1EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2021

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Michelle Gowdy

Semester: **Spring**

Final Grade: **Satisfactory/Unsatisfactory**

Date of Completion:

Faculty eSignature:

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

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)
1/13/2021	2	Missed Trach Lab	1/13/2021
1/20-1/21/21	15.5	Missed Clinical	3/31-4/1/21

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
2/5/21	Impaired Physical Mobility	NI/NS	S/NS	NA
3/11/2021	Acute pain related to trauma	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: a. Analyze the involved patho-physiology of the patient's disease process. (Interpreting)			NA	s	s	s	NA	NA	S	S	S					
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			NA	s	s	s	NA	NA	S	S	S					
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			NA	s	s	s	NA	NA	S	S	S					
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			NA	s	s	s	NA	NA	S	S	S					
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			NA	s	s	s	NA	NA	S	S	S					
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			NA	s	s	s	NA	NA	S	S	S					
g. Assess developmental stages of assigned patients. (Interpreting)			NA	s	s	s	NA	NA	S	S	S					
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	s		NA	s	s	s	NA	NA	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 92 years old Weakness, acute kidney	IC DH PT/OT	No Clinical Experience	No Clinical ExperienceNA		REHAB	4N 79 yo laparptpmy w/ sm bowel obstruction					
Instructors Initials	**MD**	**MD**	**EW**	**MD**	**NS**	**DW**	**NS**	**MD**	**MD**	**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. EW

Thank you, I will continue to come prepared for topic at hand so that I may better understand the lesson being taught/reviewed and be able to ask any questions at that time.
Week 4 1A-H-You were able to effectively complete these competencies this week in Rehab clinical. MD

Week 5 1(a-h) – You did a nice job this week discussing the various patient's that you were overseeing as team leader. You were able to correlate their symptoms with their disease processes and prioritized appropriately based on acuity and admitting diagnosis. You discussed abnormal CT findings for one of the patient's and how the results affected his blood pressure and his symptoms on admission. You did a great job with pharmacotherapy for each patient and demonstrated a good understanding of the rationale behind each medication. For the patient with dysphagia, you discussed the importance of maintaining good hydration with thickened liquids. Great job! NS

Week 9 objective 1 (a-h)- Michelle, 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 was in a MVA and had a Rt. THA. You interpreted lab results and correlated her medical treatments to the disease process to guide you in your decision-making process. Please remember to add your patient's age and primary medical diagnosis at the bottom of the week #9 column. 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: a. Perform inspection, palpation, percussion, and auscultation in the physical assessment of assigned patient. (Responding)			NA	s	s	s	NA	NA	S	S	S						
b. Conduct a fall assessment and implement appropriate precautions. (Responding)			NA	s	s	s	NA	NA	S	S	S						
c. Conduct a skin risk assessment and implement appropriate precautions and care. (Responding)			NA	s	s	s	NA	NA	S	S	S						
d. Communicate physical assessment. Responding)			NA	s	s	s	NA	NA	S	S	S						
e. Analyze appropriate assessment skills for the patient's disease process. (Interpreting)			NA	s	s	s	NA	NA	S	S	S						
f. Demonstrate skill in accessing electronic information and documenting patient care. (Responding)	s		NA	s	s	s	NA	NA	S	S	S						
	MD	**MD**	**EW**	**MD**	**NS**	**DW**	**NS**	**MD**	**MD**	**L M**							

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

Thank you! I will continue to practice my skills on my own, especially my IV math.

Week 5 2(d,f) – Great job this week communicating your physical assessment findings with detailed nurses notes. You were even able to assist your fellow classmate with communication within the nurses notes section. You were able to paint a clear picture of your initial assessment which helps other members of the health care team collaborate to provide optimal patient care. (f) you are continuing to improve in the Meditech system. Remember to practice what we discussed in regards to charting and you will continue to feel more comfortable with the physical re-assessment intervention. NS

