

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

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

Student: Ameila Renfro

Semester: Spring

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

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

Final Grade: Satisfactory

Date of Completion: 5/3/19

Faculty eSignature: Devon Cutnaw BSN, RN

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)
3/21/19	6	d/t illness: made faculty aware appropriately	4/24/19 0700-1300 3N

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
2/3/19	Ineffective breathing pattern r/t lung disease	S EW	NA	NA
2/6/19	Impaired gas exchange r/t disease process	S KA	NA	NA

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

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	14	Make Up	Make Up	Final
Competencies:			Na	Na	S	s	Na	s	S	s	S	S	S			S	S	S
a. Analyze the involved patho-physiology of the patient's disease process. (Interpreting)			Na	Na	S	s	na	s	S	s	S	S	S			S	S	S
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			Na	Na	S	s	na	n/a	S	s	S	S	S			S	S	S
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			na	Na	S	s	na	na	S	s	S	S	S			S	S	S
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			Na	Na	S	s	na	Na	S	s	S	S	S			S	S	S
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			Na	Na	S	s	na	na	S	s	S	S	S			S	S	S
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			Na	Na	S	s	na	na	S	s	S	S	S			S	S	S
g. Assess developmental stages of assigned patients. (Interpreting)			Na	na	S	s	na	na	S	s	S	S	S			S	S	S
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	s		Na	na	S	s	s	na	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	No clinical	No clinical	3T	3N	Homeless shelter	Wound care		3T	3N Age:77 DX: UTI	PT/OT,IC,DH,D,	5T 78 Right knee replacement, Team Lead			4N AGE: 66 COLON MASS	3N 64 THROMBOCYTOPENIA	
Instructors Initials	LM		DW	EW	KA	NS	LM	LM	LM	LM	DC	NS	MD			EW	DC	DC

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Comments:

Week 6 objective 1 – Remember to include your patient’s age and primary medical diagnosis in addition to your clinical site. See the highlighted box in yellow for clarification. NS

Week 6 1 (c,d) – I thought you did a great job correlating diagnostic testing and medications for the patient’s that you were overseeing as team leader. We were able to go through some of the charts and discuss important labs to monitor for. You also did a great job with your fellow classmates going over the different medications and correlating them to each of the patient’s medical history. NS

Week 9 (1a-h)- You did a great job researching your patient’s pathophysiology of his disease process. We discussed his diagnosis at length, noting that he has a condition that only 1:4million have. You followed through with your research in learning about your patient’s condition. Please remember to include your patient’s age and diagnosis in the box where you note the clinical site. LM

WK 15 1(a-h): Amelia, you did a very good job correlating the patient’s history as well as current disease process and then determining what to expect in terms of care. Good job!EW

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

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

Week 6 2(a) – You did an excellent job as team leader ensuring that you performed a focused assessment on each of the patient's. (d) – You were able to communicate assessment findings with your fellow classmates which allowed you to identify the priority assessment focus. NS

Week 8 – Ameila followed the wound care specialist this week, therefore she received NA's for each objective. LM

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 9 (2a-f)- You properly performed a head-to-toe assessment on your patient and utilized the doppler to obtain pedal pulses. You identified the abnormal findings on your patient's lower extremities by performing a detailed skin assessment. Nice job! LM

Week 11 2b – This competency was changed to “S” because of your PT/OT clinical. You should have implemented appropriate precautions with the patient's you worked with alongside PT/OT. NS

Objective																		
3. Execute safety precautions in the implementation of quality, patient-centered care and evidence-based nursing interventions. (2,3,4,5,8)*																		
Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	14	Make Up	Make Up	Final
Competencies:	s		na	Na	S	s	s	s	S	s	S	S	S			S	S	S
a. Perform standard precautions. (Responding)			na	Na	S	s	s	s	S	s	S	S	S			S	S	S
b. Demonstrate nursing measures skillfully and safely. (Responding)	s		na	Na	S	s	s	s	S	s	S	S	S			S	S	S
c. Demonstrate promptness and ability to organize nursing care effectively. (Responding)			na	Na	S	s	na	s	S	s	S	S	S			S	S	S
d. Appropriately prioritizes nursing care. (Responding)			na	Na	S	s	na	s	S	s	S	S	S			S	S	S
e. Recognize the need for assistance. (Interpreting)			na	Na	S	s	s	s	S	s	S	S	S			S	S	S
f. Apply the principles of asepsis where indicated. (Responding)	s		na	Na	S	s	s	s	S	s	S	S	S			S	S	S
g. Manages a patient in physical restraints according to hospital policy. (Responding)			na	Na	N/A	n/a	na	na	NA	na	Na	NA	NA			NA	NA	NA
h. Implement the appropriate DVT prophylaxis interventions based on assessment and physicians orders. (Responding)			na	Na	S	s	na	s	S	s	S	NA	S			S	S	S
i. Identify the role of evidence in determining best nursing practice. (Interpreting)			na	S	S NI	s	na	s	S	s	S	NA	S			S	S	S
j. Identify recommendations for change through team collaboration. (Interpreting)			na	Na	S	s	s	na	S	s	s	NA	S			S	S	S

