

**EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2021**

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

Student: Ashlynn Legg

Final Grade: Satisfactory/Unsatisfactory

Semester: Spring

Date of Completion:

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Faculty: Dawn Wikel, MSN, RN, CNE; Lora Malfara, MSN, RN; Liz Woodyard, MSN, RN;
Kelly Ammanniti, MSN, RN; Monica Dunbar, MSN, RN

Faculty eSignature:

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Teaching Assistant: Devon Cutnaw, BSN, RN; Nick Simonovich, 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, PEARLS Debriefing, & Reflection Journals
- Nursing Care Plan Rubric
- Meditech Documentation
- Clinical Debriefing
- Clinical Discussion Group Grading Rubric
- Evaluation of Clinical Performance Tool
- Lasater’s Clinical Judgment Rubric & Scoring Sheet
- Virtual Simulation Scenarios

ABSENCE (Refer to Attendance Policy)

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

Faculty’s Name	Initials
Kelly Ammanniti	KA
Devon Cutnaw	DC
Monica Dunbar	MD
Lora Malfara	LM
Nick Simonovich	NS
Dawn Wikel	DW
Elizabeth 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
1/23/21	Acute Pain	S KA	NA	NA
2/10/21	Impaired Physical Mobility	S/LM	NA	NA

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

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Final
Competencies:			S	S	S	S	S									
a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting)			S	NA	S	S	S									
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			S	NA	S	S	S									
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			S	NA	S	S	S									
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			S	NA	S	S	S									
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	NA	S	S	S									
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			S	NA	S	S	S									
g. Assess developmental stages of assigned patients. (Interpreting)			S	NA	S	S	S									
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	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	3T- 4I- DIVERTICULITIS	INFECTION CONTROL	4N	5T 86	4N 68									
Instructors Initials	DW		KA	DW	EW	LM										

Comments:

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

Week 1 (1h)- During week 1, the Meditech, FSBS, D/C IV, and IV pump sessions were all considered clinical hours. You came prepared to each of them and demonstrated competency accordingly. For this reason, you have earned an S for this competency. DW

Week 3 – 1a – You did a nice job discussing your patient and their disease process on clinical and in clinical debriefing. KA

Week 3 – 1b – You did a great job correlating your patient’s symptoms with their disease process and reason for admission. KA

WK5A-H: As a team leader as well as a team member you were able to correlate the patient’s pharmacotherapy, diagnostics, medications, and lab work with the disease process. EW

Week 6 objective 1 (a-h)- Ashlynn, you analyzed the pathophysiology and correlated your patient’s signs and symptoms to his disease process. You used this information to provide appropriate nursing care for your patient on the rehab unit. Your patient had a H/O Rt. hip fracture (non-surgical) as a result from a fall on 2/5/21. You interpreted lab results, nutritional needs, and medical treatments to guide you in your decision-making process. Great job! LM

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies:			S	NA	S	S	S										
a. Perform inspection, palpation, percussion, and auscultation in the physical assessment of assigned patient. (Responding)			S	NA	S	S	S										
b. Conduct a fall assessment and implement appropriate precautions. (Responding)			S	NA	S	S	S										
c. Conduct a skin risk assessment and implement appropriate precautions and care. (Responding)			S	NA	S	S	NI										
d. Communicate physical assessment. (Responding)			S	NA	S	S	S										
e. Analyze appropriate assessment skills for the patient's disease process. (Interpreting)			S	NA	S	S	S										
f. Demonstrate skill in accessing electronic information and documenting patient care. (Responding)	S		S	S	S	S	S										
	DW		KA	DW	EW	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 3 – 2a – You did a great job completing your initial assessment and focused assessment on your patient. KA

Week 3 – 2d – You did a nice job communicating your assessment findings to your nurse and other appropriate healthcare professionals to ensure proper care of the patient. KA

Week 3 – 2f – You were able to properly document your patient's assessment and care with minimal assistance. KA