Week 9 objective 2 (a-f)- Michelle, 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 instituted proper measures to reduce your patient's risk for falls and skin breakdown. You are continuing to become comfortable accessing and documenting in the EMR. Great job! 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: a. Perform standard precautions. (Responding)	s		NA	s	s	s	NA	NA	**S**	S	S						
b. Demonstrate nursing measures skillfully and safely. (Responding)	s		NA	s	s	s	NA	NA	**S**	S	S						
c. Demonstrate promptness and ability to organize nursing care effectively. (Responding)			NA	s	s	s	NA	NA	**S**	S	S						
d. Appropriately prioritizes nursing care. (Responding)			NA	s	s	s	NA	NA	**S**	S	S						
e. Recognize the need for assistance. (Interpreting)			NA	s	s	s	NA	NA	**S**	S	S						
f. Apply the principles of asepsis where indicated. (Responding)	s		NA	s	s	s	NA	NA	**S**	S	S						
g. Implement the appropriate DVT prophylaxis interventions based on assessment and physicians orders. (Responding)			NA	s	s	s	NA	NA	**S**	S	S						
h. Identify the role of evidence in determining best nursing practice. (Interpreting)			NA	s	s	s	NA	NA	**S**	S	S						
i. Identify recommendations for change through team collaboration. (Interpreting)			NA	na	s	s	NA	NA	**S**	S	S						
	MD	**MD**	**EW**	**MD**	**NS**	**DW**	**NS**	**MD**	**MD**	**L M**							

Comments:

Week 4 3A-H-This week in Rehab you were able to complete these competencies while caring for your patient. Great job! MD

Week 5 3(c,d,h) – You did an excellent job this week as team leader. You were able prioritize the various patient's appropriately based on acuity and diagnoses. You appropriately determined that the patient with pneumonia, UTI, and altered mental status was our priority to see first based on safety and respiratory risks. You then shifted gears to the patient with hypertension and dizziness. I thought your rationale for prioritization was appropriate. You organized your day effectively, meeting the various

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

needs of each patient and responded and prioritizing the patient in acute pain. You researched non-pharmacological interventions to help relieve his jaw pain demonstrating the role of evidence in determining best nursing practice. Great job! NS
Week 9 objective 3 (a-f)- Michelle, you demonstrated safe, skillful nursing measures throughout your clinical days on the rehab unit. You were aware 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. You performed a sterile dressing change on your patient following aseptic technique and documented your findings appropriately. Great 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: j. Administer PO, SQ, IM, or ID medications observing the rights of medication administration. (Responding)			NA	~~Na~~ S	s	~~S~~ NA	NA	NA	**S**	S	NA						
k. Calculate medication doses accurately. (Responding)			NA	s	s	~~S~~ NA	NA	NA	**S**	S	S						
l. Administer IV therapy, piggybacks and/or adding solution to a continuous infusion line. (Responding)			NA	na	na	na	NA	NA	**NA**	NA	NA						
m. Regulate IV flow rate. (Responding)	S		NA	na	na	na	NA	NA	**S**	NA	S						
n. Flush saline lock. (Responding)			NA	na	s	na	NA	NA	**S**	NA	NA						
o. D/C an IV. (Responding)	S		NA	na	na	na	NA	NA	**S**	NA	NA						
p. Monitor an IV. (Responding)			NA	na	s	na	NA	NA	**S**	NA	S						
q. Perform FSBS with appropriate interventions. (Responding)	S		NA	na	na	na	NA	NA	**S**	NA	NA						
	MD	**MD**	**EW**	**MD**	**NS**	**DW**	**NS**	**MD**	**MD**	**L M**							

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

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

Thank you~ I am looking forward to utilizing these skills in my upcoming clinicals and being able to educate my patient on their BS. I will continue to seek out the IV pump machines to become better familiar with them.
Week 4 3J-You successfully administered medications this week. You also were very knowledgeable on each medications indication, side effects, and nursing implications. MD

Week 5 3(j,k,n,p) – Very nice job with your medication administration this week for your individual patient and as team leader. You were observant of specific parameters and orders for various medications and ensured that they were administered appropriately. You discussed and understood the rationale behind each medication and related it to your patient's disease processes. You ensured proper safety precautions were in place while assisting your classmate with administered medications crushed in applesauce for a patient with dysphagia. You were also able to perform a saline flush using proper aseptic technique while monitoring the IV site for potential complications. NS

Week 6 (3j,k)- You participated in alternative clinicals for Infection Control, PT/OT, and Digestive Health. Neither of these clinicals required medication administration, therefore NA. DW

MIDTERM 3L-Be sure to be seeking out opportunities to complete this competency. MD

