

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

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

Student: Madison Belden

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
1/30/21	Impaired Physical Mobility	S KA	NA	NA

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

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	MakeUp	Final
Competencies:			N/A	S	S	S	S	N/A	S	S						
a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting)			N/A	S	S	S	S	N/A	S	S						
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			N/A	S	S	S	S	N/A	S	S						
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			N/A	S	N/A	S	S	N/A	S	S						
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			N/A	S	S	S	S	N/A	S	S						
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			N/A	S	S	S	S	N/A	S	S						
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			N/A	S	S	S	S	N/A	S	S						
g. Assess developmental stages of assigned patients. (Interpreting)			N/A	S	S	S	S	N/A	S	S						
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		N/A	S	S	S	S	N/A	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	Digestive Health/ Infection Control	3T, 64, weakness and appendicitis	PT/OT	4N, 67, weakness and T2 compression fracture	Rehab, 63, syncope, dizziness, and nausea	N/A		3T, 62, dislodged peg tube						
Instructors Initials	MD	MD	DW	KA	DW	DC	LM	M D	MD							

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. EW

Week 3 (Obj. 1)- Please be sure to really take the time and evaluate yourself according to the experiences you have in clinical each week. Even though you did not provide any patient care this week, it does not mean that you were unable to perform some of these competencies. For example, you probably observed a diagnostic procedure during the Digestive Health experience. Were you able to think through some of the symptoms the patient was having, why they chose to do the diagnostic procedure, and how it all related to the medical diagnosis, additional treatments or diet restrictions they may have been educated on prior to leaving the facility. Additionally, 1h should never be N/A unless you have no clinical for an entire week. Each clinical week, you prepare by gathering and bringing the correct materials (paperwork and equipment, etc.), review the CDG questions for the week so you have a better idea of the information to collect, and reviewing feedback from faculty/teaching assistants for the previous week, etc. DW

Week 4 – 1a – You did a nice job discussing your patient and their disease process on clinical and in clinical debriefing. KA

Week 4 – 1b – You did a great job correlating your patient’s symptoms with their disease process and reason for admission. KA

Week 7 objective 1 (a-h) - Madison, you analyzed the pathophysiology and correlated your patient’s signs and symptoms to her disease process. You used this information to provide appropriate nursing care for your patient on the rehab unit. Your patient had a history of a Rt. lacunar infarct. She had developed syncope at home and fell. 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	MakeUp	Final
Competencies:			N/A	S	N/A	S	S	N/A	S	S							
a. Perform inspection, palpation, percussion, and auscultation in the physical assessment of assigned patient. (Responding)			N/A	S	N/A	S	S	N/A	S	S							
b. Conduct a fall assessment and implement appropriate precautions. (Responding)			N/A	S	N/A	S	S	N/A	S	S							
c. Conduct a skin risk assessment and implement appropriate precautions and care. (Responding)			N/A	S	N/A	S	S	N/A	S	S							
d. Communicate physical assessment. (Responding)			N/A	S	N/A	S	S	N/A	S	S							
e. Analyze appropriate assessment skills for the patient's disease process. (Interpreting)			N/A	S	N/A	S	S	N/A	S	S							
f. Demonstrate skill in accessing electronic information and documenting patient care. (Responding)	S		N/A	S	N/A	S	S	N/A	S	S							
	MD	MD	DW	KA	DW	DC	LM	MD	MD								

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 (Obj 2)- Refer to comments made for objective 1. Again, please take the time to review each competency based on the experiences you have in clinical each week. Example, you had to review documentation related isolation precautions (2f) for the Infection Control Scavenger Hunt. DW

Week 4 – 2a – You did a great job completing your initial assessment and focused assessment on your patient. KA

Week 4 – 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 4 – 2f – You were able to properly document your patient’s assessment and care with minimal assistance. KA

