

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

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

Student: Katie McCoy

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)
1/6/21	2 hours	Lab Review	1/6/21 KA

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
2/13/2021	Impaired Physical Mobility	Satisfactory/MD	NA	NA

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

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Final
Competencies:			S	S	S	S	S	§ NA	S	N/A	S					
a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting)			S	S	S	S	N/A	§ NA	S	N/A	S					
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			S	S	S	S	S	§ NA	S	N/A	S					
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			S	S	S	S	N/A	§ NA	S	N/A	S					
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			S	S	S	S	N/A	§ NA	S	N/A	S					
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	S	S	S	N/A	§ NA	S	N/A	S					
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			S	S	S	S	N/A	§ NA	S	N/A	S					
g. Assess developmental stages of assigned patients. (Interpreting)			S	S	S	S	N/A	§ NA	S	N/A	S					
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		S	S	S	S	S	§ NA	S	N/A	S					
Indicate your clinical site as well as your patient's age and primary medical diagnosis in this box weekly.	M ed ite ch , F S B S, D/ C I V, I		5 To we r 39 y. o M, R. Hi p Fr act ur	4 N 5 6 o M R i g h t	3 T 7 8 y o M a b n o r	Re ha b 93 y. o F A- fib A ne mi a, A	IC	Sim ulati on #1 50 y.o mal e Fall	NA	N/ A	3 T 6 6 y. o F ac ut e p a n cr					

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

	V P u m p S e s s i o n s		e (H x: M S)	f r o n t a l s t r o k e	m a l l a b s	KI					ea tit is					
Instructors Initials	KA		LM	DC	KA	MD	DW	KA	KA	LM						

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 objective 1 (a-h)- Katie, you analyzed the pathophysiology and correlated your patient’s signs and symptoms to his disease process. You used this information to provide appropriate nursing care for your patient on the rehab unit. Your patient had Multiple Sclerosis with Rt. hemiplegia who had fallen at home while transferring to his wheelchair. You interpreted lab results, nutritional needs, and medical treatments to guide you in your decision-making process. You came prepared for clinical each day. Great job! LM

Week 5 – 1a-h – Katie, you did a nice job discussing your patient on clinical and during clinical debriefing demonstrating your ability correlate the patients pathophysiology, symptoms, labs, pharmacology, medical treatments, and diet to their diagnosis. KA

Week 6 Objective 1-This week you were able to successfully correlate you patient’s care and prioritize the disease process with your patient. You successfully completed this objective. MD

Week 7 (Obj. 1)- Katie, I would like to encourage you to take a little more time to consider possible evaluations related to your clinical experience on a weekly basis. Just consider this week...you attended clinical with Infection Control. In doing so, did you consider the correlations between the symptoms that patients were experiencing with the diagnosis the doctor gave, orders that may have been ordered, precautions/isolation that was implements, and possibly any medications that were ordered? If so, you could have evaluated yourself for competencies a-f. Don’t sell yourself short. Take advantage of every experience you have in the clinical environment and give credit where credit is due. Additionally, you should always come prepared to clinical (7h). The only time this competency is evaluated as NA is when you have absolutely no clinical scheduled or you are absent from clinical. DW

Week 8 – In the future simulation experiences are only evaluated on the page of your tool marked Simulation Evaluation. If you do not have clinical experiences the week of simulation then please mark the competency as NA. KA

Objective

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

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

Week 3 objective 2 (a-f)- Katie, 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 responded by instituting proper measures to reduce your patient's risk for falls and skin breakdown. You are continuing to become more comfortable with accessing and documenting in the EMR. Keep up the good work! LM

Week 5 – 2d – You did a nice job assessing your patient and communicating significant findings to your assigned RN and team leader. KA

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 6 Objective 2-You did a very good job with assessment of your patient and communicating findings with your primary nurse and me. For example-you discovered that the patient's heart rate was 40-50bpm along with an elevated blood pressure. You effectively communicated your findings to the primary RN, charge nurse, and me. Great job! MD

