

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

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

Student:

Final Grade: Satisfactory/Unsatisfactory

Semester: Spring

Date of Completion:

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

Faculty eSignature:

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
1/28/2021	Impaired skin integrity	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	NA	S	S	NA	S	S						
a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting)			S	S	NA	S	S	NA	S	S						
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			S	S	NA	S	S	NA	S	S						
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			S	S	NA	S	S	NA	S	S						
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			S	S	NA	NA	NA	NA	S	S						
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	S	NA	S	S	NA	S	S						
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			S	S	NA	NA	NA	NA	S	S						
g. Assess developmental stages of assigned patients. (Interpreting)			S	S	NA	S	NA	NA	S	S						
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		S	S	NA	S	S	NA	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	4N, age 85, bilateral foot ulcers	REHAB, age 87, chronic CHF exacerbation	NA	PT/OT, #1: 67, abdominal wall abscess- #2: 91, T12 compression fracture- #3:	Digestive Health and Infection Control	NA	Midterm	3N, age 76, expressive aphasia						
Instructors Initials	DW		DC	LM	MD	DC	DW	DW	DW							

Comments:

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 4 objective 1 (a-h)- Riley, 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 history of heart failure, Parkinson's disease, and dementia. You interpreted lab results, nutritional needs, and medical treatments to guide you in your decision-making process. Great job! LM

Wk 6 1 (a, b,c, g, h) You appropriately correlated your PT/OT experience as evidenced by your post. Great job! DC

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

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 objective 2 (a-f)- Riley, you performed a thorough head-to-toe assessment on your patient. You accurately conducted a fall risk assessment and skin assessment on your patient. He had an excoriated area on his coccyx, buttocks. You addressed this appropriately and responded by instituting proper measures to reduce your patient's risk for falls and skin breakdown. You were comfortable accessing and documenting in the EMR. Awesome! LM

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

Comments:

Week 4 objective 3 (a-d, f, i)- Riley, 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, and hygiene needs. You organized and prioritized your time well, including structuring your medication pass around OT and PT times. As team leader, you planned your day by prioritizing the needs of your three assigned patients. You collaborated with other members of the health care team by discussing priority needs for each patient and assisted your peers when needed. You did a terrific job! LM

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

Week 8 (3g)- Riley, Please be sure to find opportunities to complete the requirements of this competency over the second half of the semester. Examples may include early ambulation, use of ted hose, and/or application of SCD's to prevent clot formation. DW

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

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

Week 4 objective 3 (j, k, q)- Riley, you administered PO medications this week to your patient on the rehab unit. 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

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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

Comments:

Week 3 4(e): Great job. You read the research and described how this specifically applies to your patient. Interventions were performed by you prior to reading this article. Your response to a peer was insightful. DC

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

Week 4 objective 4 (a, b, e)- Riley, 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 frequently updated me on the progress made with each patient in your role as team leader. 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 reference. Excellent job! LM

Wk 6 Obj 4 (e) – Great posting, Riley. You gave a good picture of your PT/OT experience. It seems that your previous experience with PT/OT helped your to expand your knowledge patient in patient care. DC

Week 7 (4e)- According to the CDG Grading Rubric, you have earned an S for your participation in the Infection Control discussion this week. Your discussion was thoughtful and detailed. Good job with APA formatting. DW

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

****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:

WEEK 3 Patient Education: The main point that I educated my patient on was why it was important for me to check her skin. This includes the color, temperature, whether it was dry/moist, if there was any bruising, redness, edema and lastly pressure injuries. This patient came into the hospital with bilateral foot ulcers and also had some redness on her back side. These injuries most likely came from lying in bed in the same position all the time because the patient was not mobile. More specifically for education it was important to teach about what I was looking for in the lower legs. I explained that I was checking for good blood flow (cool skin and pallor) to the feet and also when changing the wound dressing it was important to look for any signs of infection. The blood flow would allow for better and faster healing and any infection would set back the time it takes for the ulcers to heal. **You provided excellent education with your patient. I especially was impressed that you determined the appropriate language/terms for the patient so they could understand the information. Good job! DC**

WEEK 4 Patient Education: This week there were many different topics that I could have educated my patient on. I chose to focus on teaching the patient about incontinence and the importance of getting the patient clean as soon as possible. This was a major teaching point for this patient because sometimes he knew when he needed to go to the bathroom and other times he didn't (this caused wetness and irritation to his skin). We decided to try and reduce incontinence and help him understand what we were doing by checking his brief regularly and asking him often if he needed to go to the restroom. I think by day 2 of clinical he understood better and was better at telling us when he thought he had to go. **Riley, this is a great teaching need for your patient! We discussed different interventions to help reduce your patient's incontinence frequency. You developed an appropriate plan for him and you followed through with the plan the whole day. Great job! LM**