Week 7 objective 2 (a-f) - Madison, you performed a thorough head-to-toe assessment on your patient. You accurately conducted a fall risk assessment and skin assessment on your patient. You were comfortable accessing and documenting in the EMR. Awesome! 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	MakeUp	Final
Competencies:	S		S	S	S	S	S	N/A	S	S							
a. Perform standard precautions. (Responding)									S								
b. Demonstrate nursing measures skillfully and safely. (Responding)	S		N/A	S	S	S	S	N/A	S	S							
c. Demonstrate promptness and ability to organize nursing care effectively. (Responding)			N/A	S	N/A	S	S	N/A	S	S							
d. Appropriately prioritizes nursing care. (Responding)			N/A	S	N/A	S	S	N/A	S	S							
e. Recognize the need for assistance. (Interpreting)			N/A	S	S	S	S	N/A	S	S							
f. Apply the principles of asepsis where indicated. (Responding)	S		S	S	S	S	S	N/A	S	S							
g. Implement the appropriate DVT prophylaxis interventions based on assessment and physicians orders. (Responding)			N/A	S	N/A	S	S	N/A	S	S							
h. Identify the role of evidence in determining best nursing practice. (Interpreting)			N/A	S	N/A	S	S	N/A	S	S							
i. Identify recommendations for change through team collaboration. (Interpreting)			N/A	S	N/A	S	S	N/A	S	S							
	MD	MD	DW	KA	DW	DC	LM	MD	MD								

Comments:

Week 4 – 3c – You were able to provide care to your patient in an organized manner. As new orders and priorities occurred you were able to reorganize your day. KA
Week 4 – 3h – You did a nice job sharing your EBP article and how it relates to your patient. KA

Week 7 objective 3 (a-d, i) – Madison, 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 two 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

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

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

Week 8 3L-Please be sure to seek out opportunities during the second half of the semester to complete this competency. MD

Week objective 3 (j, k) – Madison, 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 and completed the 3 medication checks appropriately. 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	MakeUp	Final
Competencies:			S	S	S	S	S	N/A	S	S							
a. Integrate professionally appropriate and therapeutic communication skills in interactions with patients, families, and significant others. (Responding)			S	S	S	S	S	N/A	S	S							
b. Communicate professionally and collaboratively with members of the healthcare team. (Responding)			S	S	S	S	S	N/A	S	S							
c. Report promptly and accurately any change in the status of the patient. (Responding)			N/A	S	N/A	S	S	N/A	S	S							
d. Maintain confidentiality of patient health and medical information. (Responding)			S	S	S	S	S	N/A	S	S							
e. Consistently and appropriately post comments in clinical discussion groups. (Reflecting)			S	S	S	S	S	N/A	S	S							
f. Obtain report, from previous care giver, at the beginning of the clinical day. (Noticing)			N/A	S	N/A	S	S	N/A	S	S							
g. Provide a clear, organized hand-off report to your patient's next provider of care. (Responding)			N/A	S	N/A	S	S	N/A	S	S							
	MD	MD	DW	KA	DW	DC	LM	M D	MD								

Comments:

Week 3 (4e)- According to the CDG Grading Rubric, you have earned an S for your participation in the Infection Control discussion this week. One suggestion for improvement with APA formatting relates to direct quotes. Generally speaking, scholarly writing should use paraphrasing whenever possible and avoid direct quotes. With that being said, if you use a direct quote, your citation needs to include the page number you found the quote from or a paragraph number if page numbers are not available. Your Diseases & Disorders citation is an electronic reference with no page numbers; therefore, the appropriate citation would look like this...(Sawyer-Sommers, 2018, para

3). Please use this feedback to improve your APA formatting for future citations/references. Additionally, there is an APA Examples document found in the Edvance360 Clinical Resources of the MSN course that may be helpful. DW

Week 4 – 4e – You did a nice job completing your CDG response and sharing you EBP article. Please remember when completing your reference in APA only the first letter of the first word of the title is capitalized. Also, the year should be in parenthesis between the authors and the title. 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 good job thoroughly discussing your article. Superb job! KA
 Week 4 – 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

Week 5 (4e)- According to the CDG Grading Rubric, you have earned an S for your participation in the PT/OT discussion this week. Nice job with APA! Again, remember to paraphrase whenever possible and avoid direct quotes. DW

Week 6 4 (e): Madison, great job on your medication story! You addressed all of your medications and showed an understanding of preadministration as well as patient education. Great job! DC

Week 7 objective 4 (a, b, e)- Madison, 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. The proper APA format for your reference is written as: Agency for Healthcare Research and Quality, & Department of Defense Patient Safety Program. (2013). TeamSTEPPS 2.0: Team strategies & tools to enhance performance and patient safety. file:///C:/Users/amleg/Downloads/2021%20MSN-%20TeamSTEPPS%20Pocket%20Guide.pdf. 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	MakeUp	Final	
Competencies:			S	S	S	S	S	N/A	S	S								
a. Describe a teaching need of your patient.** (Reflecting)			S	S	S	S	S	N/A	S	S								
b. Utilize appropriate terminology and resources when providing patient education. (Responding)			N/A	S	S	S	S	N/A	S	S								
c. Evaluate health-related information on the intranet. (Responding)			N/A	S	N/A	S	S	N/A	S	S								
	MD	MD	DW	KA	DW	DC	LM	MD	MD									