WK5 A-F: You did a great job recognizing the focused assessment that needs to be done as a team leader. As a team member, you had many interruptions while performing your assessment, but were able to identify the priority assessment that provided the greatest overall benefit to your patient. You were also able to witness the skin risk assessment with wound care and your patient's leg brace. EW

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 6 objective 2 (a-f)- Ashlynn, you performed a thorough head-to-toe assessment on your patient. Upon completing your objective and subjective assessment, you recognized that your patient was experiencing genitourinary symptoms and interpreted this to potentially indicate a UTI. You responded by performing a bladder scan on your patient and obtained a urinalysis, sending the specimen to the lab after properly labeling it. You did a great job! You accurately conducted a fall risk assessment and skin assessment on your patient. You instituted proper measures to reduce your patient's risk for falls and skin breakdown. You were comfortable accessing and documenting in the EMR. Awesome! LM

Week 7c: I assessed the bony prominences of my patient on Thursday and noticed a light purple bruise on her coccyx from falling on her back. I recognized that the skin there is weakened. Since the patient is on bed rest and had been laying in the same position with every encounter, I should have implemented a turning schedule to decrease the risk of further breakdown in the buttock region.

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

Comments:

Week 3 – 3c – You were able to provide can to your patient in an organized manner. As new orders and priorities occurred you were able to reorganize your day. KA

Week 3 – 3h – You did a nice job sharing your EBP article and how it relates to your patient. KA

Week 3 – 3j – You did a nice job passing medications on your patient this week. You completed the scanning process with minimal assistance. KA

Week 5 – 3g: The pt had SCDs on left leg (right leg had brace on) when I first met pt. She was very uncomfortable, so I took the SCD off to give her a break, but I don't recall putting it back on. I should have educated the pt on what they are for and encouraged her to wear it.

WK5 3E, G: You recognized when you needed assistance with your patient's care. You are receiving "S" for section "g" as you did understand the DVT prophylaxis intervention and were able to implement appropriate measures. You did inform your patient what they were for, however, she was still refusing. EW

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

WK 6 3c: Both days I felt like therapy was breathing down my neck and my patient was late to a few sessions because I was finishing my duties. I think I could have organized care better around his therapy sessions. For example, on Thursday I obtained VS and assessment. I charted while he ate breakfast. Then I obtained a bladder scan and ruled out the need for a straight cath, then received an order for a UA. Instead of trying to obtain the UA immediately, I think it would have been a better idea to get the patient washed up and ready to go to therapy. That way he had a more complete bath, and he wouldn't feel rushed to urinate which could make it harder to go. Then, when he was back from therapy, I would try to obtain the UA. I believed I prioritized my care appropriately, just needed to include therapy sessions in my plan of care too. **Week 6 objective 3 (c) - Ashlynn, you recognized the time constraint both days due to your patient's therapy schedule. There are many tasks that need to be completed early in the day on the rehab unit. I thought you did well, overall; therefore, I changed your grade to an "S". Our clinical days will not always run smoothly and we learn from variables thrown into our daily schedules. Objective 3 (a, b, d)-You demonstrated safe, skillful nursing measures throughout your clinical days on the rehab unit. You were cognizant of your patient's needs regarding promotion of skin integrity, fall risk, transferring limitations, hygiene, and psychological needs. You prioritized your time well, including structuring your medication pass around OT and PT times. You did a terrific job! LM**

Objective

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

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

Comments:

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

Wk 3 l: close the roller clamp as soon as you open package!

Week 3 – 3l – You did a nice job priming IV tubing and administering the patient’s IV medication with beginning dexterity. You will become faster with the process and not forget to clamp the roller clamp with continued practice. KA

Week 3 – 3m – You did a nice job monitoring your patient’s IV fluids and discontinuing the primary IV fluids. KA

Week 5 3a: See week 5 7b.