Week 9 objective 3 (j, k)- Michelle, 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	Make Up	Final
Competencies: a. Integrate professionally appropriate and therapeutic communication skills in interactions with patients, families, and significant others. (Responding)			NA	s	s	s	NA	NA	S	S	S						
b. Communicate professionally and collaboratively with members of the healthcare team. (Responding)			NA	s	s	s	NA	NA	S	S	S						
c. Report promptly and accurately any change in the status of the patient. (Responding)			NA	s	s	s	NA	NA	S	S	S						
d. Maintain confidentiality of patient health and medical information. (Responding)			NA	s	s	s	NA	NA	S	S	S						
e. Consistently and appropriately post comments in clinical discussion groups. (Reflecting)			NA	~~S~~ NI	s	~~S~~ U	~~NA~~ S	NA	S	S	S						
f. Obtain report, from previous care giver, at the beginning of the clinical day. (Noticing)			NA	s	s	s	NA	NA	S	S	S						
g. Provide a clear, organized hand-off report to your patient's next provider of care. (Responding)			NA	s	s	U	~~NA~~ S	NA	S	S	S						
	MD	MD	EW	MD	NS	DW	NS	M D	MD	LM							

Comments:

Week 4 4E-This week you were asked to complete a CDG. You received a needs improvement due to not having an in-text citation for your initial response. Please remember to include an in-text citation for both initial and peer responses. Also, please take note-you do not capitalize all of the words in the title for an article. The only word that is capitalized is the first word. Also-when using Skyscape you cite the authors of the program you are using not Skyscape. Let me know if you have any questions. MD

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

Week 5 4(e) – Overall nice work with your CDG this week. You provided great detail when describing your team leading experience. Your response was thorough and helped paint a clear picture of the events that occurred throughout your shift. For your initial post, instead of citing "teamSTEPPS" for the in-text citation, you would want to include the author or agency that authored the document. For this example, the proper in-text citation would be….. (Agency for Healthcare Research and Quality, 2013). For the reference, you want to make sure that you spell out the "AHRQ" rather then using an acronym. Also, only the first letter of the first word of the title should be capitalized. Good job providing good insight on your response to Kia. You enhanced the conversation and supported your thoughts with a citation and reference. Here's a few suggestions for your APA formatting in your response post…. Instead of stating "According to Disease and Disorders" you would want to include the author(s) last name(s) rather then the resource that was used. Your reference looks great, you would simply take the last name of the author from the reference. Proper citation in your response would be…. "According to Sawyer-Sommers (2018)…." Keep working hard on your APA formatting and it will start to click. Here is a link that may be helpful with APA formatting: https://owl.purdue.edu/owl/research_and_citation/apa_style/apa_formatting_and_style_guide/general_format.html

Week 6 (4e)- According to the CDG Grading Rubric, you have earned a U for your participation in the PT/OT discussion this week. The Infection Control CDG included an intext citation, however the PT/OT discussion did not. Each CDG post must include support from a reliable resource that validates at least one point posed in your discussion. Additionally, here are a few suggestions for future improvement with APA formatting: 1. Skyscape is not a resource, it is merely a platform that houses a number of resources, Skyscape should never be used in an intext citation; 2. The intext citation must include the author(s) last name and year of publication...ex. (Venues, 2017), this way the citation and reference match each other. Options for helpful APA resources include the APA Examples document (found in the Clinical Resources on Edvance360) or the Purdue Owl website. (4g)- This competency was left blank and not evaluated by Michelle, therefore it is being evaluated as U. Please make sure you take the time to carefully complete this clinical tool on a weekly basis. It may also be a good idea to give it a second look before submitting to ensure it is complete. Please be sure to address this you when submitting your week 7 tool (see directions on p. 1 of this document for expectations on addressing U). Failure to do so will result in a continued rating of U until address. DW

Week 6 4e - I received a U for not using citations in my CDG. In the future, I will have my CDG rubric next to me so that I can ensure that I am covering all the areas need to receive a S grade. Thank you for addressing the "U" from the previous week. I think you have a great plan in place to be satisfactory in the future! NS
Week 6 4g - I also received a U for not filling out my complete tool, I missed a box. In the future I will double check all my boxes have been filled. Thank you for addressing the "U" from the previous week! NS

Week 9 objective 4 (a, e)- Michelle, you communicated effectively with your patient throughout each clinical day. You explained each task before performing them. You completed a detailed CDG, including your initial post and peer post; however, your initial and peer posts were incorrectly documented. Correct example: Peterson, D. (2018). *PsychNotes clinical pocket guide* (5th ed.). F.A Davis Company: Skyscape Medpresso, Inc. Please refer to your reference post from this past week to note the differences.