WEEK 6 Patient Education: A teaching need that I identified while being with PT/OT for week 6 is teaching the patients how to properly go from the bed/chair up to the walker. Every patient that we saw needed a walker for assistance and they all wanted to grab the walker with both hands instead of pushing off the bed or the arm of the chair with one arm while placing the other on the walker. The Therapists did an excellent job explaining to them why it was important to have one arm on the chair or bed when pushing up to the walker (the patient had more leverage and was able to push up on a sturdy surface that wouldn't roll out from under them). **This is a great learning experience. Learning how to correctly move a patient correctly will not only helped patient safety but will ensure your safety in the future. DC**

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

WEEK 7 Patient Education: This week during the digestive health I identified the need for teaching the patients about the procedures they were receiving. For example, the first patient that we saw for the day was having a colonoscopy and she had never had one before. The nurse explain that the procedure was a preventative measure for colon cancer and that the doctor would run a camera through the colon looking for any abnormalities. She also explained to the patient that gas would be placed into the colon to help inflate it. So once the procedure was over she may experience some slight discomfort and feel the need to burp or pass gas. **I appreciate that you've incorporated information about what to expect during and after the procedure. DW**

WEEK 9 Patient Education: My patient this week had a previous stroke and was admitted to the hospital because of symptoms of a possible stroke (expressive aphasia). Because of her admitting diagnosis it was extremely important to conduct a neurological exam every 2 hours. At first the patient did not want this assessment performed. I had to teach and explain to her why it was important. I explained that by performing this assessment it would help the nursing staff and Health care provider determine if she was getting better or if her symptoms of aphasia (and possible developing symptoms) were worsening. The worsening of these symptoms could have been considered emergent.

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)			NA	S	NA	NA	NA	NA	S								
			DC	LM	MD	DC	DW	DW	DW								

Comments:

Week 4 objective 6 (a)- Riley, you have satisfactorily completed the nursing care plan for your patient on the rehab unit this week. Great job! LM

See Care Plan Grading Rubrics below.

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

Objective # 6a: Implement patient-centered plans of care utilizing the nursing process and clinical judgment. (2,3,4,5)*	Students Name: Riley Hager Date: 1/28/21
**Nursing care plan not appropriate to patient situation = 0 and automatic unsatisfactory rating	Nursing Diagnosis: Impaired Skin Integrity R/T decreased mobility
Nursing Diagnosis: (3 points total) Problem Statement (1) Etiology (1) Defining Characteristics (1)	Total Points 2 Comments: Riley, you provided an appropriate problem statement, etiology, and 5 defining characteristics that support the nursing diagnosis. Remember to be specific when stating defining characteristics. The terms “moderate” and “large” are not specific. What are more specific terms you could use? Great job! LM
Goal and Outcome (6 points total) Goal Statement (1) Outcome: Specific (1) Measurable (1) Attainable (1) Realistic (1) Time Frame (1)	Total Points 6 Comments: Riley, 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. Great job! LM
Nursing Interventions: (8 points total) Prioritized (1) What (1) How Often (1) When (1) Individualized (1) Realistic (1) Rationale (1) All pertinent interventions listed (1)	Total Points 7 Comments: Riley, you provided 7 nursing interventions placed in proper priority with assessment listed first. You included all pertinent interventions specific for your patient. The interventions were individualized for your patient. You provided rationale for each intervention. When you are assessing for impaired skin integrity, mention what type of assessment you will conduct; be specific. When teaching the patient about skin integrity, place the specific information within the teaching portion. You had all of the pertinent information but some of this was in your rationale. The rationale is the “why” or reason you are doing the intervention. 1 point was deducted for needing to be more specific. Great job! LM
Evaluation: (5 points total) Date (1) Goal Met/partially/unmet (1) Defining characteristics (1) Plan to continue/terminate (1) Signature (1)	Total Points 5 Comments: Riley, you included all of the criteria for the evaluation section. Your evaluation information directly reflects the defining characteristics of the goal and outcome statement. You included a date, whether the goals were met, stated to continue the plan of care, and provided your signature. Awesome job! LM
Total possible points = 22 18-22 = Satisfactory care plan 17-14 = Needs improvement care plan ≤ 13 = Unsatisfactory care plan	Total Points for entire care plan = 20/22 Comments: Riley, you did a great job on your care plan. The care plan was individualized for your patient and you addressed his priority need! LM Faculty/Teaching Assistant Initials = 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: 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: Faculty/Teaching Assistant Initials =