Week 8 – In the future simulation experiences are only evaluated on the page of your tool marked Simulation Evaluation. If you do not have clinical experiences the week of simulation then please mark the competency as NA. KA

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies:	S		S	S	S	S	N/A	S NA	S	N/A	S						
a. Perform standard precautions. (Responding)	S		S	S	S	S	N/A	S NA	S	N/A	S						
b. Demonstrate nursing measures skillfully and safely. (Responding)			S	S	S	S	N/A	S NA	S	N/A	S						
c. Demonstrate promptness and ability to organize nursing care effectively. (Responding)			S	S	S	S	N/A	S NA	S	N/A	S						
d. Appropriately prioritizes nursing care. (Responding)			S	S	S	S	N/A	S NA	S	N/A	S						
e. Recognize the need for assistance. (Interpreting)			S	S	S	S	N/A	S NA	S	N/A	S						
f. Apply the principles of asepsis where indicated. (Responding)	S		S	S	S	S	N/A	S NA	S	N/A	S						
g. Implement the appropriate DVT prophylaxis interventions based on assessment and physicians orders. (Responding)			S	S	S	S	N/A	S NA	S	N/A	S						
h. Identify the role of evidence in determining best nursing practice. (Interpreting)			S	S	S	S	N/A	S NA	S	N/A	S						
i. Identify recommendations for change through team collaboration. (Interpreting)			S	S	S	S	N/A	S NA	S	N/A	S						
	KA		LM	DC	KA	MD	DW	KA	KA	L M							

Comments:

Week 3 objective 3 (b, c, d, f)- Katie, you demonstrated safe, skillful nursing measures throughout your clinical days on the rehab unit. You were cognizant of your patient's needs regarding promotion of skin integrity, fall risk, transferring limitations, hygiene needs, and emotional needs. You learned how to maintain a cryocuff by refilling the ice and water. You assisted your patient with his specialized boot for foot drop and you emptied your patient's urinal routinely. You organized and prioritized your time well, including structuring your medication pass around OT and PT times. You applied principles of asepsis when performing a dry sterile dressing change on your patient's Rt. hip. You recognized that this was extremely important to maintain sterile technique while performing this task. You did a terrific job! LM

Week 5 – 3d – Katie, you did a great job prioritizing your nursing care and staying organizing and clustering your care to allow your patient optimal rest periods. KA

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 8 – In the future simulation experiences are only evaluated on the page of your tool marked Simulation Evaluation. If you do not have clinical experiences the week of simulation then please mark the competency as NA. KA

Objective

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

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

Week 3 objective 3 (j, k)- Katie, you administered several medications to your patient this week. You were knowledgeable about each medication's use, mechanism of action, dosage, route, common side effects, pharmacologic classification, and nursing considerations. You observed the rights of medication administration and completed the 3 medication checks appropriately. You also administered a PRN med to help with your patient's constipation. You accurately calculated the dosage. Great job! LM

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 6 3J-This week you had a SQ injection to draw up from a vial and administer. Unfortunately, your first attempt at drawing up the medication from the vial was unsuccessful and required remediation. You were able to go through remediation effectively and was successful at drawing up the new vial of medication. This is why you are receiving an NI/S for this competency. MD

Objective

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

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

Comments:

Week 3 objective 4 (a, b, e)- Katie, 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. Both posts were explicit and informative! You followed the directions correctly. You also followed proper APA format for your reference. Keep up the great work, Katie! LM

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

Week 5 – 4e – You did a nice job discussing your EBP article on ASD and diet in your CDG this week. When you are doing your in-text citation make sure to include the page number when using a direct quote and always include the year (author, year, page #). Your CDG was thorough and well written. Keep up the nice work! KA

Week 5 4e- I will continue to practice in-text citations to ensure I have the right format.