Your peer post in-text citation was noted, (Coleman, How to start a healthy diet), but your reference was documented as:
Coleman,T.(2020 Dec31) How to start a healthy diet. 14 steps (with pictures)-wikiHowHwalth.https://www.wikihow.health/how-to-start-a-healthy-diet.
An in-text citation includes the author's last name and date of article. The proper in-text citation is written as: (Coleman, 2020). Please let me know if you have any further questions. I did not change your grade for competency 4e because you included both an in-text citation and a reference for both posts; however, please continue to refer to the guidelines for proper APA formatting. 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: **a. Describe a teaching need of your patient.**** (Reflecting)			NA	~~S~~ NI	s	s	NA	NA	**S**	S	S						
b. Utilize appropriate termino-logy and resources when providing patient education. (Responding)			NA	s	s	s	NA	NA	**S**	S	S						
c. Evaluate health-related information on the intranet. (Responding)			NA	s	s	s	NA	NA	**S**	S	S						
	MD	**MD**	**EW**	**MD**	**NS**	**DW**	**NS**	**MD**	**MD**	**L M**							

****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 4 5A-You are receiving a needs improvement for this competency due to not having an example of a teaching you provided your patient. Please remember to do this with every clinical site you attend. MD

Week 5: I demonstrated with my patient the importance of elevating his leg, even while in bed by propping a pillow under his legs with his heels Hanging off the edge and not touching the bed. I explained to him that with the edema and his skin being pulled (puffy) makes his skin thinner and more at risk for breakdown. Great job identifying a teaching need and providing patient education independently to help prevent skin breakdown! NS

Week 6: observed mostly but was help to help with transfers and walking patients in hallway. Was able to educate one patient on the use of the gait belt. DW

Week 9: I demonstrated the side-step transfer that I had learned in my past PT/OT clinical to make it easier for my patient to transfer self in a higher position before getting into bed. I also educated to my patient the need for her yellow wristband, magnet and signs that I placed in her room for fall precautions. Great job, Michelle! LM

Week 10: I was able to explain to my patient why I had placed fall precautions signs and a yellow bracelet on his wrist. I also used the new system outside his door and slid out the fall precaution as well as the NPO tabs.

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

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	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	na	~~S~~ NI/S	na	NA	NA	**S**	S	S						
	MD	**MD**	**EW**	**MD**	**NS**	**DW**	**NS**	**MD**	**MD**	**L M**							

Comments:

See Care Plan Grading Rubrics below.

Week 5 : The care plan is coming!!! NS

*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:** Michelle Gowdy **Date:** 2/5/2021
****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 1 Etiology (1) 1 1 Defining Characteristics (1) 1 1	Total Points 3 Comments: Nice job selecting a high priority NANDA approved nursing diagnosis for your patient admitted with weakness and functional decline. The etiology is appropriate noting decreased muscle strength related to his age. You listed four appropriate defining characteristics that support your priority problem. NS
Goal and Outcome (6 points total) Goal Statement (1) 0 1 Outcome: Specific (1)1 Measurable (1) 1 Attainable (1) 1 Realistic (1) 1 Time Frame (1) 0 1	Total Points 4/6 Comments: The goal and outcome section of your care plan could use some revision. Be sure to utilize the nursing care plan guidelines document to help develop this section. One point was deducted from "goal statement" because you included outcomes as your goal statement. Remember, the goal statement should be a generalized goal that is a positive statement directly relating to your NANDA problem of "Impaired Physical Mobility." An example could be something like "Patient will display improved mobility" or "Patient will display techniques or behaviors that enable participation in daily activities." Essentially, you want your goal statement to be generalized, and your outcomes will be more specific to the goals you want your patient to meet. The outcomes you listed met the SMART criteria, however you did not include a time frame. Generally, we state that the outcomes should be met "by discharge." Refer to the care plan guidelines document for further information. Remember, your outcomes should directly relate to your defining characteristics and should be a positive assessment of the defining characteristics. Your listed defining characteristics were: • Bilateral non-pitting edema in lower extremities • Right sided rib pain 4/10. • Use of a walker • Muscle weakness Your outcome section should only address these 4 characteristics and we are striving for the patient to meet positive outcomes only related to these characteristics. You should only have 4 outcomes related to the 4 defining characteristics. Overall the outcomes do look good. Just remember to include the time frame. NS 2/10/21 Revision: Appropriate goal statement was revised and provided. SMART outcomes were met with appropriate time frame. NS
Nursing Interventions: (8 points total) Prioritized (1)0/1 What (1)1 How Often (1)1 When (1)1 Individualized (1)1 Realistic (1)1 Rationale (1)1 All pertinent interventions listed (1)0 1	Total Points 6/8 Comments: Although you did meet the minimum requirement of 5 interventions, there are numerous pertinent interventions that were omitted. Additionally, your interventions were not prioritized appropriately with assessments always taking highest priority. You would want to assess the patient's pain prior to elevating their legs to meet the nursing care plan guidelines. You did a nice job of including what, how often, and when the interventions would be performed. The interventions listed were individualized, realistic, and appropriate rationale was provided. One point was deducted from prioritization and from all pertinent interventions being listed. Remember, assessment interventions should always be listed first. In regards to all pertinent interventions listed, you want to look at each of your outcomes and include an intervention that assesses the outcomes, helps the patient meet the outcome, and potentially educates on the outcome. This will help you include all pertinent interventions. You did not include an assessment of the patinet's