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

****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 Strength: I successfully and confidently demonstrated/ preformed a full head to toe assessment including vital signs. DW

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

WEEK 1 Area for Improvement: One improvement I would like to make before clinicals is to feel more confident when performing the math needed to start an IV medication. I can improve this skill by reviewing each formula and doing practice problems that are given out by the staff. If I find myself struggling, I will ask for assistance and be willing to perform more practice problems prior to clinical. **Great goal Riley! Its so important to recognize opportunities for improvement in yourself on a regular basis and make active goals to achieve confidence in that area. Keep up the great work! DW**

WEEK 3 Strength: My strength for this week was that I communicated well with my patient. I think that my patient felt comfortable talking to me and having me perform the care that was needed. **You entered the patient's room free of judgement from receiving report. Despite some of the 'issues' the staff may have been having with her, you treated her with kindness and respect. This allowed the patient to be more trusting and patient with the nursing staff. DC**

WEEK 3 Area for Improvement: I would like to improve on my time management skills for the next clinical. I know it takes time to become more confident with this skill, but I believe that if I write out the time that I originally performed the skill and the next time that I need to perform it I would have more confidence about what I have to do next throughout my day. For example, if I perform patient rounds at 8 am then I would write on my clipboard that I did it at 8 and need to go back and perform rounds again at 10am or a little before. **This is a great idea. I have done this before and it did help me to better manage my time during a shift. Good goal. DC**

WEEK 4 Strength: This week I felt as though my strength was giving the patients medications. I felt like I really understood the medications that I had to give and how to give them to the patient. Also, I thought I completed this task in a timely manner. **Riley, I agree that you possessed effective time-management skills this week! You researched your patient's medications in detail and understood how each worked in the body. Awesome job! LM**

WEEK 4 Weakness: I think this week I should have been more encouraging to my patient. For example, when we were at breakfast, I would ask if he wanted another bite, but I wasn't telling him the importance of him taking another bite to get stronger. I know he wasn't feeling his best, but I think with more encouragement he would have eaten a fuller meal instead of the 25% that he decided to eat. To help me do better at this for the next clinical I will teach the importance of a task but also show excitement for the little things that are getting my patient closer to their goals. **This is an appropriate area for growth. You have a specific plan on how you will accomplish this. Great! LM**

WEEK 6 Strength: My strength this week was communication with not only nurses but PT/OT since I observed and worked with them this week for clinical. Together we talked about the care that needed provided for each patient prior to entering each room. Also, when we were in the rooms, they allowed us to ask questions and even had us give them some input based on the knowledge that we have learned from the nursing perspective. **Good job. Good communication is essential for optimal patient outcomes. DC**

WEEK 6 Weakness: This week it was hard for me to pick a weakness but once thing I wish I would have done when I was with PT/OT is offered to help them in some way while they were getting the patient up and walking them around the room. I don't have a lot of experience with having to move patients and help them steady themselves when standing and I wish I would have asked if they wanted help or if I could help because they would have been the perfect people to learn from in that area (watching was helpfully but I am a hands-on learner). To learn from this experience the next time I am in clinical I will be ready to assist the nursing staff and other student nurses that need help ambulating their patients (example: if someone's patient is a 2+ assist) **It can be awkward when you are following with another department. Never be afraid to ask questions about their process or if they need help. Great plan! DC**

WEEK 7 Strength: This week I was able to successfully identify any precautions that needed to be taken during my infection control clinical. I was able to recognize the precautions on the signage on the patients door and also recognize some of the infections that the signs are used for. **DW**

WEEK 7 Weakness: Overall this week was a great week. One thing I would like to work on for my next clinical is examining the patients chart more in depth. I feel like most of the time in clinical I am so worried about the patient's main diagnosis that I forget that there may be other parts of the chart that can help me better understand my patient. This is something that will take some time and the more I use the hospitals charting system the more comfortable I will feel. This skill will help me better care for my patients. **Agreed Riley! Feeling comfortable with navigating the patient chart will be quite helpful. I would like you to consider a more proactive goal for achieving this. May I suggest that you come back to the school after your next couple weeks of clinical and spend some time in the chart for the patient you cared for that day. Sometimes there really isn't enough time to fully explore the chart while you are in clinical. This would help you achieve the goal a lot faster. Keep up the great work Riley! DW**

Midterm- Riley, I know you have been working really hard over the first half of the semester and have learned a lot. This is evident in your clinical, lab, and simulation tools. Please keep up the effort! You have submitted one satisfactory care plan and have until your last week of inpatient clinical to submit a second satisfactory care plan for this semester. At midterm, you are satisfactory for all clinical competencies within this tool. With that being said, I would encourage you to review your clinical tool and identify any skills that you have not had much opportunity to perform yet this semester and actively seek out experiences within the remaining clinical, lab and sim for this semester. Lastly, use this time over spring break to regroup so you can finish strong for the remainder of the semester. I am confident in you! Please let us know if you have any questions or need further clarification. DW

WEEK 9 Strength: During this week's clinical I was able to give a subcutaneous insulin injection to my patient successfully. I completed this skill with both short acting and long-acting insulins.