Week 6 4E-You are receiving an NI for this competency this week due to not having an in-text citation for all of your references in your initial posting. All references should have an in-text citation within a document. Let me know if you have any questions. MD

Week 6 4E-I will continue to practice and research APA format to ensure I am entering the in-text citation correctly and I will contact my instructor if I have any questions. DW

Week 7 (4e)- According to the CDG Grading Rubric, you have earned an S for your participation in the Infection Control discussion this week. Your discussion was thoughtful and detailed. Suggestions for improvement with future APA formatting includes: 1. The citation only includes the author's last name, no first initial; 2. A citation for a direct quote must include the page number that the quote is located on; if the resource doesn't not have page numbers, identify the paragraph number or section title instead...ex. (Watcher, 2017, para 1); 3. Whenever possible, avoid using direct quotes and paraphrase instead. The Purdue Owl website is a nice resource for APA formatting. You may wish to refer to this site to ensure future accuracy with APA formatting. DW

Week 8 – In the future simulation experiences are only evaluated on the page of your tool marked Simulation Evaluation. If you do not have clinical experiences the week of simulation then please mark the competency as NA. KA

Objective

5. Implement patient education based on teaching needs of patients and/or significant others. (1,6)*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies:			S	S	S	S	N/A	S	S	N/A	S						
a. Describe a teaching need of your patient.** (Reflecting)			S	S	S	S	N/A	S	S	N/A	S						
b. Utilize appropriate terminology and resources when providing patient education. (Responding)			S	S	S	S	N/A	S	NA	N/A	S						
c. Evaluate health-related information on the intranet. (Responding)			S	S	S	S	N/A	N/A	NA	N/A	S						
			LM	DC	KA	MD	DW	KA	KA	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:

5A Week 3- A teaching need I assessed with my patient with MS was evaluating if he did regular exercises with leg and arm movements on his left side since he had total right hemiplegia. He told me that before admission he did not do any leg or arm exercises on the left side. We talked about how it was important to continue to do exercises after discharge to promote muscle strength on left side and to promote mobility. **This is an appropriate teaching need for your patient. As you are caring for your patient, you can have him perform active/passive ROM exercises that he learned in therapy. Good job! LM**

5A Week 4- A teaching need I discussed with my patient was smoking cessation and the positive outcome of professional therapy for depression and anxiety. The patient agreed to eventually try to quit smoking and was hesitant about seeking professional help for depression but at least he was able to discuss it with me without getting upset. I spoke to him about how smoking can possibly increase the risk of having another stroke especially since this was his 3rd one. **You did an excellent job teaching this patient. Your respiratory knowledge, along with your increasing nursing knowledge, will help many patients in the future! DC**

5A Week 5- A teaching need indicated for my patient was the importance of personal and oral hygiene. I discussed this with my patient and even though he refused most oral and personal care I was able to convince him to let me clean his hands, wipe his face and eyes, and he even did some deep breathing exercises with me and would move his arms and legs when I asked to promote strength. **You did a great job working with him and encouraging him to allow the care that was important. Great job! KA**

5A Week 6- A teaching need I discussed with the patient was the use of the Incentive Spirometer and correct breathing when SOB. During physical therapy the patient became very SOB and started breathing rapidly in and out of her mouth. I reminded the patient to take nice, slow deep breaths in through her nose and out through her mouth. When we returned to the room from PT I reminded the patient how to use her IS and encouraged her to pick it up every 2 hours while awake to promote lung expansion. **Excellent education! MD**

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 7 (5a)- Katie, this competency must be reflected on each week you have clinical scheduled (see green highlights above). Each of the components on this tool that require reflection play an important part in building your clinical judgment. This is the purpose and importance behind my feedback. Please be sure to address your U according to the directions on the first page of this tool. Failure to do so will result in a continued rating of U. DW