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

	ability to use the walker. Additionally, you would want to include a consult to PT/OT for proper education and use of the walker and to help build strength and endurance. You may also want to include interventions such as performing range of motion, assessing the patient's strength, etc. Try to think of some additional interventions to make this list more complete. NS 2/10/21 Revision: Interventions were prioritized appropriately with assessments taking highest priority. Additional pertinent interventions were included. NS
Evaluation: (5 points total) Date (1) 0/1 Goal Met/partially/unmet (1) 1 Defining characteristics (1) 1 Plan to continue/terminate (1)1 Signature (1) 1	Total Points 4/5 Comments: Remember to include a date of evaluation at the beginning of this section. This will be the last date that you were with the patient. You stated that your goals were met and appropriately determined to terminate your plan of care. A signature was provided at the end. One point was deducted for omitting a date. NS 2/10/21 Revision: A date of evaluation was appropriately included. NS
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 = 17/22 Needs Improvement 2/10/21 Revision: 22/22 Satisfactory Care Plan Comments: Michelle, overall a nice start back into developing care plans. You received 17/22 points for a needs improvement evaluation. There were some easy points missed such as including a date on the evaluation and including a time frame for your outcomes to be met. There are some additional areas for improvement as well as noted in the comments above. Since this submission did not meet the requirements for a satisfactory evaluation, you will be required to edit your care plan based on the suggestions provided and re-submit to me via Edvance360 email by Saturday 2/13/2021. I have no doubts that if you review my comments and make the necessary revisions that you will be satisfactory moving forward. Once you have re-submitted your care plan I will revise the grading rubric in a different color reflecting the changes that were made. Please don't hesitate to contact me with any questions that you may have. Be sure to have the grading rubric and nursing care plan guidelines document with you as you make your revisions. I have no doubts that you can be successful in this course with care plans with a little more practice! NS 2/10/21 Revision: Michelle, thank you for taking the comments into consideration and revising your care plan in a timely manner. You are now satisfactory for this week and are only required to submit one more satisfactory care plan before the end of the semester. Keep up the hard work! NS Faculty/Teaching Assistant Initials = NS

*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:** Michelle Gowdy **Date:** 3/11/21
****Nursing care plan not appropriate to patient situation = 0 and automatic unsatisfactory rating**	**Nursing Diagnosis:** Acute pain related to trauma
Nursing Diagnosis: (3 points total) Problem Statement (1) Etiology (1) Defining Characteristics (1)	Total Points 3 Comments: Michelle, great job! The NANDA-I approved nursing diagnosis you chose was a high priority problem for your patient. You included a problem statement, etiology, and provided 3 defining characteristics. 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: Michelle, your generalized positive goal statement was appropriately written. Your patient outcomes followed the SMART criteria. You provided a time-frame in which these goals would be achieved. 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: You provided prioritized nursing interventions beginning with assessment, followed by administration, and education for your patient. You provided rationale for each intervention. Remember when writing interventions, you need to be specific. You would want the nurse coming onto the shift after you to be able to read the interventions and know exactly how you want each implemented. For example, you when document "encourage good nutrition and a healthy diet", what specific information to you want the patient to have? 1 point was deducted for lack of individualized interventions. Great job, overall! 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: Michelle, 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, 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 $\leq$ 13 = Unsatisfactory care plan	Total Points for entire care plan = 21/22 Comments: Michelle, you did a great job on your care plan! Please continue to use the care plan guidelines rubric as your reference when creating future care plans. Great job! LM Faculty/Teaching Assistant Initials = LM

*End-of-Program Student Learning Outcomes

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

****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: My strengths: I will continue to: show growth, follow standards of care, incorporate core values and show my professionalism, accept criticism and advice and continue to engage in self reflection daily. Good! MD

Week 1: My weaknesses: I will practice daily on the things that I recognize as my weakness such as IV math. I will practice daily and continue to seek the help I need when I'm not understanding. Great idea! MD

Week 2 7F-You did not turn in your clinical tool on time. Please respond to this with how you will prevent this from occurring in the future. MD

I will maintain professionalism by making a visual mark on my calender so that I may be reminded of these weekly tools that need to be completed.