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

WK 6 3j: While I administered medications safely and accurately, I think it looks more professional if it is one med pass and not broke down into several. BP was low so we held meds until received orders from the charge nurse. Then we gave the BP meds after the first group of meds because the charge nurse okayed it. Then we forgot to get the med we sent to the other PIXIS so we rushed to pass it before therapy. I just think it would be better for the patient and our image as nurses if we pass the necessary meds at one time if able. I also know that things get crazy and that may not always be possible. **Week 6 objective 3 (j, k)- Ashlynn, you did administer the medications safely and accurately. You had 13 medications to administer and your patient was on schedule to go to therapy around the med administration time. It is important to obtain a HR and BP just prior to administering the patient's medications if this is indicated. Discussing whether to hold the BP meds with the charge nurse prior to walking into the patient's room is a good idea. Also, making a note on your paper to obtain the one medication from the other Pyxis system is ideal as well. You were knowledgeable about each medication's use, mechanism of action, dosage, route, common side effects, pharmacologic classification, and nursing considerations. You observed the 6 rights of medication administration and completed the 3 medication checks appropriately. You also recognized that you needed to obtain certain vital signs prior to administration and responded by completing these tasks before you administered the meds. You did a great job with your medication pass. LM**

Objective

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

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

Comments:

Week 3 – 4e – You did a nice job completing your CDG response and sharing you EBP article. Please remember when to make sure to place an & between the last two names of the authors in the sequence. When using a direct quote make sure to include the page number in the in-text citation. Try to fix these minor APA corrections for next time. You did a nice job thoroughly discussing your article. Wonderful job! KA

Week 3 – 4g – You were able to provide SBAR report to your nurse at the end of the shift with beginning competence. This will get easier and have better flow with practice. KA

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 4 (4e)- According to the CDG Grading Rubric, you have earned an S for your participation in the Infection Control discussion this week. Your post was thoughtful and detailed. You have a good understanding of APA citations and references, and I appreciate that you cite all information borrowed from another source. Just one suggestion- the appropriate citation for the Taber's Medical Dictionary is (Venes, 2017). DW

WK5 4A,B,C: You were professional in communication with all staff. You collaborated with the family as well as the physician and pt's primary nurse in advocating for pain medication for your pt. EW

Week 6 objective 4 (a, b, e)- Ashlynn, you communicated effectively with your patient and other members of the health care team throughout each clinical day. You explained each task before performing them. You collaborated with OT and PT regarding your patient's care and follow up therapy needs. You accurately completed a detailed CDG, including your initial post and peer post. You followed the directions correctly. You also followed proper APA format for your references. Excellent 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	Make Up	Make Up	Final
Competencies:			S	S	S	S	S										
a. Describe a teaching need of your patient.** (Reflecting)			S	NA	S	S	S										
b. Utilize appropriate terminology and resources when providing patient education. (Responding)			S	NA	NA	S	S										
c. Evaluate health-related information on the intranet. (Responding)			S	NA	S	S											
			KA	DW	EW	LM											

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

Comments:

Wk 3a: I educated my pt on how to prevent diverticulitis since this is the second time in 6 months that she has had it. I explained she should get plenty of exercise and adapt a high fiber diet of fruits (apples, bananas, pears), veggies (carrots, squash), beans, and whole wheat. I also explained that she should avoid fruit with seeds (strawberries) and nuts as they could get lodged in the bowl and cause diverticulitis. **This is great education to provide to your patient. Hopefully diet change will decrease her exacerbations.KA**

Wk 4a: What type of room the patient is in determines the precaution sign that should be used in certain instances. For example, a COVID-19 + patient in a negative pressure airflow room should have an airborne precaution sign because the negative pressure airflow room is being used to isolate them. This allows the hospital to charge the patient appropriately. On the other hand, a COVID-19 + patient in a regular room should have a droplet + precaution sign with their door closed because no negative pressure airflow room is being used to isolate them and thus removing the airborne precaution charge. This was a recurring problem I saw throughout the day. **DW**

Week 5a: My pt was in a lot of discomfort. She did not like the knee immobilizer, SCDs, or the towel used to offload the heal. I explained to her the knee immobilizer was stabilizing her broken leg and making sure it doesn't shift and get worse. I explained the towel used to offload her heal was to prevent her heel from rubbing on the mattress and getting a pressure ulcer. I could have explained the SCDs were used to prevent venous pooling by squeezing the blood back to the heart. Venous pooling increases the risk of a blood clot. After educating my patient, she stated, "I know I need to do this, but it doesn't make it feel any better!" and she was less reluctant about using the towel and brace – for a while.

