

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

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

Student:
Semester: **Spring**

Final Grade: **Satisfactory/Unsatisfactory**

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)
2/7/2020	4 hours	Rescheduled Infection Control clinical	4 hours, 2/6/2020
2/8/2020	2 hours	Late PT/OT & Infection Control Surveys	2 hours, 2/10/2020
2/26/20	7 hours	Ill for clinical on 3Tower (Influenza A)	7 hours, 4/15/20
2/27/20	6 hours	Ill for clinical on 3Tower (Influenza A)	6 hours, 4/22/20

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
2/13/2020	Decreased cardiac output	S/NS	NA	NA

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

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	14	Make Up	Make Up	Final
Competencies:			S	S	S	S	NA	NA	S	S								
a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting)			S	S	S	S	NA	NA	S	S								
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			S	S	S	S	NA	NA	S	S								
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			S	S	S	S	NA	NA	S	S								
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			S	S	S	S	NA	NA	S	S								
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	S	S	S	NA	NA	S	S								
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			S	S	S	S	NA	NA	S	S								
g. Assess developmental stages of assigned patients. (Interpreting)			S	S	S	S	NA	NA	S	S								
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		S	S	S	S	NA	NA	S	S								
	Meditech, FSBS, D/C IV, IV Pump Sessions	Meditech, FSBS, D/C IV, IV Pump Sessions	DH, DE, AC	3T- 87/68 DIZZINESS/COPD	PT/OT, Infection Control	3N -87 BRADYCAIDA	HOMELESS SHELTER			4N, 80, R HIP FX								
Instructors Initials	EW		MD	KA	DW	NS	EW	LM	LM									

Comments:

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

Week 4 – 1b – You were able to correlate your patient’s symptoms with their disease process during post conference. KA

Week 4 – 1d – You did a nice job describing the purpose of the medications you were administering and how they related to your patient. KA

Week 6 1 (a,b,e) - Although your patient’s disease process was a mystery, I thought you did a great job discussing and thinking through your patient’s symptoms. You were able to identify the reasoning behind the diagnostic tests regarding her thyroid function and how it could relate to her bradycardia, hypoglycemia, and hypothermia. You did a nice job of correlating the treatment in place for your patient with a low temperature (hair hugger) and discussing the possible implications of a low temperature.
NS

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	NA	S	NA	NA	S	S								
b. Conduct a fall assessment and implement appropriate precautions. (Responding)			S	S	S	S	NA	NA	S	S								
c. Conduct a skin risk assessment and implement appropriate precautions and care. (Responding)			S	S	NA	S	NA	NA	S	S								
d. Communicate physical assessment. (Responding)				S	S	S	NA	NA	S	S								
e. Analyze appropriate assessment skills for the patient's disease process. (Interpreting)			S	S	S	S	NA	NA	S	S								
f. Demonstrate skill in accessing electronic information and documenting patient care. (Responding)	NA S		S	S	S	S	NA	NA	S	S								
	EW		MD	KA	DW	NS	EW	LM	LM									

Comments:

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

Week 4 – 2a – You did a great job completing a head-to-toe assessment and documenting it in the patient's EMR. KA

Week 4 – 2c – You did a nice job reporting and pertinent findings in your patient's assessment to the nurse. KA

Week 6 2 (a,b,d,f) – I thought you did a great job with your assessment and documentation this week. Among other assessment findings, you were able to notice increased shortness of breath on exertion and at rest. You palpated for +2 pitting edema, auscultated rhonchi, and noticed an abnormal gait, based on your assessment findings you implemented appropriate fall precautions and assisted your patient with ambulation to prevent injury. You did a good job communicating your assessment findings through thorough and timely documentation in the chart. NS

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

Comments:

Week 4 – 3h – You chose an appropriate article and did a great job summarizing it. Fall prevention is such a great EBP topic for hospitalized patients. KA

Week 6 (c,d,e) – You did a great job as team leader this week. You did very well with your prioritization and ability to organize nursing care. You identified the appropriate priority patient in the group you were overseeing, recognizing the importance of assessing the patient with unstable vital signs first, then focusing on the patient with potential respiratory complications. You recognized deviations from normal on other patients and understood when the appropriate time to intervene was. In your care for

