

**EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2020**

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

Student:

Final Grade: Satisfactory/Unsatisfactory

Semester: Spring

Date of Completion:

Faculty: Dawn Wikel, MSN, RN, CNE; Lora Malfara, MSN, RN; Kelly Ammanniti, 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) |
|------|-----------------|----------|----------------------|
| | | | |
| | | | |
| | | | |
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| Faculty’s Name | Initials |
|------------------------|-----------|
| Kelly Ammanniti | KA |
| Devon Cutnaw | DC |
| Monica Dunbar | MD |
| Lora Malfara | LM |
| Nick Simonovich | NS |
| Dawn Wikel | DW |
| Liz Woodyard | EW |

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

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

UNSATISFACTORY CLINICAL PERFORMANCE

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

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

OTHER

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

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

| Date | Care Plan Diagnosis | Evaluation & Instructor Initials | Remediation & Instructor Initials | Remediation & Instructor Initials |
|-----------|--------------------------|----------------------------------|-----------------------------------|-----------------------------------|
| 1/22/2020 | Decreased Cardiac Output | S DC | NA | NA |
| 2/6/2020 | Alteration in comfort | S EW | 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 | S | S | S | | | | | | | | | | | | |
| a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting) | | | S | S | S | S | | | | | | | | | | | | |
| b. Correlate patient's symptoms with the patient's disease process. (Interpreting) | | | S | S | S | S | | | | | | | | | | | | |
| c. Correlate diagnostic tests with the patient's disease process. (Interpreting) | | | S | S | S | S | | | | | | | | | | | | |
| d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting) | | | S | S | S | S | | | | | | | | | | | | |
| e. Correlate medical treatment in relation to the patient's disease process. (Interpreting) | | | S | S | S | S | | | | | | | | | | | | |
| f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting) | | | S | S | S | S | | | | | | | | | | | | |
| g. Assess developmental stages of assigned patients. (Interpreting) | | | S | S | S | S | | | | | | | | | | | | |
| h. Demonstrate evidence of research in being prepared for clinical. (Noticing) | 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 | 3N/ 69YEARS/ CHF | 3N 69 YEARS/ CELLULITIS | 4N 71 YEARS/ BACK PAIN | 5T 62 YEARS/ SUBDURAL | | | | | | | | | | | | |
| Instructors Initials | DW | | DC | DC | EW | | | | | | | | | | | | | |

Comments:

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

WK5 1A-H: Able to correlate assessment data with disease process. Able to identify and interpret the multiple diagnostic tests the patient had in relation to his current disease. 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: | | | | | | | | | | | | | | | | | | |
| a. Perform inspection, palpation, percussion, and auscultation in the physical assessment of assigned patient. (Responding) | | | S | S | S | S | | | | | | | | | | | | |
| b. Conduct a fall assessment and implement appropriate precautions. (Responding) | | | S | S | S | S | | | | | | | | | | | | |
| c. Conduct a skin risk assessment and implement appropriate precautions and care. (Responding) | | | S | S | S | S | | | | | | | | | | | | |
| d. Communicate physical assessment. (Responding) | | | S | S | S | S | | | | | | | | | | | | |
| e. Analyze appropriate assessment skills for the patient's disease process. (Interpreting) | | | S | S | S | S | | | | | | | | | | | | |
| f. Demonstrate skill in accessing electronic information and documenting patient care. (Responding) | S | | S | S | S | S | | | | | | | | | | | | |
| | DW | | DC | DC | EW | | | | | | | | | | | | | |

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
 WK5 2B,D: Recognized lacking of fall precautions for patients. Discussed need with instructor and instituted fall precautions as needed. Good catch! Also communicated assessment findings in terms of disease process and what to expect. EW

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

Comments:

WK5 3A-I: You did a good job of taking complete care of your patient. You assessed and intervened appropriately as well as rounded as needed. Also discussed management of pain and use of opioids and possible dependence. EW

*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: | | | | | | | | | | | | | | | | | | |
| j. Administer PO, SQ, IM, or ID medications observing the rights of medication administration. (Responding) | | | S | S | S | S | | | | | | | | | | | | |
| k. Calculate medication doses accurately. (Responding) | | | S | S | S | S | | | | | | | | | | | | |
| l. Administer IV therapy, piggybacks and/or adding solution to a continuous infusion line. (Responding) | | | NA | S | NA | NA | | | | | | | | | | | | |
| m. Regulate IV flow rate. (Responding) | S | | NA | S | NA | NA | | | | | | | | | | | | |
| n. Flush saline lock. (Responding) | | | S | NA | S | NA | | | | | | | | | | | | |
| o. D/C an IV. (Responding) | NA S | | NA | NA | NA | NA | | | | | | | | | | | | |
| p. Monitor an IV. (Responding) | | | S | S | S | NA | | | | | | | | | | | | |
| q. Perform FSBS with appropriate interventions. (Responding) | S | | NA | S | NA | NA | | | | | | | | | | | | |
| | DW | | DC | DC | EW | | | | | | | | | | | | | |