*End-of-Program Student Learning Outcomes

Week 4 7A-B-It is important to address these competencies of strength and area of improvement with every clinical. Please respond to this with how you will prevent this from occurring in the future. MD
I spoke with Nick during clinical and now have a better understanding of the clinical tool. I will make sure I include a strength and area of improvement in the comment section each week. NS
Week 4 7F-You did not turn in the correct tool on time this week. It is important that this is done before Saturday at 2200. Please respond to this with how you will prevent this from occurring in the future. MD
After talking with Monica I now know how to turn in my clinical tool correctly and will be responsible in the future making sure that the right tool is submitted. NS

Week 5 7b: my weakness: I am improving with my charting. I am learning how to find information so that I can have a better understanding of my patient diagnosis and what possibilities that could have led from one dx to the next. I'm still not overly confident with it but I am getting there. Great job reflecting on a area for improvement! I appreciate the fact that you identified an area that we discussed during clinical. I think with more experience with Meditech you will start to feel more confident each week. For this competency, it is important that you also include a specific goal for improvement each week. Reflecting is the first step, but we want to go one step further and identify a plan to make this a strength in the future. What can you do to continue to improve? How can you practice finding information within the chart? Remember to include a plan next week and I have no doubts that you will be satisfactory! NS
Week 5 7a: My strength: I feel that my ability to prioritize has improved from last week. As team leader, it felt good to help my classmates and offer my assistance and opinions and vise versa. They suggestions are valued. I want to continue to improve and utilize all the new things that I continue to learn on a daily basis. Great strength to note this week! I certainly agree as noted in the comments throughout the tool. I thought you did an excellent job as team leader and prioritized appropriately. Keep up the hard work! NS

Week 6: my weakness: I continue to try to improve on my charting and knowledge of the charting system. This week also inc=fection control, going to each patients room with different precautions, learning more of which is standard for each type . Michelle, please review the green highlighted information above. I am having a hard time understanding what exactly you want to improve in related to charting. Additionally, you have not identified a goal for improvement. This reflection is important in reducing your gaps in knowledge, skills, and abilities as you move forward in the MSN course and beyond. You are receiving a U for competency 7b due to the omission of a goal for improvement. I'd like for you to explore a more specific goal for improvement from week 6. Recognizing opportunity for improvement is just the beginning; setting goals and following through with them is the only way you will actually see growth. The curriculum and clinical experiences build from simple to complex. If you never follow through with goals for improvement, you will always have gaps in knowledge. The other piece of following through with goals for improvement is the timing. While future experiences will help you, it is not ideal to wait for the next time you experience something again to see if you've improved. Instead, I suggest you set a goal that can be achieved by the time you have clinical schedules next. For example, "I struggled with navigating the electronic medical record. To improve, I will come to the school computer lab and practice navigating the EMR to identify all of the important information for my last assigned patient. I will use the Patient Profile Database to guide my navigation. This will be completed prior to my next scheduled clinical day." Do you see the differences between your goal and the example I have provided? Lastly, please make sure you select a different goal for improvement each week. I will be happy to discuss this with you further if you'd like. DW
Week 6: my strengths: I feel that my knowledge of certain labs and knowing what the numbers means; helped me determine what course of treatment may be implies as far as a C&S results. I want to continue to improve and expand that for when I am on the floor in clinicals. I am a little confused by your comment for 7a. Is this a strength or an opportunity for improvement? While both are important, 7a gives you an opportunity to focus on reflection strictly related to your strengths. Please take the time each week to give yourself a pat on the back and recognize your accomplishments for a job well done. DW
Week 6 (7f)- You have earned a U for professionalism and responsibility due to late submission of your clinical tool this week. Additionally, please make sure you are diligent in submitting each course requirement to the appropriate location; the PT/OT signature form was supposed to be submitted to the PT/OT Dropbox in Edvance360, though you submitted it to you individual Dropbox. Attention to detail is very important as a nurse and each course submission is an exercise in mindfulness and accountability. I am identifying a bit of a pattern in lack of responsibility, but I do not think you are intentionally doing this. There is a lot to keep track of. You may want to take a little time to reorganize yourself related to all course expectations. Let me know if you need any assistance. Please be sure to address your U's appropriately for week 7. DW