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

your patient on the second day, you recognized a change in patient status related to her decreased temperature, reported your findings, and implemented the appropriate nursing interventions. 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	S	NA	S	NA	NA	S	S								
j. Administer PO, SQ, IM, or ID medications observing the rights of medication administration. (Responding)			S	S	NA	S	NA	NA	S	S								
k. Calculate medication doses accurately. (Responding)			U	S	NA	S	NA	NA	S	S								
l. Administer IV therapy, piggybacks and/or adding solution to a continuous infusion line. (Responding)			S	S	NA	NA	NA	NA	S	NA								
m. Regulate IV flow rate. (Responding)	S		S	S	NA	NA	NA	NA	S	NA								
n. Flush saline lock. (Responding)			S	S	NA	S	NA	NA	S	NA								
o. D/C an IV. (Responding)	S		S	S	NA	NA	NA	NA	S	NA								
p. Monitor an IV. (Responding)			S	S	NA	S	NA	NA	S	NA								
q. Perform FSBS with appropriate interventions. (Responding)	S		S	S	NA	S	NA	NA	S	S								
	EW		MD	KA	DW	NS	EW	LM	LM									

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

Week 3 3K-This competency was left unaddressed. All competencies must be addressed each week. Please write how you will prevent this from occurring again. MD
 Week 3 3K: I will prevent this from happening again by double checking and proofing my Clinical Tool prior to submitting. KA

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

Week 4 – 3j – You did a great job following the rights of medication. KA

Week 4 – 3p – You did a nice job assessing the patient’s IV site and documenting in the EMR. KA

Week 6 3 (j,k,n) – I thought you did very well with medication administration this week. You were given more independence and accepted/rose to the challenge. You ensured all safety measures were performed for safe medication administration. You did a great job with your saline flush, utilizing appropriate aseptic technique and ensuring the IV site was patent without complications. As team leader you went over the medications with your classmates and assisted in safe medication administration.
NS

Objective																		
4. Use therapeutic communication techniques to establish a baseline for nursing decisions. (1,5,7)*																		
Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	14	Make Up	Make Up	Final
Competencies:			S	S	S	S	S	NA	S	S								
a. Integrate professionally appropriate and therapeutic communication skills in interactions with patients, families, and significant others. (Responding)			S	S	S	S	NA	NA	S	S								
b. Communicate professionally and collaboratively with members of the healthcare team. (Responding)			S	S	S	S	NA	NA	S	S								
c. Report promptly and accurately any change in the status of the patient. (Responding)			S	S	S	S	NA	NA	S	S								
d. Maintain confidentiality of patient health and medical information. (Responding)			S	S	S	S	S	NA	S	S								
e. Consistently and appropriately post comments in clinical discussion groups. (Reflecting)			S	S	S	S	NA	NA	S	S								
f. Obtain report, from previous care giver, at the beginning of the clinical day. (Noticing)			S	S	S	S	NA	NA	S	S								

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

g. Provide a clear, organized hand-off report to your patient's next provider of care. (Responding)			S	S	S	S	NA	NA	S	S								
			MD	KA	DW	NS	EW	L M	LM									

Comments:

Week 4 – 4e – Malenia, you did a terrific responding to the CDG questions and replying to your classmate with thoughtful comments. Remember when writing your reference only the first letter of the first word of the title is capitalized. Also, when writing your in text citation please remember to include the page number when using a direct quote. Keep up the nice work. KA

Week 4 – 4 f & g – You did a nice job receiving report from the previous shift and providing a thorough report to the nurse when signing off at the end of your shift. KA

Week 5 (4e)- According to the CDG Grading Rubric, you have earned an U for your PT/OT and Infection Control discussion this week for not meeting the 250 word count for either discussion. In the future, please be more reflective in your thinking and provide more detail in your discussion. Additionally, I have several suggestions to help you improve the quality of your future posts: 1. utilize more up-to-date resources (within 5 years or less) that are more reliable; the article you read for the Infection Control CDG mentions the CDC which is much more reliable; your Lewis textbook or the Skyscape resources are other reliable resources; 2. I wouldn't recommend utilizing a google search if you have a hard time differentiating between reliable versus unreliable resources; 3. please make sure that you are accurately relating information into your post- the resource you used actually said "1.7 million Americans develop hospital-acquired infections each year, and 99,000 die of HAIs annually." not 100,00 like you put in your post; 4. watch you spelling and grammar, rereading your post before you submit it is helpful, you would have caught that you missed a zero and typed 100,00 (twice). Suggestions for improvement with APA formatting include: 1. Please utilize the Purdue Owl website or the APA Examples document (found in the Edvance360 Clinical Resources) when writing your reference and citation; the correct APA formatting for the Infection Control reference is...