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

LM		DW	EW	KA	NS	LM	LM	LM	LM	D C	NS	MD			EW	DC	DC
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Comments:

WK4 3i Good choice of ebp article. Interesting and timely subject EW

NI Week 5 – 3i – The article you chose was not the most appropriate. The article focused on pregnant women. Even though your patient was a smoker like discussed in the article, she was not pregnant and therefore it is more difficult to make the link with your patient. KA

Week 6 3 (c,d) – I thought you did an excellent job prioritizing care as team leader. You recognized that the patient at most risk to be unstable was the patient in fluid overload and prioritized your care accordingly. You followed up with each student nurse and patient to ensure all aspects of care were completed. NS

Week 7 (3a, b, e, f, j) – Ameila, you did a great job obtaining blood pressure readings and providing important information about hypertension to the clients at the homeless shelter. You recognized the need for continued hypertension education and the clients were receptive to this. Nice job! LM

Week 8 – Ameila observed the wound care specialist this week. She followed the standards precautions policy, prioritized the nursing care for wound care, and applied principles of asepsis when applicable. LM

WK15 3(c,d): Nice job organizing care efficiently. Assessment and patient care were performed in a timely manner. 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:			na	Na	S	s	na	Na	S	s	S	NA	S			S	S	S
k. Administer PO, SQ, IM, or ID medications observing the rights of medication administration. (Responding)			na	Na	S	s	na	Na	S	s	S	NA	S			S	S	S
l. Calculate medication doses accurately. (Responding)			na	Na	S	s	na	Na	S	s	S	NA	S			S	S	S
m. Administer IV therapy, piggybacks and/or adding solution to a continuous infusion line. (Responding)			na	Na	N/A	Ni	na	na	NI	na	S	NA	NA			NA	NA	S
n. Regulate IV flow rate. (Responding)	s		na	Na	N/A	s	na	na	S	na	S	NA	NA			NA	NA	S
o. Flush saline lock. (Responding)			na	Na	N/A	s	na	na	S	na	S	NA	NA			NA	NA	S
p. D/C an IV. (Responding)	s		na	Na	N/A	na	na	na	NA	na	S	NA	NA			NA	NA	S
q. Monitor an IV. (Responding)			na	Na	N/A	s	na	na	S	na	S	NA	NA			S	NA	S

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

r. Perform tracheostomy care. (Responding)			na	Na	N/A	na	na	na	NA	na	Na	NA	NA			NA	NA	NA
s. Perform FSBS with appropriate interventions. (Responding)	s		na	Na	N/A	s	na	na	S	na	Na	NA	NA			NA	NA	S
	LM		DW	EW	KA	NS	LM	LM	LM	LM	D C	NS	MD			EW	DC	DC

Comments:

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

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

Week 5 – 3k – You did a nice try observing the rights of medication and documenting appropriately in the MAR. KA

Week 6 3(m) – This was your first experience mixing a medication and priming a primary line. Every new experience is a learning experience. You did a great job with your medication pass ensuring the 6 rights and 3 checks were performed to ensure patient safety. When it comes to priming a line, I am sure this experience will be a reminder to always close the roller clamp first when opening the package. I am willing to bet that your next opportunity will go very smoothly! NS

Week 8 – 3m- Ameila did not have the opportunity to administer IV fluids or prime IV tubing since the NI she received in week 6, therefore, an NI is her grade for midterm under this objective. She will have more opportunities to improve in this objective in the following weeks. LM

Week 9 (3k-s)- Nice job administering PO meds correctly and utilizing the 3 medication checks and rights of medication administration appropriately. Unfortunately, I was not aware of the limited skills you have had thus far in the clinical setting. Please inform the clinical instructors in the weeks ahead so they can try to provide meaningful experiences for you. LM