****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: Digestive Health/ Infection Control: I found that a teaching need that needs to be given more often is on proper use and disposal of PPE. I witnessed some people wearing the same PPE in a Covid patients room, and then in a patients room who has not been diagnosed with Covid. This needs to be made aware of due to being in the middle of a pandemic. **Agreed Madison! Were there any patient education needs identified during your patient encounters with either Digestive Health or Infection Control? Please keep in mind that for the future, 5a reflection should be focused on patient teaching needs. DW**

Week 4: The patient education that I provided to my patient this week was about proper nutrition. My patient stated that he has lost his appetite ever since he had a stroke. During my first day of clinical, my patient refused to eat breakfast or lunch. I then talked to the nurse about it and she said that he has refused to eat ever since being in the hospital. I then proceeded to talk to my patient about the importance of adequate nutrition, because adequate nutrition promotes healing and skin integrity, and with my patient having impaired mobility, he needs the extra nutrients. After I educated him on the importance, I got him to order lunch and eat some graham crackers. He then later proceeded to eat a cheese burger and fries for dinner later that day and could not wait to tell me about it the next morning. **You did a great job providing him appropriate education and getting him to eat something. KA**

Week 5: The education that I provided this week was not just to one, but to multiple patients. Being with PT/OT this week for clinical, I was able to provide information to all of the patients that I have seen about the proper techniques of mobility. I was able to educate a patient on using a walker correctly when the patient did not really understand the idea at first. I then was able to explain to my patient with back spasms, that when we tense up when moving and hold our breath during the movement we are more than likely to cause muscle spasms due to our muscles guarding themselves and the strain that it puts on them. I was also able to teach breathing exercises through painful moments in all of my patients and how it is so important to get daily movement in even if you are going slow with it and needing to take short breaks in between. **Excellent, Madison. Your education is thorough and patient-centered. Keep up the great work. DW**

Week 6: The education that I provided this week to my patient was about how chewing food and taking sips in between can sooth the pin of a sore throat. My patient started complain of a sore throat while eating some food and stated, "I feel like there is a lump in my throat." He also claimed how when he swallowed it would hurt and how it felt. like the food he swallowed was rubbing up against that lump. I then proceeded to educate him on how chewing the food up more and taking drinks in between swallows may help ease the pain of his throat. He then agreed and proceeded to do what I educated him on, and overall agreed that it did help. **Excellent education with your patient this week. Considering his disease process, teaching him ways to improve his eating and appetite will help to maintatin his quality of life during this difficult time. DC**

Week 7: The education that I provided to my patient this week was the use of nectar thick liquids. My patient was placed on nectar thick liquids due to having a stroke and having some dysphagia. I explained to my patient the the purpose of nectar thick liquids help prevent chocking and stops fluids from entering the lungs in patients who have a harder time swallowing. She than acknowledged what I told her and continued to drink her nectar thick lemon water. **Great job Madison! LM**

Week 8: N/A

Week 9: A teaching need for my patient this week was to educate him on how he should not pull out his peg tube. I educated him on this because it is important for his overall nutrition and his skin integrity. He also has pulled out his peg tube in the past so educating him on why it is important for him to leave his peg tube in.

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	MakeUp	Final
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a. Develop and implement a priority care plan utilizing the nursing process and clinical judgment. (Noticing, Interpreting, Responding, Reflecting)			N/A	S	N/A	N/A	N/A	N/A	S	S							
	MD	MD	DW	KA	DW	DC	LM	MD	MD								

Comments:

See Care Plan Grading Rubrics below.

Week 4 – 6a – You did a nice job completing your Care Plan satisfactorily. Please see the rubric for further details and comments. KA

Objective # 6a: Implement patient-centered plans of care utilizing the nursing process and clinical judgment. (2,3,4,5)*	Students Name: Madison Beldon Date: 1/30/21
**Nursing care plan not appropriate to patient situation = 0 and automatic unsatisfactory rating	Nursing Diagnosis: Impaired Physical Mobility
Nursing Diagnosis: (3 points total) Problem Statement (1) 1 Etiology (1) 1 Defining Characteristics (1) 1	Total Points 3 Comments: Madison, you did a nice job choosing an appropriate nursing diagnosis and supporting it with patient specific defining characteristics. 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 your goal and outcomes. Remember to make your overall goal an inverse of the nursing diagnosis. "Patient will have improved physical mobility AEB:"
Nursing Interventions: (8 points total) Prioritized (1) 1 What (1) 1 How Often (1) 1 When (1) 1 Individualized (1) 0 Realistic (1) 1 Rationale (1) 1 All pertinent interventions listed (1) 0	Total Points 6 Comments: Madison, you did a nice job including all assessments for your outcomes as interventions. You might want to think about other interventions that are important and would make this care plan more individualized. What about PT? What about performing ROM exercises? Since you included the Braiden scale in your defining characteristics you might want to include it in your interventions. Try to always have a minimum of 5 interventions in your care plan. 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 of your defining characteristics and outcomes. 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: Madison, you did a nice job completing your care plan. See the above comments on areas you can improve in the future. KA Faculty/Teaching Assistant Initials = KA