WK5 5A,C: You did a good job making attempts to educate your pt. despite her objections. You are receiving "S" for section as you evaluated health-related information related to "stacked breathing" in your CDG response. EW

WK 6 a: I do not know why, but almost immediately after entering my patient's room, he asked me, "why are there no smoking signs on my door at home?" I explained that oxygen is combustible, so when it gets near a flame, it can explode. Since he uses oxygen at home, the signs are to warn his visitors that he is using oxygen and that no

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

smoking is allowed on the premises because the oxygen could explode. I also emphasized that it is very important that he does not smoke while he is using oxygen. **This is an appropriate teaching need for your patient. Great job! LM**

WK 7a: As highlighted in my CDG, my patient on Wednesday had a history of an inguinal hernia from straining. I recognized that he needed education on constipation and its prevention. I was prepared with a handout on ways to prevent constipation (increase fluid intake, high fiber diet, caffeine) and when to seek help. Unfortunately, the patient was discharged before I could provide the education.

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	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	S	NA										
			KA	DW	EW	LM											

Comments:

See Care Plan Grading Rubrics below.

Week 3 – 6a – You did a nice job completing your Care Plan satisfactorily. Please see the rubric for further details and comments. KA

Week 6 objective 6 (a)- Ashlynn, you did a great job on your care plan for this week! Keep up the awesome work and please review my comments below on the grading rubric. LM

*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: Ashlynn Legg Date: 1/23/21
**Nursing care plan not appropriate to patient situation = 0 and automatic unsatisfactory rating	Nursing Diagnosis: Acute Pain
Nursing Diagnosis: (3 points total) Problem Statement (1) 1 Etiology (1) 1 Defining Characteristics (1) 1	Total Points 3 Comments: You did a nice job writing an appropriate ND for your assigned patient. Maybe in the future have the patient rate the pain she reports when sitting on the toilet straining to make it easier to measure. 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: You did a nice job writing SMART outcomes and including all defining characteristics. KA
Nursing Interventions: (8 points total) Prioritized (1) 1 What (1) 1 How Often (1) 0 When (1) 0 Individualized (1) 1 Realistic (1) 1 Rationale (1) 1 All pertinent interventions listed (1) 1	Total Points 6 Comments: You did a great job writing realistic and clear to follow interventions. Intervention "N" did not have a how often or when. I am not sure if you forgot it or if it was cut off. 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: You did a nice job writing a thorough evaluation for your care plan. 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: Ashlynn, you satisfactorily completed your care plan. See comments above for areas for improvement. Kepp up the nice work. KA Faculty/Teaching Assistant Initials = KA