Heirs,D. (2013, July 27). *99,000 Americans die of healthcare-aquired infection every year*. Healthline. <https://www.healthline.com/health-news/aging-healthcare-acquired-infections-kill-nearly-a-hundred-thousand-a-year-072713#1>

The correct citation and reference for the PT/OT CDG is...(Giles, 2017)...

Giles, G. (2017). Occupational therapy's role in adult cognitive disorders. The American Occupational Therapy Association. Retrieved from [https://www.aota.org/~media/Corporate/Files/AboutOT/Professionals/WhatIsOT/PA/Facts/Cognitive-Disorders-Fact-Sheet.pdf](https://www.aota.org/~/media/Corporate/Files/AboutOT/Professionals/WhatIsOT/PA/Facts/Cognitive-Disorders-Fact-Sheet.pdf)

DW

Week 5 (4e) – In the future I plan to be more reflective and use better resources to in order to be able to meet the requirements of the CDG. I need to be more diligent with proofreading and I will make sure that I make that a priority thus far. NS

Week 6 4 (a,b,c) – Great job this week with your communication with the patient, health care team members, and fellow classmates. You worked with the team leader to ensure all aspect of care were performed. Great job identifying a potential change with your patient and communicating your findings of hypothermia to the assigned nurse. (e) Great work with your CDG and responses this week. You have met all of the necessary criteria for a satisfactory evaluation. You did a good job reflecting on your experience as a team leader. See your initial post for further comments. NS

4a-You have satisfactorily participated in the Crossroads Homeless Shelter Health Fair. You utilized effective communication skills and presented community education for health promotion. Great job!

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 U	S	S	S	NA	S	S								
b. Utilize appropriate terminology and resources when providing patient education. (Responding)			s	S	S	S	S	NA	S	S								
c. Evaluate health-related information on the intranet. (Responding)			s	S	S	S	S	NA	S	S								
			MD	KA	DW	NS	EW	LM	LM									

****5a- You must address this competency in the comments on a weekly basis. For clinicals on 3T, 3N, 4N, or Rehab- describe the patient education you provided; be specific. For clinicals on alternative sites- describe a teaching need you identified.**

Comments:

Week 4 – 5a – Remember you need to address this competency here with a comment to rate it satisfactorily. KA

Week 4- 5a: I am addressing week 4 -5a. During this clinical a teaching need that was giving to the patient was the importance in wearing her CPAP machine as ordered by her physician. The patient continued to want to remove the mask and as she did her CO2 levels would increase. I was able to talk to the patient and help her understand why her recovery is dependent upon that. **DW**

In the future I will be more conscious of what the competency is asking of me to ensure that I answer the prompt fully. **DW**

Week 5 -5a While at this clinical I was able to help educate a patient on why it is important to remain active and functional as they get older and more sedentary. Many patient did not know that for every 3 days you lie in bed it will take 2 weeks of exercises to build back the muscle loss. **DW**

Week 6 -5a: During this clinical I was able to teach the patient about the Bair Hugger device which was being to used to increase her critically low temperature. She was able to use the teach back method when stating that she knew she needed the Bair Hugger again when her temperature dropped blow 95degrees. **Very interesting situation that's for sure. Although she was asymptomatic, it is important that we maintain optimum body temperature for important cellular functions. Proper education on the importance of using the bair hugger was certainly a teaching need for your patient. Great job! NS**

Week 7 – 5a: This week during clinical we spent time at the homeless shelter in town where we enlightened them on common healthcare practices. My station was blood pressure, we offered to perform blood pressure checks, and explained to them the differences between hypotension and hypertension. This time was most a learning experience for most of them. I explained to the one gentlemen how stress management can also improve his BP over time. I taught him the 4 second breathing plan in order to reduce stress. They all seemed to be receptive to the station and enjoyed learning about their blood pressure. **Great! LM**

Week 8 – 5a: This week I was unable to attend clinical as I was out ill with the flu. Therefore, I was unable to perform any patient teaching this week. **LM**

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 9 – 5a: During clinical this week I was able to educate my patient on the importance of maintaining physical mobility, even if experiencing pain, as my patient underwent emergent right hip surgery. I was able to educate her that as she remains sedentary that her other joints are going to be come stiff and sore as well making her overall recovery more difficult. She seemed to understand and was more complaint with PT when they came back in the afternoon.