WK15 Correctly identified how to give capsule with applesauce. 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:			na	Na	S	s	s	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)			na	Na	S	s	na	s	S	s	S	S	S			S	S	S
b. Communicate professionally and collaboratively with members of the healthcare team. (Responding)			na	Na	S	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)			na	Na	S	s	na	s	S	s	S	S	S			S	S	S
d. Maintain confidentiality of patient health and medical information. (Responding)			na	Na	S	s	s	s	S	s	S	S	S			S	S	S
e. Consistently and appropriately post comments in clinical discussion groups. (Reflecting)			na	S	S	S	na	na	NI	S	NA	S			NA	NA	S	
f. Obtain report, from previous care giver, at the beginning of the clinical day. (Noticing)			na	Na	S	s	na	na	S	s	S	NA	S			S	S	S
g. Provide a clear, organized hand-off report to your patient's next provider of care. (Responding)			na	Na	S	s	na	na	S	s	S	NA	S			S	S	S
			DW	EW	KA	NS	LM	L M	LM	LM	DC	NS	MD			EW	DC	DC

Comments:

WK4 4e: You did a very good job with the summary and formatting. My only suggestions to you are to leave out credentials in the reference as well as the word “vol” and “num” and use page numbers if they are available when using direct quotes in your citation. Otherwise you did a very good job. EW

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

Week 5 – 4a – You did a great job developing a rapport with your patient and their family this week. KA

Week 5 – 4e – You did a nice job completing your CDG this week. You were thorough and complete with your responses. Amelia only the first letter of the first word of the title is capitalized. The remained are lower case. See example below. KA
Damron, K. R. (2017). Review of the relationships among psychosocial stress, secondhand smoke, and perinatal smoking. The Journal of Advanced Nursing (JAN). JOGNN, 46, 325-333; 2017. Retrieved from <https://ac-els-cdn-com.ezproxy.bgsu.edu>

Week 6 4(a) – Excellent job with your communication with each of the patients as team leader. You identified yourself and your role in each of the rooms to allow the patients to feel comfortable in your care. You provided excellent therapeutic communication by taking the time to get to know your patients and listening to them attentively. NS

Week 6 4(e) – This competency was changed to “NI” due to a lack of a reference in your CDG posting. Your discussion was excellent and provided good insight for what a leader should be. I thought you described your day and prioritization very well. According to the CDG grading rubric, the initial post is required to have an in-text citation and reference to receive a satisfactory rating in this competency. You cited the TeamSTEPPS concept in your discussion regarding communication. Remember to provide a reference for where you obtained this information. NS

Week 7 (4a & d) – You provided therapeutic communication through your interactions with people at the homeless shelter. You educated clients on hypertension prevention and interventions. Nice job! LM

Midterm – From week #6 - 4e competency was an “NI” due to the lack of a reference in your CDG posting. You have not had the opportunity to correct these grades due to having off-site clinical for the past 2 weeks. Unfortunately, an “NI” is given for the midterm grade for objective 4e since you have not had the opportunity to correct this. LM

Week 9 (4e) – Ameila, remember to provide an in-text citation for each online CDG post. You did provide an appropriate resource for this week, however, no in-text citation was provided, therefore, you received an “NI” for this week under objective 4e. You did provide substantial comments to two of your cohorts; nice job. 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:			na	s	S	s	s	s	S	s	s	S	S			S	S	S
a. Describe a teaching need of your patient.** (Reflecting)			na	s	S	s	s	s	S	s	s	S	S			S	S	S
b. Utilize appropriate terminology and resources when providing patient education. (Responding)			na	Na	S	s	s	s	S	s	s	S	S			S	S	S
c. Evaluate health-related information on the intranet. (Responding)			na	na	S	s	na	na	S	s	s	S	S			S	S	S
			DW	EW	KA	NS	LM	LM	LM	L M	DC	NS	MD			EW	DC	DC

****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- I provided education on avoiding triggers that would cause an acute asthma exacerbation and how/when to use inhalers.

WEEK 5- 5a. I provided education on the importance of deep breathing and coughing to clear secretions. **Nice job. KA**

Week 6- I provided education on the importance of ambulating to reduce the risk of DVT. **This was an important education topic for your patient as she showed little interest in getting out of bed. You noticed that she had a history of DVT and PE in report, interpreted your patient's lack of activity as an increased risk, and responded by educating your patient. Great job! NS**

Week 7 (5a) I identified a need about managing sodium intake to decrease blood pressures. **This is great information. You recognized one specific way of managing hypertension. This is something that can be modified with minimal effort. Great job! LM**