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

****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 A. : I feel that one of my strengths this week during lab was the head to toe assessment that I preformed. **Good! MD**

Week 1 B. : I feel that one of my weaknesses this week was IV dosage calculations. I will better myself by doing practice problems and writing out the math with the correct abbreviations fully. **Great idea! MD**

Week 2 7F-Please be sure to submit the correct tool by Saturday at 2200. MD

Week 3: A. : I feel that one of my strengths this week was on the Infection Control Clinical when it came to knowing and understanding the information that was being provided like, the proper use of PPE, the proper equipment per precaution, and when to use the precautions. **That's great Madison! This is such an important concept for both patients and the healthcare team in todays world. DW**

Week 3: B. : I feel that one of my weaknesses this week was on the Digestive Health Clinical. I felt that I should have done some research on what goes on in that particular area of the hospital, considering that I did not know any of the procedures or that pain management also happens there. I will be better at my next chance that I get there, by doing some research on the procedures and reading into the digestive system before attending. **Madison, though you will not be assigned to attend clinical in this environment again, you may get the opportunity to accompany a future acute care patient that is scheduled for a procedure. DW**

Week 4: a. : I feel that one of my strengths this week in clinical on 3T, was the use of correct patient education. Educating my patient on adequate nutrition made him understand why it was so important for him not to be skipping meals, and in the end he ate. **Great job! KA**

Week 4: b. : I feel that one of my weaknesses for clinical this week on 3T, was the saline flush. It was not that I did not know what to do, it was just the fact that I knew the steps, just not in the correct order. I will be better at this for the next clinical by watching some saline flush videos and reading over the steps in order to know how to do it properly. **This is a great goal to help with this. Practice makes perfect and you will get better with this skill over time. KA**

Week 5: a. : I feel that one of my strengths this week was the demonstration on how to correctly help a patient ambulated properly. I was able to help some of my patients this week during my PT/OT clinical ambulated properly to a chair. **DW**

Week 5: b. : I feel that one of my weaknesses this week was the overall understanding of some of the surgeries that my patients have undergone and what exact exercises we needed to do in order to help them. I will be better at my next clinical by using the intranet to see if I can find some important guidelines to the exercises that my patients need to do, or by contacting PT/OT to find out what specifically they want my patient to do. **Great goal Madison! This will definitely help to prepare you for patient care on 4N and Rehab, especially. DW**

Week 6: a. : I feel that one of my strengths this week on 4N, was making the comfort of my patient my priority. With my patient only being on comfort care, I felt that I managed his pain well and gave him his pain medication when he needed it. **I was impressed your your level of empathy and care of your patient this week. You provided care that was individualized and important to him at this time. He truly appreciated your time and efforts! DC**

Week 6: b. : I feel that one of my weaknesses this week was the understanding of care of my cancer patient. With my patient going to inpatient hospice care I feel that I didn't really understand everything that hospice does for the patients that they care for, so speaking to the hospice nurse really opened up my eyes. To better myself for my next clinical I will take what I learned from the hospice nurse and bring it into the care that I provide when providing comfort care to a patient. **I felt that you did well in understanding the care of your patient, specifically between day 1 and day 2. Your time spent with the patient made a positive difference in his time as a patient! DC**

Week 7: a. : I feel that one of my strengths this week on rehab was the overall patience with my patient. My patient was disoriented most of the time that I was with them, so I had to reexplain things over and over again. I felt that I did this in a calm and collected manner when I know that some people may have gotten frustrated. **It is extremely important to maintain calmness and patience when working with someone who has had a stroke. They do not want to be in this position. This is a special quality to possess. Great job! LM**

Week 7: b. : I feel that one of my weaknesses this week on rehab was the timing of my nursing interventions that I wanted to preform. With rehab there is a set schedule for your patient, so working around that schedule and getting all of my charting done in a timely manner was tough. To better myself for my next clinical I will really make sure to make a clear schedule of when my patient wants to do certain things and of when I can fit in the nursing interventions that I have to get it after my vital signs and head to toe assessment of the patient. **This is an appropriate area for improvement. Great plan for achieving this goal! LM**

Week 8: a/b: N/A

MIDTERM-Madison-you are doing an excellent job in Med/Surg! Keep up the great work! MD

Week 9: a. : I feel that one of my area of strengths this week was the way that I administered medications through a peg tube. I felt that I did an overall good job with being patient and administering each drug separately.