Week 7 (5a)- I was not specifically designated to a specific patient, nor did I come into personal contact with any patient. I was given room numbers to check to see if there was proper PPE outside of the room then we were to check in that patients chart to make sure there was documentation that stated the patient was in isolation. If I were to come in contact with one of those patients, I would have educated them on the type of isolation they were in and the reasoning behind it. For example, if the patient was in isolation for c diff, I would explain to the patient that the healthcare providers are wearing gowns because c diff can be spread through any sort of contact. I would also explain to the patient that when they use the restroom it is very important to wash their hands with soap and water for at least 20 seconds to avoid contamination throughout the room. This week I misunderstood the requirements of the clinical tool because I did not come in personal contact with a patient. In the future, I will follow up with the instructor after completing a clinical site such as this if there is no patient contact to ensure I am filling out the clinical tool correctly. I realized after I sent the tool that I should have read the green highlighted area that explained this section should be filled out even at alternative clinical sites. LM

Week 8 (5a)- A teaching need for my patient during simulation included oxygen therapy. I explained to the patient that his oxygen level was a little low so I was going to be applying 3L through a nasal cannula. I also instructed the patient on the IS to try and promote lung expansion and help with the patients increased WOB and low oxygen saturation. This was a great education point for the simulated patient having a PE. In the future please only address clinical and not simulation in these competencies on the clinical tool. KA

Week 10 (5a)- A teaching need for my patient this week was helping the patient perform deep breathing exercises. The patient was experiencing 9/10 pain so I explained to her that her body was probably not naturally taking deep breaths which could possibly lead to pneumonia. She took 10 deep breaths in through her nose and out through her mouth and showed understanding of the importance to take deep breaths. Another teaching method we went over was how to recognize signs of hypoglycemia. The patient was NPO and taking a short acting and long acting insulin putting her at possible risk for hypoglycemia. I told her that possible signs to look out for was feeling dizzy, or a rapid heart rate, or any acute weakness and to let myself or her nurse know if any of these symptoms started occurring. The patient was experiencing a severe headache which the patient thought it may have been due to not being able to eat so I assured her we were keeping a close eye on her blood sugar to make sure it stayed within normal limits specific to her.

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)			N/A	N/A	N/A	S	N/A	N/A	S	N/A	N/A						
			LM	DC	KA	MD	DW	KA	KA	L M							

Comments:

See Care Plan Grading Rubrics below.

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

Objective # 6a: Implement patient-centered plans of care utilizing the nursing process and clinical judgment. (2,3,4,5)*	Students Name: Katie McCoy Date: 2/13/2021
**Nursing care plan not appropriate to patient situation = 0 and automatic unsatisfactory rating	Nursing Diagnosis: Impaired Physical Mobility
Nursing Diagnosis: (3 points total) 3 Problem Statement (1) 1 Etiology (1) 1 Defining Characteristics (1) 1	Total Points 3 Comments: Very thorough and well written. MD
Goal and Outcome (6 points total) 5 Goal Statement (1) 1 Outcome: Specific (1) 1 Measurable (1) 1 Attainable (1) 1 Realistic (1) 1 Time Frame (1) 0	Total Points 5 Comments: Your goal statement was well written. However, you did not place a time frame with your outcomes. Typically writing by discharge with each outcome or at the end of the outcome list works. Let me know if you have any questions. MD
Nursing Interventions: (8 points total) 7 Prioritized (1) 1 What (1) 1 How Often (1) 1 When (1) 1 Individualized (1) 1 Realistic (1) 1 Rationale (1) 0 All pertinent interventions listed (1) 1	Total Points 7 Comments: You created an awesome list of interventions for the patient. It was very thorough and compete in nature. However, you did not provide any rationales for any of the interventions. This is an important part of the care plan. MD
Evaluation: (5 points total) 4 Date (1) 1 Goal Met/partially/unmet (1) 1 Defining characteristics (1) 1 Plan to continue/terminate (1) 0 Signature (1) 1	Total Points 4 Comments: Your evaluation included everything except for a plan to continue or terminate the care plan. Just because she is ready for discharge does not mean that the care plan cannot be continued. MD
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 = 19 Comments: This care plan is Satisfactory. MD Faculty/Teaching Assistant Initials = MD