Week 8- I identified the need for education on pin cleaning with one specific patient. She had surgery with external fixation and fasciotomy and we told her about not bathing or getting the hardware wet with tap water because of the bacteria in it; saline only. **What a great opportunity to teach the patient about pin cleaning! Did you have the opportunity to demonstrate proper pin cleaning to your patient or was this all verbal? Did the patient repeat the steps back to you? LM**

Week 9- I provided education of smoking cessation. My patient would benefit drastically from quitting completely. He stated that he only smokes 2-3 cigarettes daily, however with his history of DVT's and protein c resistance, it is not a good idea to smoke. I advised him that smoking narrows his blood vessels making clots more of a risk. **I agree with your education topic. It is very important for your patient to quit smoking, altogether. How did he respond to this? LM**

Week 10- I provided education about deep breathing and coughing due to some crackling in the anterior right bases. **Good education topic especially with the impending discharge. DC**

WEEK 11- I noticed a patient needed education about proper diet in dialysis. I believe he was educated about it a while ago, but must have forgotten some aspects. The patient knew about the low sodium and fluid restriction, but forgot about the specific foods: bananas, nuts, beans... etc. He stated that he doesn't eat that stuff anyway. However I thought it was important to reiterate to him the importance of avoiding those types of foods. **Excellent! NS**

Week 12- I educated my patient on the importance of continuing to take Colace and increase fluids while taking opioid pain medication to prevent constipation. She voiced understanding. **Great job! MD**

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 15- I educated my patient and his wife about places they would be able to obtain assistive devices such as raised toilet seat, shower chair and sock puller, just until he is able to bend forward. They were very thankful for that information.

WK15 This is good information. Thank you for taking the time to share. EW

Week 16-I educated my patient on the side effects of taking high doses of Prednisone (peptic ulcer, headache, HTN and to report any pain in lower extremities) and that she would be tapered off, instead of abruptly stopped. She voiced understanding and stated that she has a very close relationship with her primary care physician. DC

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	s	S	na	na	na	S	S NA	Na	NA	na			na	NA	S
b. Development of clinical judgment in high-fidelity simulation scenarios. (Noticing, Interpreting, Responding, Reflecting)								s	S					s		na	NA	S
			DW	EW	KA	NS	LM	LM	LM	LM	D C	NS	MD			EW	DC	DC

Comments:

See Care Plan Grading Rubrics below.

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

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. LM

Week 9 (6a)- Ameila did not submit a formal care plan this week, as she has already completed the requirements for this objective, therefore she received an “NA”. LM WK15 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 2. Please review the individual faculty comments from each section of the simulation EW

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: Ameila Renfro OBSERVATION DATE/TIME: 2/26/19 0945-1100 SCENARIO #: MSN Simulation #1

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

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

	<p>Interpreted assessment findings as dressing possibly being too tight.</p> <p>Interpreted assessment findings as possible DVT/PE.</p> <p>Interpreted lab/diagnostics and as consistent with PE.</p> <p>Prioritized data appropriately.</p>
<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>Performed a thorough pain assessment and obtained vital signs. Focused assessment on the left leg initially.</p> <p>Communicated assessment findings and vital signs with the charge nurse.</p> <p>Performed a thorough pain assessment and obtained vital signs. Focused assessment on the left leg initially.</p> <p>Communicated assessment findings consistent with decreased circulation to the left leg to the physician. Remember to repeat orders to the physician to confirm. Remediated during debriefing session.</p> <p>Contacted OR and communicated need to go to OR immediately.</p> <p>Morphine was administered as IVP. Was this the correct order? We have not learned IVP medications at this point. Order was for IM injection. Correct dosage calculation. Make sure that you have another RN witness wasted amount. Remediated during debriefing session.</p> <p>Communicated well with the patient throughout the scenario.</p> <p>Good education regarding smoking cessation. Good education on wound healing. Educated patient on ORIF procedure.</p> <p>IV tubing primed appropriately. Be sure to flush IV site prior to initiation of IV infusion. Good aseptic technique to prevent contamination. IV piggyback set up appropriately with primary bag hanging lower than the secondary bag. Remember to label tubing. Remediated during debriefing session.</p> <p>Elevated HOB when patient was experiencing resp. distress. Can we use our nursing judgement to initiate O2 and then receive an order? Remediated during debriefing session.</p> <p>Morphine dosage calculated appropriately. Witnessed wasting of medication. Remember to use the z-track method with IM injection. Be sure to aspirate prior to injecting the medication. Remediated during debriefing session.</p> <p>Good communication with the patient using therapeutic communication. Contacted the patient's wife to provide an update.</p> <p>Contacted physician with lab/diagnostic results. Good SBAR communication. Make sure you are prepared with all assessment findings and vital signs prior to calling the physician. Remember to repeat the</p>