Comments:

Week 1 (3m,o)- 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 (3q)-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

WK5 3J,K,N,P: You did a good job with your medications, even cut medication in half as ordered. Successfully flushed saline lock. Also able to identify need for medications and rationale. EW

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

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

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

Comments:

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Wk 4 (e) – CDG You improved greatly with your citation and in-text reference citation. Just to make sure to have correct punctuation (mostly just noticed a couple missing periods). Overall, nice summarization of the article and how it applied to your patient! DC

Response: Great job with your response! You did well in listing your reference and using an in-text citation. In addition, your response was well worded and applicable to Abby's posting. DC

WK5 4A-G: You were able to communicate with patient and healthcare team professionally. CDG article was well written with correct citation. 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: | | | | | | | | | | | | | | | | | | |
| a. Describe a teaching need of your patient.** (Reflecting) | | | S | S | S | S | | | | | | | | | | | | |
| b. Utilize appropriate terminology and resources when providing patient education. (Responding) | | | S | S | S | S | | | | | | | | | | | | |
| c. Evaluate health-related information on the intranet. (Responding) | | | NA | NA | NA | S | | | | | | | | | | | | |
| | | | DC | DC | EW | | | | | | | | | | | | | |

****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:

Objective 5a.- Week 3- My patient who had congestive heart failure needed teaching about which foods to eat that are low in sodium. **Good job! The more education about this can help to reduce future complications associated with CHF. DC**

Objective 5a.- Week 4- I educated my patient on the importance of fluid intake and being active in order to help relieve her constipation. **This is especially important with patients, like her, that were taking pain medications. DC**

Objective 5a.- Week 5- I educated my patient on the procedures he needed to do. **Your patient had a lot of things he was waiting to do while also dealing with pain. You did a good job following up with his pain and helping him to understand what was to come. EW**

Objective 5a.- Week 6- I educated my patient on ways to prevent fall because he was admitted into the hospital due to a fall.

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

Objective

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

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

Comments:

See Care Plan Grading Rubrics below.

Week 8- See Simulation Scoring Sheet below.

Week 13- See Simulation Scoring Sheet below.

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

| | |
|---|---|
| Objective # 6a: Implement patient-centered plans of care utilizing the nursing process and clinical judgment. (2,3,4,5)* | Students Name: Josee Brown Date: 1/22/2020 |
| **Nursing care plan not appropriate to patient situation = 0 and automatic unsatisfactory rating | Nursing Diagnosis: Decreased cardiac output |
| Nursing Diagnosis: (3 points total) Problem Statement (1) Etiology (1) Defining Characteristics (1) | / Total Points 3 Comments: Great job with this care plan. It was a cardiac patient and, considering you have not had this content yet, you did a great job! DC |
| Goal and Outcome (6 points total) Goal Statement (1) 1 Outcome: Specific (1) 0 Measurable (1) 0 Attainable (1) 1 Realistic (1) 1 Time Frame (1) 1 | Total Points 4 Comments: Remember to be as specific as possible (if we are dealing with cardiac/respiratory – what is the oxygen source, SpO2, lung sounds, cough, etc). |
| Nursing Interventions: (8 points total) Prioritized (1) 1 What (1) 1 How Often (1) 0 When (1) 1 Individualized (1) 1 Realistic (1) 1 Rationale (1) 1 All pertinent interventions listed (1) 0 | Total Points 6 Comments: As we discussed there were more applicable interventions that could be added. Also, remember to list your respiratory assessment with PRN as you may notice a change in the patient and have to do an assessment outside of your set frequencies. Overall, nice job! DC |
| 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: Develop more specificity in your defining characteristics to meet up with the first part of your care plan. DC |
| 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 = 18 Comments: Good job Josie! Just remember that you can never be too specific with your defining characteristics and interventions. You're on the right track! DC |

| | |
|---|--|
| Objective # 6a: Implement patient-centered plans of care utilizing the nursing process and clinical judgment. (2,3,4,5)* | Students Name: Josee Brown Date: 2/6/20 |
| **Nursing care plan not appropriate to patient situation = 0 and automatic unsatisfactory rating | Nursing Diagnosis: Alteration in comfort r/t disease process |
| Nursing Diagnosis: (3 points total) Problem Statement (1) Etiology (1) Defining Characteristics (1) | Total Points 3 Comments: patient had a multitude of issues with his back causing his chronic back pain. Defining characteristics demonstrate both verbal and nonverbal cues. EW |
| 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: Goal is appropriate for a patient in chronic pain with a back disorder; Outcomes are each specific, measurable, attainable, realistic, and within a specific time frame. EW |
| 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: Interventions are appropriate and address both verbal and nonverbal cues. Interventions also include non-pharmacological measures which ensure the patient is treated holistically. EW |
| 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: Goal was partially met. Each criteria area appropriately documented. EW |
| 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 = 22/22 Comments: Good work Josee! |