Week 6 I received a U for not submitting my tool on time and submitting my PT/OT signatures in the wrong dropbox. In the future I will double check after I complete my tools and ensure they are submitted in the proper place and on time.
I also received a U for not being more descriptive and clarify my reflections. I will go more into depth and be sure to set a goal for each week to improve myself.
I also received a U for the irresponsibility of not completing everything on time. In the future, they will be on time. Thank you for addressing these areas, Michelle. I think you are set up for success in the future now that we have set down and clarified some details together. Please don't ever hesitate to reach out for clarification if needed. Keep up the hard work, you got this! NS

MIDTERM-Michelle-you are doing a great job! Keep up the great work! Don't forget to seek out experiences you have not had yet to compete your competencies. MD

Week 9. "strengths"—I was able to sit with my patient as she disclosed to me her recent suicide attempt. In all my years as a nurse, I had never encountered this situation. I feel my strength I was able to maintain an open mind, should her compassion with no judgement. My emotions show easily on my face, so I feel that I was able to maintain professionalism. Michelle, you did a great job this week with your patient! You built a strong rapport with her and helped her realize that she has a great deal to offer in this world! Keep up the great work! LM

Week 9 ”weakness”---- My weakness was how nervous I was to take care of my patient this week with her history and several suicidal attempts. I was afraid of my emotions would get the best of me and show. But I did ok. In the future I will try not to be so anxious and nervous in the event I encounter another patient with similar issues. I will take a deep breathe, count down from ten and put a smile on and take care of my patient. Michelle, this is an excellent area for improvement. You provided a goal for improvement, how often you will work on achieving this goal, and when you will achieve it. Great job! LM

Week 10: strengths: I felt this week my strength was being able to multi-task and keep everything prioritized. As I helped my co-students, it made me feel like I am preparing myself for being on the floor, having several patients. It gave me confidence that I will be able to take on more responsibility.

Week 10: weakness: I felt I was unprepared for my patient who just had surgery the day before. I was apprehensive because I had never really had a patient straight from surgery so I was a little paranoid of not noticing that something could be wrong or I would hurt him during care. I felt more confident as I talked with him and realized I overreacted to myself. In the future I’m not going to overthink my patient before I really get to assess the situation first- hand for myself.

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

Skills Lab Competency Evaluation Performance Codes: **S**: Satisfactory **U**:Unsatisfactory	**Lab Skills**							
	Week 1	**Week 1**	**Week 1**	**Week 1**	**Week 2**	**Week 2**	**Week 2**	**Week 11**
	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. Comments from the tracheostomy care evaluation include: “Very nice. Communicated well with the patient and were thoughtful in your skills.” 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

Simulation Evaluation Peformance 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: 2/22/21**	**Date: 4/6 & 4/7/21**	**Date: 4/13/21**	**Date: 4/22/21**	**Date: 4/26/21**
Evaluation	U	S	U	S				
Faculty Initials	MD	DW	NS	MD				
Remediation: Date/Evaluation/Initials	S 2/2/2021 MD	NA	S 2/22/21	NA				

* Course Objectives

vSim Juan Carlos- While some of your responses are thoughtful, others are lacking significant reflective thinking. In the future, please make sure your vSim reflections are thoughtful and detailed. Reflection is one of the major steps in building clinical judgment. Additionally, I would encourage you to review the vSim section of the course syllabus (it's the very last page). You are not required to answer all of the reflection questions. Answering fewer questions will provide you with more time to really reflect, learn, and grow. Please let me know if you have any questions! DW

Marilyn Hughes vSim – A "U" was given initially for only one reflection question response initially. This was remediated with a satisfactory evaluation for in-depth reflection responses provided with remediation. NS

2/22/21:
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: Michelle Gowdy (2) OBSERVATION DATE/TIME: 2/22/2021 SCENARIO #: MSN Scenario #1