Objective # 6a: Implement patient-centered plans of care utilizing the nursing process and clinical judgment. (2,3,4,5)*	Students Name: Date:
**Nursing care plan not appropriate to patient situation = 0 and automatic unsatisfactory rating	Nursing Diagnosis:
Nursing Diagnosis: (3 points total) Problem Statement (1) Etiology (1) Defining Characteristics (1)	Total Points Comments:
Goal and Outcome (6 points total) Goal Statement (1) Outcome: Specific (1) Measurable (1) Attainable (1) Realistic (1) Time Frame (1)	Total Points Comments:
Nursing Interventions: (8 points total) Prioritized (1) What (1) How Often (1) When (1) Individualized (1) Realistic (1) Rationale (1) All pertinent interventions listed (1)	Total Points Comments:
Evaluation: (5 points total) Date (1) Goal Met/partially/unmet (1) Defining characteristics (1) Plan to continue/terminate (1) Signature (1)	Total Points Comments:
Total possible points = 22 18-22 = Satisfactory care plan 17-14 = Needs improvement care plan ≤ 13 = Unsatisfactory care plan	Total Points for entire care plan = Comments: Faculty/Teaching Assistant Initials =

Objective

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

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

7A week one- My strengths would include being able to successfully think critically and solve problems during labs and class time. **Nice job! KA**

7B week one- An area of improvement would include being more organized. I find myself forgetting to bring required material to labs. I will improve this by going over what is expected of me the night before I am required to come to the school for class or lab. I often find myself rushing before I leave my house to come to school and in order to improve this area I must give myself plenty of time to prepare what I need to bring before leaving my house. **This sounds like a good plan. Also making a checklist for yourself to review in the morning before you leave may help you remember everything even when feeling rushed. KA**

7F week one- In week one I forgot to bring my skills bag to lab when there were several reminders. I was feeling rushed before I left my house and forgot to grab my skills bag that I set by the door so I wouldn't forget. To improve on this area I will put my skills bag in my car the night before so I will not forget it. I will give myself plenty of time to review what I need to bring to school or clinical so I do not feel rushed

leaving my house. Please remember to always come prepared to clinical, lab, and simulation. It is important to bring all necessary items so you can be fully prepared to demonstrate your skills and professional behavior. I think your plan is a great idea and should help with this. KA

7A Week 3- I thought my strengths included connecting with the patient and being able to meet his needs. I was able to gain extensive knowledge on multiple sclerosis, a disease I was somewhat unfamiliar with. Katie, you did a great job interacting with your patient and building a rapport with him throughout the two clinical days. You helped meet his mobility, transfer, and patient care needs. Great job! LM

7B Week 3- An area of improvement would be researching credible articles on multiple sclerosis in a timely manner. I found myself spending hours on trying to figure out what article was best and the one I presented to the instructor on Thursdays clinical rotation was not a credible article. To improve this area, on my down time I will research different topics that are interesting to me in order to get familiar with utilizing pub-med, google scholar and other resources available. Katie, it takes time to find an appropriate article because there are so many elements required; primary research study, written by a nurse, published within the last 5 years, and applicable to nursing practice in the U.S. You found an appropriate article this week which strongly pertained to your patient. It can be exhausting trying to find appropriate articles. You did a nice job finding an article related to Multiple Sclerosis. Excellent! LM

7A Week 4- An area of strength I had for week 4 was being able to prioritize patient care while being the team leader and remain calm throughout the day. You were a calming presence for everyone. In addition, you aided your peers and students without hesitation. You prioritized patient care and effectively managed your team. Awesome job! DC

7B Week 4- An area of improvement would be more patient education. I wanted to discuss with a patient's wife about the risk of aspiration but the patient's wife seemed stressed and overwhelmed at that time so I stayed quiet which could put the patient at risk. Next time, I will gain the confidence to provide patient education even if I feel that it would make the patient or his family upset because in the long run it could promote safety and prevent errors. You did well providing education but I know that confidence can be difficult at first. Continue to work on your confidence and it will feel more natural. DC