WEEK 9 Weakness: One weakness from this week that I noticed in myself is trying to help my patient do things that she was capable of but needed extra time to complete. I tried to let her perform tasks like brushing her teeth independently but kept finding myself asking if she needed help or trying to hold something for her even when she was doing fine on her own. I am going to remember this for my next clinical and remember how proud she was when she was given the opportunity to complete tasks on her own. Next time I am in this situation I will take a step back and let the patient know that I am there if they need help. I will try to let them decide when they need assistance.

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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 1/7/21. 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. Sterility was maintained and no prompting was needed for either skill. Great job! DW

(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> Performance Codes: S: Satisfactory U: Unsatisfactory	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)
	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	S	S			
Faculty Initials	LM	DC	DW	DW				
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA				

* Course Objectives

Simulation #1- Please review the comments placed on the Simulation Scoring Sheet below. In addition, please review the individual faculty comments placed within the simulation #1 pre-brief and reflection journal dropboxes. DW

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: DATE/TIME: 2/23/2021 1030 SCENARIO #: **MSN Scenario #1**

Leanna Chesser, Riley Hager, Cassie Klaehn

CLINICAL JUDGMENT						OBSERVATION NOTES
<p>COMPONENTS NOTICING: (2)*</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 						<p>Pain assessment was in depth and thorough. Patient was asked about quality, radiation, strength, etc. Area was assessed after his sock was removed. Patient was also asked about previous tetanus shot due to fall. Remaining abnormalities in assessment noticed as discussed with other nurse. Recognized severity of condition and identified compartment syndrome. Physician called concerning patient condition and students asks physician for clarification on orders. Each student was sincere in seeking as much information from patient and physician.</p>
<p>INTERPRETING: (1)*</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 						<p>Prioritization from initial assessment allowed the students to call the physician due to compartment syndrome. Results from CT were given and it was immediate that the student recognized the serious condition of the patient. Oxygen was immediately placed on the patient during the assessment. Physician was called, but due to patient condition need to be called sooner. Students communicated each piece of data with one another.</p>
<p>RESPONDING: (3,4,5,6)*</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 						<p>During initial assessment, both nurses were in patient's room and Cassie was recording Leanna's results. Communication was strong between all three students. This was evident with the initial assessment and during medication administration. Students remained calm during the simulation and asked for appropriate assistance from faculty when needed (assistance with IV pump). Students were comfortable about discussing faith with the patients and helping to calm the patient with light discussion. Interventions were planned and discussed between all three students. However, there was some hesitance to perform certain skills such as communicating with the physician and setting up the IV pump. Once help was identified, your group was appreciative and recognized what needed to be performed. SBAR to physician when phone call was made was appropriate and provided the physician with current patient condition. Orders were received and read back.</p>
<p>REFLECTING: (7)*</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 						<p>Great job during debriefing. Each student identified their own areas of improvement as well as areas of improvement for teamwork. Suggestions for the future from the faculty were received by the students and each student gave their own ideas on how they can improve in the future. Areas of strength were also identified by each student and each student was able to see their growth in the simulation experience.</p>
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of "Developing" or higher in all areas of the rubric.</p> <p>E= Exemplary</p>						<p>Lasater Clinical Judgement Rubric:</p> <p>Noticing: Students actively sought information from patient to support their decision making process and implementation of interventions. The group recognized the patient's conditions fairly quickly. The patient was asked for subjective questions and students educated the patient based on his responses.</p> <p>Interpreting: Students focused on the most critical data for the patient during this simulation. However, the</p>

<p>A= Accomplished D= Developing B= Beginning</p>	<p>group also focused on the needs of the patient, including spiritual. Advice/assistance was needed to help interpret data but was appropriate in the situation.</p> <p>Responding: Patient was reassured in the scenario during critical times. Students attended to patient's spiritual needs as well as his fear. Great communication between group and patient. Interventions were developed from the results of data. Group did have periods of high stress/delayed communication.</p> <p>Reflecting: All students participated in reflection. Each identified their (and the groups) areas for improvement as well as their strengths. Each student was sincere in their desire to improve their nursing performance and patient care.</p> <p>Satisfactory completion of MSN simulation scenario #1.</p>
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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