing the importance and responding by promoting activity! NS

Week 5 B.) My weakness this week was that I forgot to change out my gloves for clean ones after taking a dirty dressing off of my patient's wound. I plan to review the proper protocol on this by next clinical. Great area to note for improvement! That is one reason why faculty is in the room with you when you are completing skills. You did a very good job with wound care, simple reminders such as changing your gloves when they are contaminated before touching clean supplies is a learning experience and I am sure you will remember this step in the future! Great plan for improvement. NS

Week 6 A.) My strength this week was communicating my concerns with my primary nurse and her senior student that something was not right with my patient. He was not just tired that there was something seriously going on. Myself along with the senior student kept pressing the issue that a ABG's needed to be drawn and the primary nurse agreed with us and they were drawn and the results showed our patient was retaining CO2 and severely hypoxic. I agree that this is a strength! You did an excellent job identifying your patient's need for prompt attention and you were persistent in having the hospitalist come into the patient's room to assess and evaluate your patient. Great job! LM

Week 6 B.) My weakness this week was that I did get a little emotional in private because I was so upset at first that not much was being done regarding my patient's status. I will make sure I take deep breaths next time or call a MET id I need to. Amanda, please do not consider this a weakness. This shows that you care about your patient. We discussed calling a MET early on. You used proper nursing judgement and you were following the primary nurse's evaluation of the situation. In the future, a better option may involve going to the charge nurse if we are not satisfied with the response from the primary nurse because our "gut" was telling us to involve the hospitalist sooner. You did an excellent job! LM

Week 7 A.) My strength this week was communicating with the homeless clients this week and helping them understand there are ways to manage high blood pressure just with the proper diet and exercise. NS

Week 7 B.) My weakness this week was not taking a enough blood pressures with our homeless clients. Many of them did want us to take their blood pressure. I'm not sure if it was because they were nervous or possibly it was the way I was asking them. I will work on my communication skills this week a few times before going to alternative care next week. NS

Week 8 a.) My strength this week was properly performing an IM injection of morphine. Awesome! MD

Week 8 b.) My weakness this week during our simulation was having to ask our teachers what VTBI on the alaris pump represented, which it represents the total volume of the fluid bag being hung. I will look at videos of the alaris pump over spring break a few times to make I know and become familiar with alaris pump so, I do not make this mistake again. Great goal! MD

Midterm-Great job! Be sure to actively seek out opportunities to practice the skills that are NA. MD

Week 9 a.) My strength this week was hanging a primary bag of fluids with a IVPB of antibiotics. You did very well! DC

Week 9 b.) My weakness this week was when I went to flush the IV with the saline flush I forgot to break the seal. I quickly figured out that I could not push the saline into the IV because I was meeting resistance. I then took the saline flush off of the IV port and broke the seal. As we discussed, if your meeting resistance check this potential problem prior to thinking that it may be related to the IV. Once you realized that this was the problem, you quickly resolved the issue. DC

Week 10 a.) My strength this week was successfully inserting a foley indwelling catheter. I agree! You did a great job! LM

Week 10 b.) My weakness this week was I did not know a specific time of when Prilosec should be given. It should be given before meals. When passing medications on my next clinical rotation I will make sure I write down the times of the medications. This is an appropriate area to improve upon. It will take awhile to learn about all of the different medications especially when the time that it is scheduled to be given is at 0900. Learning the mechanism of action of medications helps you understand appropriate times to be given also. LM

Week 11 a.) My area of strength is week was comforting my patient by holding her hand while she was getting her dressings changed by wound care. She was in a lot of pain. She thanked me later for holding her hand.

Week 11 b.) My weakness this week was that even though I was encouraging her to drink her water she got mad at me and told me to stop talking about it. I will work on informing my patients next time I'm at clinical maybe with a different ways to discuss the importance of drinking water.

WK11 7 a-h : You did a good job maintaining ACE and professionalism with a difficult patient, but you rose to the challenge and made her day good. Nice job!EW

Week 12 a.) My area of strength this week was helping the nurse during my dialysis rotation get the patient's temperatures as she continued to set them up to start dialysis. Excellent! Teamwork and collaboration in play even during an observation clinical. NS

Week 12 b.) My weakness this week was forgetting to give my patient their call light back after I got them to their chair. I did quickly realize that I forgot before leaving the floor completely so I quickly went back into the room to give them their call light. I will make I never forget to do this again, by always double checking everything before I leave the patient's room. Mistakes happen! Simple things like this are easy to forget. The important part is that you recognized the importance of making sure the patient was able to contact the nursing staff and made sure to correct the mistake. Excellent job! NS

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	NS	NS	NS	NS	NS	NS	MD	LM
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. No prompts were required. Continue practicing these skills. Good job! DW

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

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

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

vSim Evaluation	vSim						
	Medical-Surgical) Vincent Brody	Pharmacology) Juan Carlos (Pharmacology)	Medical-Surgical) Marilyn Hughes	Vernon Russell *1, 2, 3, 4, 5, 6) (Fundamentals)	Medical-Surgical) Stan Checketts	Harry Hadley 1, 2, 3, 4, 5, 6) (Pharmacology)	4, 5, 6)(Pharmacology) Yoa Li
	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
Performance Codes: S: Satisfactory U: Unsatisfactory							
Evaluation	S	S	S	S			
Faculty Initials	MD	LM	MD	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:

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dw 1/3/19