<p>Objective # 6a: Implement patient-centered plans of care utilizing the nursing process and clinical judgment. (2,3,4,5)*</p>	<p>Students Name: Ashlynn Legg Date: 2/10/21</p>
<p>**Nursing care plan not appropriate to patient situation = 0 and automatic unsatisfactory rating</p>	<p>Nursing Diagnosis: Impaired Physical Mobility R/T trauma to Rt. leg</p>
<p>Nursing Diagnosis: (3 points total) Problem Statement (1) Etiology (1) Defining Characteristics (1)</p>	<p>Total Points 3 Comments: Ashlynn, you provided an appropriate problem statement, etiology, and 3 defining characteristics that support the nursing diagnosis. Great job! LM</p>
<p>Goal and Outcome (6 points total) Goal Statement (1) Outcome: Specific (1) Measurable (1) Attainable (1) Realistic (1) Time Frame (1)</p>	<p>Total Points 6 Comments: Ashlynn, you provided a general, positive goal statement and identified outcomes using the SMART criteria. You provided specific, measurable, and realistic outcomes to help your patient achieve his goal. You also provided a time frame in which he will complete the outcomes. Good job! LM</p>
<p>Nursing Interventions: (8 points total) Prioritized (1) What (1) How Often (1) When (1) Individualized (1) Realistic (1) Rationale (1) All pertinent interventions listed (1)</p>	<p>Total Points 8 Comments: You provided 22 nursing interventions placed in proper priority with assessment listed first! You included <u>all pertinent</u> interventions specific for your patient. The interventions were individualized for your patient. You provided rationale for each intervention. You did a terrific job, Ashlynn! LM</p>
<p>Evaluation: (5 points total) Date (1) Goal Met/partially/unmet (1) Defining characteristics (1) Plan to continue/terminate (1) Signature (1)</p>	<p>Total Points 5 Comments: Ashlynn, you included all of the required criteria for the evaluation section. Your evaluation information directly reflects the defining characteristics of the goal and outcome statement. You included a date, stated that the goals were partially met, stated to continue the plan of care, and provided your signature. Awesome job! LM</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 = 22/22 Comments: Ashlynn, you did a terrific job with your care plan! You were very detailed and created a care plan specific for your patient! Well done! LM Faculty/Teaching Assistant Initials = LM</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	Make Up	Make Up	Final
a. Reflect on an area of strength. ** (Reflecting)	S		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	S										
c. Demonstrate evidence of growth, initiative, and self-confidence. (Responding)	S		S	S	S	S	S										
d. Follow the standards outlined in the FRMCSN Student Code of Conduct Policy. (Responding)	S		S	S	S	S	S										
e. Incorporate the core values of caring, diversity, excellence, integrity, and “ACE”- attitude, commitment, and enthusiasm during all clinical interactions. (Responding)	S		S	S	S	S	S										
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (Responding)	S		S	S	S	S	S										
g. Demonstrate the ability to give and receive constructive feedback. (Responding)	S		S	S	S	S	S										
h. Actively engage in self-reflection. (Reflecting)	S		S	S	S	S	S										
	DW		KA	DW	EW	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:

Wk 1 7a: I write with my right hand but I am comfortable using my left hand for tasks too (batting, sweeping, etc). Nick pointed out to me that I inserted an NG tube and a foley with my left hand, which surprised me because I have never done those procedures left-handed. I also didn’t think about which hand to use. I just did what was natural. Being comfortable using both hands for procedures is a good skill to have in case I am restricted to one side of the bed. DW

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Wk 1 7b: I was a little rusty on some of the NF skills. While I remembered the key points, I forgot some of the details. The details can make a big difference when I perform these skills on a real patient. I will review the skills in my red skills folder and practice them on a stuffed animal at least once and as needed before clinical begins. **Great idea Ashlynn! Between the Lab Day and your continued practice, you should feel confident in your ability to perform skills within the clinical environment. Keep up the great work Ashlynn! DW**

Wk 3 a: I had great communication with the nurses and PCTs throughout clinical. I provided a clear concise report to the nurses at the end of my shift, and I told the PCTs about the care I provided so they could focus on other patients. **I agree you did an excellent job with your communication with both your patient and the healthcare professionals you worked with. KA**

Wk 3 b: I was shell shocked when I opened the door to a patient's room to find him lying on the floor with a pool of blood surrounding him from a head injury he sustained from his fall. My initial instinct was to call for help, so I stepped out of the room and told a passerby to call a MET. As I stepped back into the room, my next instinct was to stop the bleeding, so I grabbed bandages from the supply cabinet and handed them to the person closest to the patient. The room quickly filled up with the members of the MET, and I stepped out of the room to avoid being in way. I was not sure what else I could have done in that situation. I also am not sure what I can do to help overcome how shocked I was. What can I do to prepare should another situation like this occur? **It can be difficult to overcome the initial shock of entering a situation like you did. It is always important to remember what you were taught. Take a deep breath and react. Activating help is always important as you did. Call a MET or Code as appropriate. Then start with your ABCs. In this case the patient was alert and breathing so applying pressure to the wound to stop the bleeding was the next step. Assess the patient so gather VS and other necessary information. I think you reacted very appropriately. Experience and exposure will help decrease the initial shock, but the shock can also help you react fast which isn't always a bad thing. KA**