Objective

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

| Weeks of the Course | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | Midterm | 9 | 10 | 11 | 12 | 13 | 14 | Make Up | Make Up | Final |
|--|----|---|----|----|----|---|---|---|---------|---|----|----|----|----|----|---------|---------|-------|
| a. Reflect on an area of strength. ** (Reflecting) | S | | S | S | S | S | | | | | | | | | | | | |
| b. Reflect on an area for improvement and set a goal to meet this need.** (Reflecting) | S | | S | S | S | S | | | | | | | | | | | | |
| c. Demonstrate evidence of growth, initiative, and self-confidence. (Responding) | S | | S | S | S | S | | | | | | | | | | | | |
| d. Follow the standards outlined in the FRMCSN Student Code of Conduct Policy. (Responding) | 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 | S | S | S | | | | | | | | | | | | |
| f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (Responding) | S | | S | S | S | S | | | | | | | | | | | | |
| g. Demonstrate the ability to give and receive constructive feedback. (Responding) | S | | S | S | S | S | | | | | | | | | | | | |
| h. Actively engage in self-reflection. (Reflecting) | S | | S | S | S | S | | | | | | | | | | | | |
| | DW | | DC | DC | EW | | | | | | | | | | | | | |

****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. Week 1- My strength was being able to figure out how to do IV math after being nervous about it at the beginning. DW

7b. Week 1- An area I could improve in is completing my 3 checks and knowing when to do them. I can do this by focusing on doing this during my next clinical. DW

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

7a. Week 3- My strength this week was keeping my patient comfortable and I kept him good company because he was anxious to get home. DC

7b. Week 3- I could improve in the area of being smoother at the medication administration process and a way I could do this is by going over the medication administration steps before each clinical. You did a great job with your medication administration especially since it was your first time! You were prepared and placed patient safety as a priority. Just don't be afraid to speak up so that your patients can hear you will you are going over their medications. DC

7a. Week 4- My strength this week was successfully doing a FSBS on a patient for the first time. Good job! DC

7b. Week 4- I could improve on understanding lab values better while in the clinical setting by further looking into why my patients labs are what they are each week. Sometimes it feels like you are a detective. You may have patients come in with vague symptoms and not a defined diagnosis until more tests are completed. I recommend looking into patient history, assessment and their labs (and learning the different possibilities of diagnoses due to different lab values). DC

7a. Week 5 - My strength this week was making sure I assess my patient for pain often.

7b. Week 5- I could improve on my communication to a patient. I seemed to have a hard time being able to educate my patient. I can improve this by going over what I will educate my patient before going into the room to educate them. Josee, you did a great job this week. You are conscientious and thoughtful in your work. It is apparent that you want to do a good job. The communication with your patient will come with practice, but its good that you have a plan to improve. EW

7a. My strength this week was really getting to know my patient and really connecting with him to build his trust. When I first entered his room and told him that I was going to take care of him, he did not want anything to do with me. As time went on, I really built trust with him.

7b. Something I could improve on is asking patients more about caring for themselves when they go home and see how their home environment may be. After spending some time with PT and OT, I realized that teaching them about care at home is very important. I can do this by finding one thing each week to educate my patient about caring for themselves at home.

Firelands Regional Medical Center School of Nursing
Medical Surgical Nursing 2020
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: S: Satisfactory U:Unsatisfactory | 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)* |
| | Date: 1/6 & 1/8/20 | Date: 1/7/20 | Date: 1/7/20 | Date: 1/9/20 | Date: 1/10/20 | Date: 1/15/20 | Date: 1/21/20 | Date: 3/20/20 |
| Evaluation: | S | S | S | S | S | S | S | |
| Instructor Initials | DW | DW | DW | DW | DW | DW | DC | |
| Remediation: Date/Evaluation/Initials | NA | NA | NA | NA | NA | NA | NA | |

*Course Objectives

Comments:

Week 1

(IV Math)-You satisfactorily participated in the IV Math learning session on 1/6/20 as well as the assigned IV Math practice questions and the IV Math Application lab on 1/8/20. 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. MD

(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/MD

(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. Two suggestions for improvement in the future: 1. Be sure to auscultate under the gown when assessing the need for tracheal suctioning; and 2. Hold the catheter taught while inserting into the trach to avoid risk of contaminating the catheter on the patient's gown or chest drape/towel. Otherwise, well done! DW

Firelands Regional Medical Center School of Nursing
 Medical Surgical Nursing 2020
 Simulation Evaluations

| vSim Evaluation | vSim | | | | | |
|--|--------------------------------|------------------------------|------------------------------|---------------------------------|--|------------------------------|
| | Medical-Surgical)Vincent Brody | 6)Juan Carlos (Pharmacology) | ical-Surgical)Marilyn Hughes | Medical-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: 1/27/20 | Date: 2/10/20 | Date: 2/24/20 | Date: 4/13/20 | Date: 4/23/20 | Date: 4/27/20 |
| Evaluation | S | | | | | |
| Faculty Initials | DC | | | | | |
| Remediation: Date/Evaluation/Initials | NA | | | | | |

* Course Objectives

EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2020

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:

lm 12/16/19