7A Week 5- A strength this week was being able to successfully interact with my patient though he had Aspergers, Bipolar Disease, and PTSD. I recognized in hand off report that the nurse said he was oriented X2 but while doing my assessment he was able to tell me his name, DOB, the date and what brought him into the hospital. We were able to have a positive relationship during the two days. I agree. You did a wonderful job working with your patient this week. KA

7B Week 5- An area of improvement would be looking up articles for my CDG. This has been a previous goal of mine but I am still struggling finding the ones that I really want. In my spare time I need to continue to research articles Great goal. This is a good skill to learn especially if you choose to continue on for your BSN. KA

7A Week 6- An area of strength I had this week during clinical was noticing pertinent information that was not passed down from night shift report including a low heart rate and some patients concerns. I was able to report this off to the primary nurse to ensure safe and satisfactory care of the patient. You did an awesome job with communication this week! MD

7B Week 6- An area of improvement for this week would be drawing up medication into a syringe. It felt awkward and some medication spilled out while attempting to draw up the medication into the syringe. I will improve this by continuing to watch videos and going over the technique before I attempt this again. More practice with drawing up medications will help as well. Your second attempt was satisfactory. Great goal! MD

Week 7 (7a,b)- Katie, Reflection on your strength and opportunity for improvement is required on a weekly basis, when you are scheduled for clinical (see green highlights above). You completed clinical in Infection Control this week. You have earned a U in these competencies due to omission of this reflection. (7f)- Additionally, you are receiving a U for professionalism and accountability due to late submission of the clinical tool. Please be sure to review the direction on the first page of this tool. You are required to comment on this U to demonstrate improvement. Failure to do so will result in a continued U. In general, it may be a good idea to slow down and take adequate, uninterrupted time completing this tool and all clinical requirements on a weekly basis. Hopefully, this week was a lesson in paying closer attention to detail. You can do this. Let me know if you have any questions. DW

Week 7a- I felt that a strength that I had this week was asking questions such as "is pneumonia considered contact, droplet, or both". I also asked whether RSV was droplet, contact or both. We also discussed the differences between droplet and droplet plus and airborne and plus. I made sure to ask as many questions as possible to avoid any unnecessary exposure in the future. I received a U this week because I assumed since I did not have direct patient contact I was to put N/A in the boxes this week. I will not make this mistake again. LM

Week 7b- Some improvement I could have made this week would be to get more familiar with all the isolation signs. I did not realize how many different kinds of isolation there were. I could improve this by making a list of all isolation precautions and keep the list with me when I attend clinical to not get the isolation rooms confused. I received a U this week because I put N/A's for all the boxes because I did not have any direct patient contact. I will make sure to fill these sections out whether or not I had direct patient contact. LM

Week 7 F- I received a U this week for turning in the clinical tool late. I completed the clinical tool on Friday evening and thought I had submitted it then. On Saturday I went out of town and did not double check my clinical tool because I thought for sure I had submitted it. On Sunday when I went through my school work I double checked the clinical tool and realized it was not there so at that time I went back in my files and submitted it. This was definitely an eye opener for me and I feel ashamed and I will do better in the upcoming weeks. Unfortunately, you submitted a late clinical tool for week #9. LM

I once again forgot to submit my clinical tool for week 9 by the due date and it was a day late. It is no excuse but from having so many clinical weeks off it slipped my mind with my busy schedule. In hopes to correct this I set alarms on my phone for every Saturday morning to remind myself that the clinical tool will be due.