Wk 4a: I arrived on time for clinical today. I struggle to wake up in the morning just because I don't want to leave my warm bed. However, I got up early and left early today since the roads were icy and I wasn't 100% sure where I needed to be. After getting to FRMC, I found the Prospect building, went to the third floor, and after wandering around looking for Mrs. Cramer, someone kindly pointed me in the correct direction. I arrived 10 minutes early. I plan to continue being punctual. **Excellent! DW**

Wk 4b: I believe it is important to look presentable and professional anytime I am working as a student nurse. In my hustle to get ready and leave early this morning, I got toothpaste on my scrub top, but did not realize it until I was at FRMC and leaving my car. Before going to see Mrs. Cramer I stopped by the bathroom to clean myself up and was able to zip my white FRMCSN coat up to cover the stain, so I still looked presentable. Every morning before I leave my house, I will do a thorough inspection of my appearance to ensure I look professional. **I really appreciate this reflection Ashlynn. While a toothpaste spot is fairly innocent and excusable, I can tell you truly care how you present yourself to your patients and the other healthcare professionals you encounter. I agree with the importance; in some cases, it could be the deciding factor on whether or not your patient trusts you to care for them. Keep up the great work Ashlynn! DW**

Week 5a: Today I recognized when I needed to step away and take a breath. My patient was admitted late last night, so many people where in and out of the room this morning to assess her – ultrasound, x-ray, pacemaker people, telemetry people, etc. The small room with multiple people and machines in them made me so claustrophobic! Then, my patient was so uncomfortable, and her pain medication was not due, so I was constantly readjusting her and trying to help her get more comfortable. I even turned the TV on to help distract her. Between all the people checking on her and me comforting her, I did not think I was ever going to complete my assessment or vitals! 0900 rolls around and I start to really feel overwhelmed. I knew her meds needed passed, but I did not feel comfortable doing a med pass without checking her vitals and assessing her. After I completed an assessment and VS, I stepped out of the room and took 5 minutes to gather myself and relax. I was near tears at this point. I was just so claustrophobic, and I felt so rushed and overwhelmed. I recollected myself, looked up my meds, and passed them on time. I knew when I needed to step away and collect myself in order to continue. I did that and had a good rest of the day!

Week 5b: Later in the day my pt was in pain and she had Tylenol due. I grabbed Liz so we could administer it. We were talking while I was pulling the meds. The order was 650 mg of Tylenol and the supply was 325 mg tablets, so she needed two tablets. However, when I checked the meds, I thought the supply was the order, so I only pulled one tablet when I needed two. I caught my mistake on my third medication check. In the future, I will not talk when I am pulling meds and performing my med checks. I will ask people to be quiet when I do my checks to make sure I can focus.

WKE 7A,B: Each of these responses in something to learn from. Recognizing your limitations is important in providing consistent, safe care. Good job knowing when to step away. EW

WK 6 a: My patient was very anxious so I made sure to explain everything I was doing and why I was doing it in hopes it would help him relax some. I tried to include what was necessary and I tried to explain it in simple terms, so I did not overwhelm him. I think it helped him understand what I was doing and why, which helped him understand why I needed to do it. It also increased compliance. **You were great with your patient this week Ashlynn! You built a rapport with him and you spoke in a calming voice and explained your tasks in great detail before performing them. Excellent! LM**