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

	<p>orders back to the physician to confirm. Remediated during debriefing session.</p> <p>Communicated with the patient regarding discussion with the physician.</p> <p>Followed up with a re-assessment of the pain.</p> <p>Good teamwork and collaboration for enoxaparin order and dosage. Unsure of medication administration and contacted pharmacy for help.</p> <p>You can question the order to verify the correct route. Remediated during debriefing session.</p> <p>Good technique with subcutaneous inject.</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. Interpreted the patient’s data patterns and compared with known patterns to develop interventions.</p> <p>Responding: Generally displayed leadership and confidence. Reassured patient and family in the scenario. As a whole, became stressed and disorganized during difficult and complex situations. Remember to take a deep breath, slow down, and think through what must be done during high stress situations. Generally communicated well, explained carefully to the patient what was occurring, and gave clear direction to team members. Developed intervention on the basis of most obvious data. Skillfulness in some aspects were in the beginning stage; however, through debriefing remediation allowed for improvement into developing. Could be more skillful and accurate in following proper procedures for nursing skills. In the future, thoroughly review the skills commented on in the rubric to improve and perform skills correctly in the future.</p> <p>Reflecting: Evaluated and analyzed personal clinical performance with minimal prompting. Key decision points were identified. Demonstrated a desire to improve nursing performance and reflected on and evaluated</p>

	<p>Prioritized risk for aspiration when patient began vomiting</p> <p>Interpreted that patient is unable to swallow water with NG tube insertion due to NPO status</p> <p><u>Group 2</u></p> <p>Prioritized pain post-op</p> <p>Interpreted changes in mental status and lightheadedness as symptoms of hypoglycemia</p> <p>Interpreted need for glucose replacement due to low blood sugar</p> <p>Prioritized second blood sugar check to confirm</p> <p>Interpreted NPO status as risk for hypoglycemia</p>
<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><u>Group 1</u></p> <p>Ensured suction was connected and working properly when entering the room</p> <p>Focused assessment on GI system</p> <p>Good SBAR communication with the physician. Good job reading back orders to confirm.</p> <p>Accurate dosage calculation. Proper IM injection technique. What was the patient experiencing? At this point we are assuming a perforated ulcer, fluids and antibiotics should be prioritized prior to pain medication. Although pain is important, replacing lost fluids and preventing bacterial peritonitis takes precedent. Remediated in debriefing.</p> <p>Good assessment prior to NG insertion. Good education regarding need for NG tube. Good therapeutic communication with the patient. Good job with NG tube placement. Confirmed placement with drainage of gastric content.</p> <p>Good aseptic technique with IV fluids. Good job priming IV tubing.</p> <p>Re-assessed vital signs - important to monitor vital signs closely.</p> <p>Good education regarding perforation of the ulcer</p> <p>Good teamwork and collaboration</p> <p><u>Group 2</u></p> <p>Focused assessment on GI system/bowel sounds</p> <p>Good education of complications associated with gastric surgery. Good education regarding diet to prevent dumping syndrome</p> <p>Obtained a FSBS when recognizing signs and symptoms of hypoglycemia</p> <p>Remember to complete a full neuro assessment when showing mental</p>

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

	<p>status changes. Remediated during debriefing.</p> <p>Obtained a second FSBS</p> <p>Contacted physician with good SBAR communication</p> <p>Good technique with IM glucagon injection</p> <p>Good education regarding signs and symptoms of hypoglycemia. Educated patient on ways to monitor for low blood sugar and how to treat low blood sugar at home.</p> <p>Educated patient on signs of hyperglycemia. Review the signs and symptoms of hyperglycemia. Remediated during debriefing.</p> <p>Good teamwork and collaboration.</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="padding-left: 40px;">B</p>	<p>Participated well in debriefing. Each member of the team reflected well on the experience and asked appropriate questions. Members of the team noticed areas for improvement and discussed ways to make improvements in the future.</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; noticed the most pertinent information. Recognized patterns and deviations and used this information to continually assess the patient. Actively and continually sought information about the patient’s situation to support intervention planning.</p> <p>Interpreting: Focused on the most important data and sought further relevant information but also attended to less pertinent data at times with prioritization. When facing complex situations, the group was able to note and make sense of patient data, compare with known patterns, and developed intervention plans based on nursing knowledge, research, and intuition.</p> <p>Responding: Displayed leadership and confidence as a group and controlled the situation. Showed some stress in difficult or complex situations. Communicated well; explained carefully to the patient; clear directions were given to team members. Developed interventions for most obvious data; could improve on prioritizing planned interventions. Displayed proficiency in most nursing skills.</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 #2
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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: Amelia Renfro Date: 2/3/19
**Nursing care plan not appropriate to patient situation = 0 and automatic unsatisfactory rating	Nursing Diagnosis: Ineffective breathing pattern r/t lung disease
Nursing Diagnosis: (3 points total) Problem Statement (1) Etiology (1) Defining Characteristics (1)	Total Points 3 Comments: Defining characteristics were specific and related back to the nursing diagnosis
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: Each outcome was “SMART” and related back to the defining characteristic.
Nursing Interventions: (8 points total) Prioritized (1) What (1) How Often (1) When (1) Individualized (1) Realistic (1) Rationale (1) All pertinent interventions listed (1)	Total Points 8 Comments: Very detailed and appropriate nursing interventions.
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: The goals related right back to defining characteristics and outcomes and were met.
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 did an excellent job!!