Week 8a- I felt a strength I had this week was identifying changes in the patient early on during my simulation. For example, I noticed that the patient was having a new onset pain with the leg that was not involved with surgery. I also noticed that the patient had crackles in his lung fields and required oxygen immediately. I was able to communicate with my partner very effectively. Great job using your clinical judgment to anticipate the needs of the patient. KA

Week 8b- An area of improvement would include not jumping too far ahead in the simulation. After every new sign and symptom I noticed I was asking my partner to call the physician. I could improve this by taking a deep breath and finishing my assessment before calling the physician so I can relay everything in one phone call. I also jumped ahead by telling the patient he could be developing pneumonia as a post-op complication when in the end it was a pulmonary embolism. I can improve this by not making any suggested diagnoses without a physician conformation first to avoid confusion and without worrying the patient. I agree that it is hard to not want to call immediately once a concern is identified, but you are correct in gathering all necessary information first so you can give the doctor a complete picture of the patient. You have time and if you do not then it would be more appropriate to call a MET or a Code versus calling the doctor if you are out of time and need immediate assistance. Great reflection. KA

Week 8 – In the future simulation experiences are only evaluated on the page of your tool marked Simulation Evaluation. If you do not have clinical experiences the week of simulation then please mark the competency as NA. KA

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Midterm – Katie, it appears you have had a wide variety of clinical experiences throughout the first half of the semester. You have completed 1 care plan so far this semester. Please make sure to complete your second care plan before the end of the semester. The majority of your competencies are completed satisfactorily at midterm. You are receiving a U at midterm for 7f related to late submission of your clinical tool in a previous week. Please work on addressing this in the second half of the semester. Keep up the good work in all other areas as well. KA

Week 9 7F- I rated myself a “U” for this week for turning in my clinical tool late. I think with spring break following not having clinical this week it completely slipped my mind. This is unacceptable behavior and I know this. I am starting the learning assistance program and am going to utilize time management sheets and going to research information on how to better manage my ADHD. I have found it difficult this semester to balance school, work, and my personal life. I am going to try very hard this upcoming week with utilizing the time management papers that Kelly gave me. I hope the time management sheets help you organize the dates in which your required assignments are due. Please triple check the sheet every day to see if any assignments are due. I concur with your self-grade of a “U” for competency 7f. LM
Another way I plan to correct my U was adding alarms on my phone for every Saturday morning to make sure I am aware on every Saturday that the clinical tool is due my 2200.

Week 10 7A-An area of strength I had this week was being able to recognize abnormal lab values and putting together why those lab values were abnormal for my patient. For example my patient's glucose level was 286 because she had uncontrolled diabetes. Her hemoglobin A1C was 12.6 which is a common lab value that helps recognize if the person has diabetes. Normal value for the A1C is 4.3 to 5.6 and values higher than that lead to the conclusion of probable diabetes. Her lipase value was 101 when normal is 22-51 which is a digestive enzyme that is monitored to determine severity of pancreatitis.

Week 10 7B-An area of improvement for this week would be to remember to assess the IV site more frequently. I should have documented and assessed her IV more frequently especially since that morning I found the IV out of her arm and while observing the new one being initiated I noticed her veins were very small putting her at risk for infiltration. I felt that I was mostly concentrating on making sure the IV pump was correct and administering medication through the IV correctly but forgot to actually lift her arm up and assess for temperature and swelling. At the end of the clinical shift the patient pointed out to me that her arm was swollen and painful and I then noticed that the IV site had infiltrated. This is something that I plan on improving and next time I monitor an IV site I will pay more attention to temperature and possible swelling.

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	KA	KA	KA	KA	KA	KA	KA	
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	

*Course Objectives

Comments:

Week 1

(IV Math)-You satisfactorily participated in the IV Math learning session on 1/4/21 as well as the assigned IV Math practice questions and the IV Math Application lab on 1/6/21. KA/DW

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

(Insulin)- You were able to correctly prepare an insulin pen and administer subcutaneous insulin. Insulin requirements were accurately identified and calculated through the corrective scale and carbohydrate coverage orders. MD

(Lab Day)- You satisfactorily completed the mandatory lab review of nursing foundational skills. This was achieved through simulating care for a patient in a scenario requiring competency in assessment, communication, medication administration (including PO and IM injection), nasogastric tube insertion and maintenance, patient mobility and hygiene, use of PPE for Contact Isolation, wound care, and foley insertion. NS/LM/EW

(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. Nice job! No prompts needed. Sterility maintained. Well done! Good communication with the patient. DW

(EBP Lab)- You actively participated in the online searching process for evidence-based practice literature, as well as reviewing an example article to determine appropriate selection and information needed when summarizing a research article. EW

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

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

* Course Objectives

vSim Marilyn Hughes- In the future, your reflection needs to be more thoughtful and detailed. It's hard to truly reflect in one sentence. This is important to your development of effective clinical judgment. Please review my feedback on your vSim reflection (found in the vSim Marilyn Hughes dropdown). DW

2/22/21 or 2/23/21:

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 dropdowns.