WK 6 b: I believed there is a learning curve for female nurses when it comes to uncircumcised males because it is not the 'norm' so to speak and it is totally different than the female anatomy. I retracted the foreskin to clean the meatus for the UA. The patient was unable to urinate, so we got him washed up so he could go to therapy in time. I handed him a washcloth so he could wash 'downstairs' and I assumed when he washed up, he adjusted himself. Lora reminded me that it is important to double check that the foreskin is returned so it does not cut off circulation because that is a medical emergency. Together we double checked to make sure it was returned, and the patient stated "I think it's okay" while adjusting himself. This is a skill that will come with practice. In the future, when caring for uncircumcised males, I will be cognizant of returning the foreskin. I will also ask the patient, "can you help me since you know what works best for you to get situated?" That way I can pick up on how they adjust themselves and be able to do so in the future. **Ashlynn, you did a great job especially since this was a sensitive situation. It is imperative that we as nurses make sure that the foreskin is returned over the glans penis once cleansing has been completed. I fully understand that you thought the patient completed this task himself. You did such a great job cleansing the urethral meatus prior to the specimen collection and I just wanted to make sure this had taken place. LM**

Wk 7a: I think I was a good team member to my peers. Many were concerned with the CDG and how to educate their patients. I helped them brainstorm of ways to educate their patients without being offensive. For example, instead of educating a patient on the risks of obesity and the need to lose weight, I encouraged a peer to educate on the benefits of exercise on joints and in weight reduction. I also used my knowledge I gained as a PCT to help them with tasks (bed alarms, tube systems, PAR room).

Wk 7b: As discussed in the debriefing, I need to learn to be autonomous and use my developing nursing judgement to make decisions and prioritize my day. Too often am I guilty of thinking "let me get your nurse" or "let me get some help." Much of that stems from my role as a PCT. However, one day I will be a nurse and I need to be able to make decisions on my own but also recognize when I need to ask for help. My nursing judgment skills will continue to grow throughout the program, and I will put a conscious effort into first deciding what to do and then double checking if I am not 100%. Through experience at clinical, my confidence and judgment skills will improve.

Firelands Regional Medical Center School of Nursing
Medical Surgical Nursing 2021
Skills Lab Competency Tool

Skills Lab Competency Evaluation	Lab Skills							
	Week 1	Week 1	Week 1	Week 1	Week 2	Week 2	Week 2	Week 11
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 & 1/7/21	Date: 1/5/21	Date: 1/5/21	Date: 1/6 & 1/7/21	Date: 1/11/21	Date: 1/13 & 1/14/21	Date: 1/13 & 1/14/21	Date: 3/26/21
Evaluation:	S	S	S	S	S	S	S	
Instructor Initials	DW	DW	DW	DW	DW	DW	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 1/4/21 as well as the assigned IV Math practice questions and the IV Math Application lab on 1/6/21. KA/DW

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

Week 2

(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

(Trach Care & Suctioning) - During this lab, you satisfactorily demonstrate competence with tracheostomy care and tracheostomy suctioning. Great job! DC

(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. EW

Firelands Regional Medical Center School of Nursing
 Medical Surgical Nursing 2021
 Simulation Evaluations

<u>Simulation Evaluation</u>								
	vSim- Vincent Brody (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	vSim- Juan Carlos (Pharmacology) (*1, 2, 3, 4, 5, 6)	vSim- Marilyn Hughes (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	Simulation #1 (Musculoskeletal & Resp) (*1, 2, 3, 4, 5, 6, 7)	Simulation #2 (GI & Endocrine) (*1, 2, 3, 4, 5, 6, 7)	vSim- Stan Checketts (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	vSim- Harry Hadley (Pharmacology) (*1, 2, 3, 4, 5, 6)	vSim- Yoa Li (Pharmacology) (*1, 2, 3, 4, 5, 6)
Performance Codes: S: Satisfactory U: Unsatisfactory	Date: 1/25/21	Date: 2/8/21	Date: 2/19/21	Date: 2/22 & 2/23/21	Date: 4/6 & 4/7/21	Date: 4/13/21	Date: 4/22/21	Date: 4/26/21
Evaluation	S	S						
Faculty Initials	DW	LM						
Remediation: Date/Evaluation/Initials	NA	NA						

* Course Objectives

EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2021

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 12/18/20