Objective # 6a: Implement patient-centered plans of care utilizing the nursing process and clinical judgment. (2,3,4,5)*	Students Name: Impaired gas exchange r/t disease process Date: 2/6/19
**Nursing care plan not appropriate to patient situation = 0 and automatic unsatisfactory rating	Nursing Diagnosis: Impaired gas exchange r/t disease process
Nursing Diagnosis: (3 points total) Problem Statement (1) 1 Etiology (1) 1 Defining Characteristics (1) 1	Total Points 3 Comments: Amelia, you did a good job writing a complete nursing diagnosis for your patient. KA
Goal and Outcome (6 points total) Goal Statement (1) 1 Outcome: Specific (1) 1 Measurable (1) 1 Attainable (1) 1 Realistic (1) 1 Time Frame (1) 1	Total Points 6 Comments: Amelia, you did a nice job writing a your patient goal and outcomes. In the future, think about making your outcomes more positive. Instead of stating no dyspnea, trying stating denies dyspnea on exertion. KA
Nursing Interventions: (8 points total) Prioritized (1) 1 What (1) 1 How Often (1) 0 When (1) 1 Individualized (1) 0 Realistic (1) 1 Rationale (1) 1 All pertinent interventions listed (1) 1	Total Points 6 Comments: Amelia, you did a nice job writing your interventions for your patient. You can make your interventions more specific by listing the specific drugs the patient was on versus listing the category. All one of your interventions was missing how often. When are you planning on educating your patient on the importance of smoking cessation? KA
Evaluation: (5 points total) Date (1) 1 Goal Met/partially/unmet (1) 1 Defining characteristics (1) 1 Plan to continue/terminate (1) 1 Signature (1) 1	Total Points 5 Comments: Amelia, your evaluation is thorough and complete. It addressed all defining characteristics. KA
Total possible points = 22 18-22 = Satisfactory care plan 17-14 = Needs improvement care plan ≤ 13 = Unsatisfactory care plan	Total Points for entire care plan = 20 Comments: Ameila, you did a great job completing a satisfactory care plan. Congratulations you have 2 satisfactory care plans. KA

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		na	s	S	s	s	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		na	S	S	s	s	s	S	s	S	S	S			s	S	S
c. Demonstrate evidence of growth, initiative, and self-confidence. (Responding)	s		na	Na	S	s	s	s	S	s	S	S	S			s	S	S
d. Follow the standards outlined in the FRMCSN Student Code of Conduct Policy. (Responding)	s		na	Na	S	s	s	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		na	Na	S	s	s	s	S	s	S	S	S			s	S	S
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (Responding)	s		na	Na	S	s	s	s	S	s	S	S	S			s	S	S
g. Demonstrate the ability to give and receive constructive feedback. (Responding)	s		na	Na	S	s	s	s	S	s	s	S	S			s	S	S
h. Actively engage in self-reflection. (Reflecting)	s		na	Na	S	s	s	s	S	s	s	S	S			s	S	S
	LM		DW	EW	KA	NS	LM	LM	LM	LM	D C	NS	MD			EW	DC	DC

****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:

7a. I feel an area of strength this week was allowing myself time during a skill to step back and think of what I was forgetting. I knew that I forgot a step during my assessment that I normally would not have missed, but under pressure I had. I remembered what I had skipped and all I needed were those few seconds to gather my thoughts.

7b. I had trouble remembering the different blood samples that are obtainable for a blood glucose test. Since I am a visual learner, I will write them out three times before Monday's class.