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME **Kathryn McCoy**:

OBSERVATION DATE/TIME: **2/22/2021**

SCENARIO #: **MSN Scenario #1**

CLINICAL JUDGMENT	OBSERVATION NOTES
<p>COMPONENTS NOTICING: (2)*</p> <ul style="list-style-type: none"> ● Focused Observation: E A D B ● Recognizing Deviations from Expected Patterns: E A D B ● Information Seeking: E A D B 	<p><u>Group 1</u> 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.</p> <p><u>Group 2</u> 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.</p>
<p>INTERPRETING: (1)*</p> <ul style="list-style-type: none"> ● Prioritizing Data: E A D B ● Making Sense of Data: E A D B 	<p><u>Group 1</u> 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.</p> <p><u>Group 2</u> 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.</p>

	<p>Prioritized resp. distress and chest pain related to pulmonary embolism.</p> <p>After addressing new finding, focused assessment performed on fractured leg.</p> <p>Interpreted lab/diagnostic results effectively.</p>																				
<p>RESPONDING: (3,4,5,6)*</p> <table border="0"> <tr> <td>●Calm, Confident Manner:</td> <td>E</td> <td>A</td> <td>D</td> <td>B</td> </tr> <tr> <td>●Clear Communication:</td> <td>E</td> <td>A</td> <td>D</td> <td>B</td> </tr> <tr> <td>●Well-Planned Intervention/ Flexibility:</td> <td>E</td> <td>A</td> <td>D</td> <td>B</td> </tr> <tr> <td>●Being Skillful:</td> <td>E</td> <td>A</td> <td>D</td> <td>B</td> </tr> </table>	●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><u>Group 1</u></p> <p>Communicated name and role in caring for the patient when entering the room.</p> <p>Did not focus intervention on assessing affected limb.</p> <p>Communicated assessment findings with the patient throughout assessment.</p> <p>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).</p> <p>Requested Lab values related to coagulation studies prior to studying.</p> <p>Good z-track method with IM injection. Need to witness waste of excess medication with narcotics.</p> <p>Good communication with nurse. Be sure to include all pertinent SBAR information.</p> <p>Good job with primary and secondary tubing priming. Good aseptic technique with IV fluids.</p> <p>Good communication with family member. Did not provide false assurances.</p> <p>Good cultural and spiritual care by offering to pray with the patient. Good use of relaxation technique using music as distraction.</p> <p><u>Group 2</u></p> <p>Communicated role when entering the room.</p> <p>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.</p> <p>Flexible in assessment by prioritizing focused then returning to full head to toe assessment.</p> <p>Communicated with pharmacy related to dosing of pain medication.</p> <p>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).</p> <p>Notified physician of change in patient status and received new orders.</p>
●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>Great job reading orders back to the physician for confirmation.</p> <p>Educated and communicated lab results with the patient.</p> <p>Good dosage calc, good technique with z-track method for IM injection. Remember to waste excess dose with a witness.</p>
<p>REFLECTING: (7)*</p> <p>●Evaluation/Self-Analysis: E A D B</p> <p>●Commitment to Improvement: E A D B</p>	<p>Participated well in debriefing. Each member of the team reflected well on the experience and asked appropriate questions. Members of the team noticed areas for improvement and discussed ways to make improvements in the future.</p>
<p>SUMMARY COMMENTS: * = Course Objectives</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: 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.</p> <p>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 difficulty with more complex data or situations.</p> <p>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.</p> <p>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.</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