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

Comments:

See Care Plan Grading Rubrics below.

Week 6 objective 6 (a) –Great job with your nursing care plan receiving 19/22 possible points. Please review the attached care plan grading rubric below for further comments. NS

Week 8- See Simulation Scoring Sheet below.

Week 8- (6b)- You were evaluated as Satisfactory for simulation this week. See Simulation Scoring Sheet below. Additionally, 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 for the pre-brief and reflection journal. LM

Week 13- See Simulation Scoring Sheet below.

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

<p>Objective # 6a: Implement patient-centered plans of care utilizing the nursing process and clinical judgment. (2,3,4,5)*</p>	<p>Students Name: Malenia Wagner Date: 2/13/2020</p>
<p>**Nursing care plan not appropriate to patient situation = 0 and automatic unsatisfactory rating</p>	<p>Nursing Diagnosis: Decreased Cardiac Output</p>
<p>Nursing Diagnosis: (3 points total) Problem Statement (1) 1 Etiology (1) 1 Defining Characteristics (1) 1</p>	<p>Total Points 3 Comments: Good job with the nursing diagnosis section of your care plan. You identified a priority diagnosis for a patient with bradycardia. The nursing diagnosis of decreased cardiac output is appropriate and NANDA approved. The etiology does not include a medical diagnosis. You listed 5 defining characteristics that are specific to your patient and support your identified nursing diagnosis. One thing to look into is diagnostics to support your nursing problem of decreased cardiac output. BNP levels are often drawn to determine the severity of potential heart failure associated with decreased output. Your patients BNP was elevated (424) and would be a good defining characteristic to include. You also could look to see if the patient had an echocardiogram or chest x-ray done with results that could support your diagnosis. Just some tips for the future. NS</p>
<p>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</p>	<p>Total Points 6 Comments: Great work with your goal and outcome section of the care plan. You started with a generalized goal that is a positive statement directly related to your identified NANDA approved problem. Each of your outcomes meet the SMART criteria. An appropriate time frame was included. Full credit received in this section. In the future, consider stating “clear lung sounds on auscultation” as an outcome rather than “absence of rhonchi.” NS</p>
<p>Nursing Interventions: (8 points total) Prioritized (1) 0 What (1) 1 How Often (1) 1 When (1) 1 Individualized (1) 1 Realistic (1) 1 Rationale (1) 1 All pertinent interventions listed (1) 0</p>	<p>Total Points 6 Comments: One point was deducted for “prioritized” for assessment interventions not taking highest priority. You included an assessment of the patient’s breathing pattern after administering the Lasix. You would want to ensure that you have fully assessed the patient prior to administering medications or performing additional interventions. You included what, how often, and when each intervention would be completed. The interventions listed were individualized to your patient and were realistic with appropriate rationale. One point was also deducted from “all pertinent interventions listed.” There are many additional interventions that could be included in this care plan. For vital signs, you would also want to monitor the blood pressure of a patient with bradycardia and decreased cardiac output. To appropriately determine if your goal has been met for her edema, you would have to include an intervention that assesses for edema. You would also want to consider additional interventions to prevent worsening edema such as elevating legs on pillows, etc. To determine whether or not your goal has been met regarding absence of rhonchi, you would also have to include an assessment of the patient’s lung sounds, not just pattern and depth. Also, things like monitoring fluid intake, educating on the use of incentive spirometry, elevating the head of the bed for orthopnea, etc. would be important to include in this plan of care. Review skyscape or don’t hesitate to reach out to me for enhanced understanding on the interventions that would be important to include for this patient. NS</p>
<p>Evaluation: (5 points total) Date (1) 1</p>	<p>Total Points 4</p>