Week 1 (7a & 7b) – I feel Ameila reflected on her area of strength appropriate for this past week. I also appreciate Ameila reflecting on and identifying an area of improvement. I agree that her suggestion above is one way to remedy the need. LM

week 4 (7a)- I feel a strength this week was recognizing that my patient was having a hard time breathing and initiated immediate measures.

(7b) I feel an area that I could improve on would be being able to decipher the difference between a 3 lead and 12 lead ECG. The order just said continuous ECG monitor and I did not know which one was expected. I will look up the differences between the two before next class.

Week 5- (7a)- I feel an area of strength this week was connecting with my patient. I noticed that she was getting agitated, not wanting to be in the hospital and I sat down and spoke with her about her family, jobs, life and felt like she opened up to me a little bit and was more comfortable about her situation.

You did a great job making a connection and developing a rapport with her. KA

(7b)- An area I could improve on would be communicating with the nurse quicker about an intervention that I have for my patient. My patient was getting anxious and wanting to go home but her SpO2 was not where it needed to be even on 5L. I thought implementing an incentive spirometer would help expand her lung and possibly improve function, increase mobility of secretions. I waited until Thursday to mention this to my nurse. I should be more confident in my decisions. To correct this, I will look through my patient's interventions and if I have a suggestion, I will not hesitate to inform for this next clinical week. This sounds like a great goal. Be confident in your knowledge and share it with others. You truly have a wealth of knowledge to share regarding the care of your patient. KA

(7A) I feel an area of strength this week was helping out my “co-workers” even though I was team lead. I still answered call lights and helped them with their patient's. Excellent strength to note. Demonstrating a willingness to help when needed and being a team player is a great attribute to have as leader! NS

(7b) An area I could work on is to have better communication with my “co-workers” and let them know that they can take a break when they are at a good stopping point in their care. I think if I let them know that information before the shift actually started, they wouldn't have to come find me and I wouldn't have to go find them. They would be able to just call me and let me know or let another nurse know. In the future, if I am team lead again, I will have a short meeting and let everyone know that they can take a 15 minute break when they are at a good stopping point, but no more than 2 at a time. This experience is a good learning experience to see how difficult it can be to manage your own time as well as a team of individuals. I thought you did a great job as team leader. I think you have a strong goal in place to improve in the future! NS

Week 7 (7a) An area of strength was treating each client as a priority; making eye contact, providing education and engaging in active listening.

(7b) I feel an area that I could work on specific to this clinical, is sitting down with the client in my down time and really talking to them; just give them an ear. During my off site clinical, I will make this a priority. This is great, Ameila! You did a great job providing education during the event and it is important to maintain eye contact because it shows that you truly care about others' needs and want to listen. I agree with your area of improvement. The off- site clinicals will hopefully provide you an opportunity to spend some time getting to know others in the community. Awesome job! LM

Week 8- An area of strength I feel this week was assisting the wound care nurses in changing dressings and assessment.

An area of improvement would be to be to become more familiar with the types of dressings they use. I have a paper that was given to us in foundations with FRMC protocol for wounds that I will review at least twice this weekend. I hope you were able to observe a variety of wounds and dressings this week. I agree that one of your strengths is to help assist other staff. You do a great job with this! Reviewing the paper you were given in nursing foundations is a great way to become familiar with the various types of dressings. Great idea! LM

Midterm comments- You are halfway through the semester! Ameila, you are doing a great job in the clinical setting and as displayed on the clinical tool, you have met all but 2 objectives in a satisfactory manner, thus far. You received an “NI” for objective 3m week 6 but you have not had the opportunity to administer IV fluids or prime IV tubing since then. Also, the 4e competency was an “NI” due to a lack of a reference in your CDG posting during week 6 as well. You have not had the opportunity to correct these grades due to having off-site clinical for the past 2 weeks. You have also not had the opportunity to complete a few objectives, therefore a “NA” was placed in the midterm column. Please try to actively seek out opportunities to manage a patient in physical restraints, discontinuing an IV, and provide tracheostomy care on a patient. Hopefully, you will have these opportunities within the next several weeks at the clinical sites. You have completed 2 satisfactory care plans without the need for remediation. Great job! Keep up the great work! LM

7a) I feel a strength this week was communicating with the nurse when abnormal findings arose. You were in constant communication with your nurse on both clinical days. Great job! LM