Week 9: b. : I feel that one of my weaknesses this week was the overall communication with my patient. My patient started to get very aggressive during the last hour of my second clinical day due to being in pain. Because he was mostly mute I didn't have clear communication with him unless I asked him questions in which he could shake his head yes or no. One way that I am going to improve myself for next week is by using better communication skills and understanding the signs of pain before entering the patients room so something like this does not happen again.

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	MD	MD	MD	MD	MD	MD	MD	
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 1/6/2021. 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

(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

(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. Some comments noted on your tracheal airway suctioning evaluation included: "Good respiratory assessment. Make sure the catheter remains sterile during insertion." Comments from the tracheostomy care evaluation included: "Good job. Remember that the patient must be oxygenated (if appropriate) in between steps." DC/DW/NS

(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: 2/23/21	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		KA	DC	LM	MD				
Remediation: Date/Evaluation/Initials		NA	NA	NA	NA				

* Course Objectives

2/23/2021: Please review the comments placed on the Simulation Scoring Sheet within the clinical tool for the simulation scenario #1. In addition, please review the individual faculty comments placed within the simulation #1 pre-brief and reflection journal dropboxes. MD

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: Gr. 6
Belden

OBSERVATION DATE/TIME: 2/23/21

SCENARIO #: MSN Scenario #1

<p>CLINICAL JUDGMENT</p> <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 style="text-align: center;">OBSERVATION NOTES</p> <p>First half: information seeking pt's condition, circulatory status, pain. Recognized deviation from expected pattern in relation to left leg status. Noticed pt. was alone and going to surgery.</p> <p>Second half: Information seeking regarding pain and recognize pain in right leg as deviation from normal pattern. Recognized SOB, coughing, decreased SPO2.</p>
<p>INTERPRETING: (1)*</p>	<p>First half: made sense of report data and prioritized focused assessment of left leg. Interpreted urgency and priority of notifying HCP of left leg</p>

<ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 	<p>status. Interpreted pt. marital status as need to call wife.</p> <p>Second half: Made sense of pain and assessment data and interpreted as a need to notify the HCP. Prioritized interventions. Recognized pt. not on a blood thinner; HCP called with CT results for order.</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>First half: Calm and clear in communication with patient and team. Interventions well planned. Focused left leg assessment and VS taken before notifying HCP as well as quick lung assessment. Pillow removed to aid circulation and dressing loosened. HCP notified with complete SBAR w/o readback. Communicated HCP orders and plan of care immediately with pt. Responded to patient’s immediate need for surgery as a reason to call wife.</p> <p>Morphine skill: questioned giving IM or IV; teamwork and communication clarified route. IM injection given w/o gloves, z-track, and change of needle. IVF with secondary hung correctly.</p> <p>Second half: Planned focused assessment of right leg. Clear communication and confident in interaction with pt. Responded to assessment, VS, and pain by notifying HCP with SBAR lacking recommendation and read back. Percocet as given per chart order. MS IM order given not administered right away as ordered. IM given w/o interchange of needle.</p> <p>Communicated plan of care to patient as well as the rationale.</p> <p>SCD placed after diagnosis of blood clot. SBAR to HCP w/o 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>Analysis of performance; cueing each other and helping each other throughout scenario. Clarification of med route, fixing of IVF/secondary hanging. Committed to performance improvement in skill, communication and pt. care physically, emotionally, and spiritually. Worked to improve patient condition t/o the scenario. Committed to team performance and pt. understanding of care.</p>
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p>	<p>Lasater Clinical Judgement Rubric:</p> <p>Noticing: pt. assessment and pain</p> <p>Interpreting: risk of diagnosis, potential complication, and urgency</p> <p>Responding: focused assessment when needed, notification of HCP, meds, communication with pt. and wife</p> <p>Reflecting: overall priority of pt. care, comfort, and prevention of worsening of condition.</p> <p>Satisfactory completion of MSN simulation scenario #1.</p>

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