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

<p>Goal Met/partially/unmet (1) 1 Defining characteristics (1) 0 Plan to continue/terminate (1) 1 Signature (1) 1</p>	<p>Comments: Overall good job with the evaluation section of the care plan. You provided a date for the evaluation, appropriately determined that your goal/outcomes were only partially met, and stated your plan to continue the plan of care. You included your assessment of the patient as it related to each piece of the outcome section. A signature was provided to show who evaluated the effectiveness of the care plan. One point was deducted for “defining characteristics” because your stated assessment in the evaluations are not very specific. “intermittent events of improvement” for temperature is vague. Additionally, “improving edema” can be more specific. Was the edema 1+, non-pitting, etc.? How do we know what “improving” means? Be sure to include your specific assessment findings. NS</p>
<p>Total possible points = 22 18-22 = Satisfactory care plan 17-14 = Needs improvement care plan ≤ 13 = Unsatisfactory care plan</p>	<p>Total Points for entire care plan = 19/22 Comments: Malenia, you did a good job with this care plan for a patient with decreased cardiac output. You have received 19 out of 22 points for a satisfactory submission. Please review the comments provided for continued success with nursing care plans. Now that you have submitted one successful attempt, you are only required to submit one more successful attempt before the end of the semester. Great job, keep up the hard work! NS</p>

Objective # 6a: Implement patient-centered plans of care utilizing the nursing process and clinical judgment. (2,3,4,5)*	Students Name: Date:
**Nursing care plan not appropriate to patient situation = 0 and automatic unsatisfactory rating	Nursing Diagnosis:
Nursing Diagnosis: (3 points total) Problem Statement (1) Etiology (1) Defining Characteristics (1)	Total Points Comments:
Goal and Outcome (6 points total) Goal Statement (1) Outcome: Specific (1) Measurable (1) Attainable (1) Realistic (1) Time Frame (1)	Total Points Comments:
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 Comments:
Evaluation: (5 points total) Date (1) Goal Met/partially/unmet (1) Defining characteristics (1) Plan to continue/terminate (1) Signature (1)	Total Points Comments:
Total possible points = 22 18-22 = Satisfactory care plan 17-14 = Needs improvement care plan ≤ 13 = Unsatisfactory care plan	Total Points for entire care plan = Comments:

<ul style="list-style-type: none"> • Clear Communication:EADB • Well-Planned Intervention/ Flexibility:EADB • Being Skillful:EADB 	<p>Good education on morphine side effects Good technique with IM injection using z-track method. Remember needle safety, don't recap after injecting. Communicated abnormal assessment findings with charge nurse Charge nurse communicated findings with the physician. Remember to use SBAR so fully inform the physician. Have all assessment and vital sign information readily available prior to calling. Good education to patient's spouse regarding ORIF procedure & Fasciotomy Clarified antibiotic order and allergy with physician for patient safety. Respected patient's need for spiritual care and respected wishes. Understood limitations and suggested that spouse lead in prayer. Appropriate intervention, great job. Educated patient on ORIF procedure. Good therapeutic communication with the patient. Educated patient on potential risk factors associated with non-compliance with medications. Good teamwork and collaboration with IV pump and infusion. Saline flush performed to confirm patency of IV site for patient safety. Good aseptic technique. Team calm during change of patient status with good communication among team members. Report provided to surgery nurse. Review SBAR communication. Good information provided in report. Communicated assessment findings with charge nurse Charge nurse notified physician of new findings. SBAR communication provided. Be sure to have all assessment/vital signs prior to calling the physician. Remember to read orders back to the physician. Did not intervene for patient with resp. distress. Kept HOB low, didn't apply O2 until physician ordered. Communicated new orders with the patient's spouse. Good communication with family members. Elevated HOB for difficulty breathing. Educated provided regarding PE/Fat embolism. Be sure to review the difference between the two. Asked about religious preferences prior to providing spiritual care. Communicated diagnostic findings with the physician. Received new orders. Read orders back for confirmation.</p>
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<p>REFLECTING: (7)*</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis:EADB • Commitment to Improvement:EADB 	<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 Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric. E= Exemplary A= Accomplished D= Developing B= Beginning</p>	<p>Refer to Lasater Clinical Judgement Rubric: Noticing: Regularly observed and monitored a variety of data, including both subjective and objective; noticed most useful information; missed some changes in data. Identified most obvious patterns and deviations, missing some important information. Actively sought information about the patient’s situation to support intervention planning. Interpreting: Made an effort to prioritize data and focus on the most important, but also did not prioritize some interventions and attended to less relevant information. In most situations, patient’s data patterns were interpreted and compared with known patterns to develop intervention plans. 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. 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 Satisfactory completion of MSN simulation scenario #1.</p>