7b) An area that I would like to improve on would be to follow up after those findings are communicated to the nurse. It was almost time to leave the floor when I discovered that my patient’s blood pressure was low. I communicated this to the nurse. He said that he would check on it himself, and I asked him if he had rechecked it right before we left and he had not. To correct this, in the future I will give the nurse a reasonable amount of time (10-15minutes) to recheck an abnormal vital sign and if he/she does not, I will recheck myself. I agree. In addition to your suggestion for correcting this, I would recommend automatically rechecking your patient’s blood pressure manually, even if your nurse states he/she is going right in to assess the patient. LM

7a) I feel an area of strength this week was improving on hanging an IV bag. I still had some bubbles but not nearly as many as the first time I tried. And I remembered to roll the clamp before priming. You did very well with this! DC

7b) An area that I would like to improve on is being more knowledgeable about my patient’s diagnosis and appliances. My patient had a pain pump and I wish that I had more time to become more familiar with the functions and what to watch out for. Next time during clinicals, I will make time to research the appliance and things to look for. Good job. It was interesting that we had more than one patient on the floor with an implanted pain pump this week. DC

7A) I feel an area of strength was actively asking appropriate questions to all off site clinical personnel. I engaged with the nurses, doctors and CRNA’s. I am glad that I was able to see all the different aspects of nursing during these clinical days. NS

7B) I would like to become more familiar with the different types of microorganisms that require isolation. To correct this I will review the list online this weekend and when back on clinical, I will utilize the intranet. NS

7a- An area of strength was successfully inserting a foley catheter on a female. You did an excellent job! MD

7b- An area that I would like to improve on would be remembering to take an extra pair of sterile gloves with my when doing a sterile procedure. The pair inside the catheter kit broke on my hand and if I would have taken an extra pair with me, there would not have been that delay for the patient being fully exposed from the waist down. To correct this, next time I am presented with a sterile procedure, I will take an extra pair of sterile gloves with me. Great goal! MD

7a- An area of strength was communicating with someone that had a hearing impairment. I was so nervous going in his room, but I think overall, we communicated pretty well with each other.

7b- I feel an area that could use improvement is looking up weather or not a medication is able to be crushed or opened up before agreeing to the patient that I would administer it that way. Next time I administer medications (probably next week), I will look that up before giving them.

WK15 7a,7b You did do a good job communicating with this patient. You worked with him to understand what worked best for him. EW

7A- I feel that an area of strength this week was sharing in her joy. I sat in while one of the doctor's reassured her that she did not have cancer and I knew that was one of her biggest fears.

7b. My patient asked me the name and use for a medication that she was receiving IV and since I was not managing it, I did not have the answer for her. Next time during clinicals, I will utilize Micromedex while in the patient's room. DC

Final – All of the objectives have met the satisfactory requirements including two careplans and two high-fidelity simulation scenarios. Good work this semester! DC

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

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

*Course Objectives

Comments:

Week 1

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

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

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

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

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

Week 2

1/16/19-Tracheostomy Care and Suctioning-During this lab, you were able to satisfactorily demonstrate competence with tracheostomy care and tracheostomy suctioning. The steps were completed in an appropriate sequence and sterility was maintained. You required 1 prompt during the tracheostomy suctioning check-off. This was step #9 stating, “Open sterile suction kit, apply sterile gloves, open the sterile water bottle and place upright in container”. You did not break sterile technique, however, you needed reminded of application of second glove. You did not require any prompts for the tracheostomy care check-off. You did a great job! DW/LM

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

Wk 10 – This week in lab, you successfully completed the IV therapy requirement of priming a primary line. DC

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

vSim Evaluation	vSim								
	ical-Surgical) Vincent Brody	al-Surgical) Jennifer Hoffman	edical-Surgical)Skylar Hansen)Juan Carlos (Pharmacology)	cal-Surgical) Marilyn Hughes	Vernon Russell *1, 2, 3, 4, 5, 6) (Fundamentals)	ical-Surgical) Stan Checketts	Harry Hadley 1, 2, 3, 4, 5, 6) (Pharmacology)	4, 5, 6)(Pharmacology) Yoa Li
Performance Codes: S: Satisfactory U: Unsatisfactory	Date: 1/28/19	Date: 1/30/19	Date: 1/30/19	Date: 2/12/19	Date: 2/25/19	Date: 3/26/19	Date: 4/15/19	Date: 4/25/19	Date: 4/29/19
Evaluation	S	S	S	S	S	S	S	S	S
Faculty Initials	EW	EW	EW	NS	LM	NS	EW	DC	DC
Remediation: Date/Evaluation/Initials	N/A	N/A	N/A	NA	NA	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: Ameila M. Renfro 04/29/19

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dw 1/3/19