CLINICAL JUDGMENT	OBSERVATION NOTES
COMPONENTS NOTICING: (2)* • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B	Group 1 Noticed patient in increased pain. Minimal pain assessment. Did not provide focused assessment to pain location. Focused observation on vital signs after patient c/o pain prior to administering medications. Recognized deviation from normal with numbness to affected limb. Did not focus observation on the affected foot. Unable to recognize discoloration of the right foot initially. Eventually noticed blue color to the skin, lack of cap refill. Noticed patient was on coumadin and need for obtaining coagulation labs. Group 2 Noticed pain in unaffected extremity. Recognized deviation, noticed redness, pain, warmth. Sought information related to vitals. Noticed patient coumadin was not restarted Noticed lack of dosage ordered on PO pain medications. Noticed decreasing Spo2. Noticed chest pain with increasing shortness of breath.
INTERPRETING: (1)* • Prioritizing Data: E A D B • Making Sense of Data: E A D B	Group 1 Failed to interpret pain in leg as potential complication related to leg fracture. Interpreted numbness as potential complication but did not focus assessment on affected leg. Completed full head to toe assessment rather than prioritizing focused assessment based on data received. Did not prioritize assessment of the affected foot initially (did not look, check cap refill, etc.) Was able to interpret eventual assessment findings as lack of circulation to the foot of the affected limb once assessment was performed. Prioritized as emergent need to contact the physician. Interpreted coumadin use as risk for bleeding. Group 2 Prioritized assessment to the right (unaffected) extremity. Interpreted as abnormal related to prior assessment. Interpreted potential risk for DVT and need for anticoagulant/blood thinner.

	Prioritized resp. distress and chest pain related to pulmonary embolism. After addressing new finding, focused assessment performed on fractured leg. Interpreted lab/diagnostic results effectively.
RESPONDING: (3,4,5,6)* • 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	Group 1 Communicated name and role in caring for the patient when entering the room. Did not focus intervention on assessing affected limb. Communicated assessment findings with the patient throughout assessment. SBAR communication provided to the physician regarding symptoms of the affected limb. (Remember to be prepared to answer all questions related to circulation prior to calling). Requested Lab values related to coagulation studies prior to studying. Good z-track method with IM injection. Need to witness waste of excess medication with narcotics. Good communication with nurse. Be sure to include all pertinent SBAR information. Good job with primary and secondary tubing priming. Good aseptic technique with IV fluids. Good communication with family member. Did not provide false assurances. Good cultural and spiritual care by offering to pray with the patient. Good use of relaxation technique using music as distraction. Group 2 Communicated role when entering the room. Responded to situation by focusing assessment on unaffected extremity. Notified the physician regarding new assessment finding. SBAR communication provided with provider. Recommendation to provider regarding coagulation medications. Flexible in assessment by prioritizing focused then returning to full head to toe assessment. Communicated with pharmacy related to dosing of pain medication. Elevated HOB when patient began having resp. distress with chest pain. Initiated O2 therapy at 3L for Spo2 85%. Encouraged coughing and deep breathing. Educated on disease process (pneumonia rather than PE). Notified physician of change in patient status and received new orders.

	Great job reading orders back to the physician for confirmation. Educated and communicated lab results with the patient. Good dosage calc, good technique with z-track method for IM injection. Remember to waste excess dose with a witness.
REFLECTING: (7)* • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	Participated well in debriefing. Each member of the team reflected well on the experience and asked appropriate questions. Members of the team noticed areas for improvement and discussed ways to make improvements in the future.
SUMMARY COMMENTS: * = Course Objectives **Satisfactory completion of the simulation scenario is a score of "Developing" or higher in all areas of the rubric.** **E= Exemplary** **A= Accomplished** **D= Developing** **B= Beginning**	Lasater Clinical Judgement Rubric: Noticing: Attempts to monitor a variety of subjective and objective data but at times overwhelmed by the array of data; focuses on the most obvious data, missing some important information. Identifies obvious patterns and deviations, missing some important information; at times unsure of how to properly continue prioritized assessment. Makes some efforts to seek additional information; at times unsure of what information to seek and/or pursue. Interpreting: Makes a concerted effort to prioritize data and focuses on the most important data, but also at times attends to less relevant or useful data. In common situations is able to compare data patterns with those known to develop intervention plans; has some difficult with more complex data or situations. Responding: Generally displayed leadership and confidence and is able to control or calm most situations; may show some stress in particularly difficult or complex situations. Generally communicates well; explains information to the patient; gives clear directions to team members; could be more effective at times in establishing rapport. Develops interventions on the basis of most obvious data; monitors progress but is unable at times to adjust as indicated by patient response. Hesitant or ineffective in using some nursing skills. Reflecting: Evaluates and analyzes personal and team clinical performance with some prompting about events and decision making; key decision points are identified, and alternatives are discussed. Demonstrated a desire to improve nursing performance, reflected on experiences; identified strengths and weaknesses. Satisfactory completion of MSN simulation scenario #1.

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