Objective

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

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

****7a and 7b: You must address these competencies in the comments section on a weekly basis. Please write a different comment each week. Remember that a goal includes what you will do to improve, how often you will do it, and when you will do it by** (example- “I had trouble remembering to do the three checks of the six medication rights prior to administering medications. I will review the six rights and medication administration content in the textbook twice before the next clinical. Additionally, I will request to meet with my clinical faculty member to practice preparing and administering at least three medications before the next clinical.”

Comments:

Week 1-7a: This week during our clinical time I felt my strength was during the IM injection and I felt more comfortable with the process from the last time I performed it.

Week 1-7b: This week during clinical I felt that I could improve on understanding and utilizing IV equipment better. When hanging the secondary back I forgot to close the roller clamp, losing some of the antibiotic, I will make sure that next time I handle IV tubing that the roller clamp is the first part I examine. **EW**

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 3 -7a: This week during clinical I felt that I did very well at the alternative care site and working with the older clients. They were very receptive to the coaster and they enjoyed themselves. Overall the experience was good and I felt that it was beneficial to my future. **Great! MD**

Week 3- 7b: During this week I felt that I should have known more about diabetes, but I felt that this was a good learning experience. **How do you plan on learning more about diabetes? You have to place a plan for improvement along with your area of improvement. MD**

WEEK 3-7B: My plan to understand diabetes better is to read and study the material from lecture which I have found to be very helpful.

Week 4-7a: I was on 3T this week for clinical and had 2 different patients. On the second day of clinical I had a patient who needed an insulin injection in the morning prior to breakfast in the morning. I was happy to administer the injection after priming the insulin pen. I felt confident in the administration and am excited to continue. **Great job! KA**

Week 4 -7b: During this week on clinical my patient the second day had COPD and was in with exacerbation of her COPD. At one point during the clinical my patient was very lethargic and was not able to be aroused. At this time I checked her lab values and her CO2 on ABG's was alarmingly high. I feel as though if I had checked her labs sooner I could have assisted with her nurse Laurie in getting her CPAP machine on her sooner to correct her respiratory acidosis. I will be more diligent in checking my patients lab values and chart. **This is a great area for improvement. It will be easier to identify changes in patient status quicker with time and experience. KA**

Week 5-7a : During this clinical I was with Susie with infection control and I was also working with Cara in PT. During the rotation with Susie I learned a lot of HAI's and how to prevent them. I felt that I did well during this clinical because it is something that I am very interested in. I felt that I was able to navigate the documentation well in order to be sure that the charting was correct and I really enjoyed doing that. **Great job! DW**

Week 5- 7b: This week I have two areas of improvement, firstly I felt that I was not very comfortable with PT/OT with hard transfers and mobility. We had the mobility lab during fundamentals and it seems to have fallen toward the waste side. I want to improve this by taking the time to brush up on hard transfers such as foot placement and weight belt usage. Secondly, I need to improve with time management as I was late in turning in this tool. I had my alarm set to have it turned in the morning and I turned it off and never did it. I am going to make sure that I have multiple alarms set to ensure that I am able to uphold my weekly duty without error or panic. **Malenia, thank you for addressing the U in 7f ahead of time. I am confident this will be a one-time event. As for your goal for improvement, please make sure you are including all of the necessary details for a goal. See green highlighted area above. I appreciate the importance of maintaining your mobility skills and body mechanics. DW**

Week 5 (7f)- You have earned a U for this competency due to late submission of the PT/OT and the Infection Control surveys and late submission of the week 5 clinical tool. The deadline for the surveys and the tool was 2/8/2020 by 2200; the tool was submitted on 2/9/2020 and the surveys were completed on 2/10/2020 following a reminder. This was recorded as 2 hours of missed clinical time which was made up with the completion of the surveys. I see that you've already addressed this U in the comments above for 7b. **DW**

Week 6 7a - At this clinical I felt that an area in which I excelled was in my ability to communicate with the other students during my team lead experience. I feel as though I was able to effectively motivate and encourage my team though out the day. **Excellent strength to note! I am glad you found this experience beneficial. I think you would do well in a leadership role as you have a natural ability to connect with people. Important aspects of a leader include stepping in to help when necessary and being there to support your co-workers. You performed very well as a leader for your classmates and I think they certainly felt the same. Great job! NS**

Week 6 7b- During this clinical I found myself not recognizing the sound of the call lights in the hallways. I need to become more aware of the sounds around me within the hospital to ensure that the patients are receiving the best care. In order to doing that I am going to be less prone to sit in break rooms and stay out on the floor to become familiar with the sounds arounds me. **Good use of self-reflection to identify an area to improve. Your future co-workers and patients will appreciate you being active on the floor. There will certainly be times where you will need a break or time to re-gather yourself mentally; however, the more willing you are to help out on the floor when you aren't busy, the more willing others will be to help you as well. Good plan for improvement! NS**

Week 7 – 7a: We spent time at the homeless shelter, where we put on presentations for the residents, and some of us served dinner. During this experience I felt that an area I excelled in was just basic communication with the residents. I was able to engage in meaningful conversation while still being able to educate them on serious health related topics. Overall I felt that my communication, with others, has improved significantly since my very first clinical experience.

Week 7 – 7b: An area that I could improve based on the clinical experience is awareness. I have been apart of this community for 5 years now, and had no idea where the homeless shelter was even located. I feel as though my lack of knowledge and awareness hindered my experience. However, now that I have been made aware, I am going to make an effort to spend more time in that community. I feel that I can help make a difference and that all it will take is effort and I am willing.

7h-You have satisfactorily met the clinical discussion group (CDG) requirement for this week by reflecting on the Crossroads Homeless Shelter Health Fair during the group debriefing session.

Week 8 – 7a: This week I was out sick with the flu and was unable to attend clinical. I believe that I used my nursing judgement to know that I was not in a healthy condition to be able to perform my duties as they should have been done. I am very thankful to have had the time to rest and recover and appreciate the staff working with me to ensure that I am able to continue forward. I agree that you need to rest and recover. LM

Week 8 – 7b: As stated above I was out ill this week and was not able to attend clinical. I am going to ensure that I use better hand hygiene and educate other on the importance of hand hygiene. LM

Midterm comments- You are halfway through the semester! Malenia, you are doing great in the clinical setting and satisfactorily meeting all of the objectives in the clinical tool, thus far. You have completed one of your care plans in a satisfactory manner and without remediation. Keep up the great work! LM

Week 9 – 7a: During this clinical I excelled in the area of patient observation. Following surgical intervention, of her right hip, my patient was experiencing right foot swelling and weakness. During my routine physical assessment I observed that the socks the patient had on were leaving indentations in her skin, as if they were too tight. Therefore, I felt that it would be beneficial to the patient to have a larger size sock especially because of the swelling. She stated following the change that her foot felt much better. I was proud of observation and that I was able to make the decision to obtain the larger socks using my own nursing judgement.

Week 9 – 7b: An area that I could improve on that I found during this clinical is just being prepared for all situations. Toward the end of the clinical I was asked to help insert an NG tube for a patient. I was extremely excited to perform this skill and then I started to panic as I had not looked over that skill since check off at the beginning of the semester. Knowing that I was on a post-op and recovery unit I should have been better prepared for skills that may occur. In the future I will prepare ahead of time for skills related to the clinical floor I am assigned. Although, the NG tube was placed without incidence I just feel as though I have continued room for improvement and plan to continue learning and growing throughout the remaining time this semester.

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:	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: 1/6 & 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	EW	EW	EW	EW	EW	EW	DW	
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. You required 1 prompt to have the patient cough and take deep breaths. Otherwise, well done.)

Week 3-EBP Lab- You actively participated in the online searching process for evidence-based practice literature, as well as reviewing an example article to determine appropriate selection and information needed when summarizing a research article. 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	S	S			
Faculty Initials	KA	NS	EW			
Remediation: Date/Evaluation/Initials	NA	NA	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