

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

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

Student:

Final Grade: Satisfactory/Unsatisfactory

Semester: Spring

Date of Completion:

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

Faculty eSignature:

Teaching Assistant: Devon Cutnaw, BSN, RN; Nick Simonovich, BSN, RN

DIRECTIONS FOR USE:

Each week the students evaluate themselves based on the competencies using the performance code on page 2. The performance code includes the terms **Satisfactory (S)**, **Needs Improvement (NI)**, **Unsatisfactory (U)**, and **Not Available (NA)**. The faculty member will initial if in agreement with the student’s evaluation. If there is a discrepancy in the performance code evaluation between the student and the faculty member, a note is written on the comment section by the faculty member with the rationale for the evaluation. All competencies must be rated a “S, NI, or U”. If the student does not self-rate, then it is an automatic “U”. A student who submits the clinical evaluation tool late will be rated as “U” in the appropriate competency(s) for that clinical week. Whenever a student receives a “U” in a competency, the following week it must be addressed with a comment as to why it is no longer a “U”. If the student does not state why the “U” is corrected, then it will be another “U” until the student addresses it. All clinical competencies are critical to meeting the objectives of the course. If the final performance code is unsatisfactory in any one of the competencies, a grade of unsatisfactory is given. If a pattern of unsatisfactory performance occurs after performing the competency satisfactorily, this also constitutes a grade of unsatisfactory. An unsatisfactory as a final score in any single competency results in a clinical course grade of unsatisfactory; this is a failure of the course. The terms Satisfactory and Unsatisfactory will be used in evaluating the final grade or clinical course performance.

METHODS OF EVALUATION:

- Skills Lab Competency Tool & Skills Checklists
- Simulation, Prebriefing, PEARLS Debriefing, & Reflection Journals
- Nursing Care Plan Rubric
- Meditech Documentation
- Clinical Debriefing
- Clinical Discussion Group Grading Rubric
- Evaluation of Clinical Performance Tool
- Lasater’s Clinical Judgment Rubric & Scoring Sheet
- Virtual Simulation Scenarios

ABSENCE (Refer to Attendance Policy)

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

Faculty’s Name	Initials
Kelly Ammanniti	KA
Devon Cutnaw	DC
Monica Dunbar	MD
Lora Malfara	LM
Nick Simonovich	NS
Dawn Wikel	DW
Elizabeth Woodyard	EW

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

Satisfactory (S): Safe, accurate each time, efficient, coordinated; confident, focuses on the patient; some expenditure of excess energy; within a reasonable time period; appropriate affective behavior; occasional supporting cues; minimal faculty feedback related to written clinical work.

UNSATISFACTORY CLINICAL PERFORMANCE

Needs Improvement (NI): Safe; accurate each time; skillful in parts of behavior; focuses more on the skill and self rather than the patient; inefficient, uncoordinated, anxious, worried, flustered at times; expends excess energy within a delayed time period, frequent verbal and occasional physical directive cues in addition to supportive cues; faculty feedback required in several areas of clinical written work.

Unsatisfactory (U): Failure to achieve the course competency, safe but needs faculty reminders constantly, not always accurate, unskilled, inefficient, considerable expenditure of excess energy, anxious, disruptive or omitting behaviors, focus on skills and/or self, continuous verbal and frequent physical cues, unsafe, performs at risk to patient/clients/others, unable to function, incomplete, erroneous, faulty, illegible clinical written work, no feedback sought from instructor or response to feedback not evident in submitted written work. If the student does not self-rate a competency the competency is graded "U." A "U" in a competency must be addressed in writing by the student in the Evaluation of Clinical Performance tool. The student response must include how the competency has been or will be met at a satisfactory level. If the student does not address the "U," the faculty member (s) will continue to rate the competency unsatisfactory.

OTHER

Not Available (NA): The clinical experience which would meet the competency was not available.

***Grey shaded boxes do not need a student evaluation rating or faculty member's initials.**

Date	Care Plan Diagnosis	Evaluation & Instructor Initials	Remediation & Instructor Initials	Remediation & Instructor Initials
1/28/2021	Impaired Physical Mobility	Satisfactory/MD	NA	NA
3/24/2021	Imbalanced Nutrition	S/NS	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	N/A	S	S	n/a	S	S	S	S				
a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting)			S	S	N/A	S	S	n/a	S	S	S	S				
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			S	S	N/A	S	S	n/a	S	S	S	S				
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			S	S	N/A	S	S	n/a	S	S	S	S				
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			S	S	N/A	n/a	n/a	n/a	S	S	S	S				
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	S	N/A	S	S	n/a	S	S	S	S				
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			S	S	N/A	n/a	n/a	n/a	S	S	S	S				
g. Assess developmental stages of assigned patients. (Interpreting)			S	S	N/A	S	S	n/a	S	S	S	S				
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		S	S	N/A	S	S	n/a	S	S	S	S				
	Indicate your clinical site as well as your patient's age and primary medical diagnosis in this box weekly.	Meditech, FSBS, D/C IV, IV Pump Sessions	4N, 83YR OLD, cough, ischemic	Rehab, 39 yr old Rt hip fracture	NA	PT/OT	Digestive Health Infection control			REHAB 86, RT AMPUTATION	3T Rt ankle fx, closed head	3T, 80 YR OLD MALE AKI, dehydration	4N 59 yr old male Left hip replacement			
Instructors Initials	MD	MD	DC	MD	LM	DC	DW	M D	MD	LM	KA	NS				

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 4 1A-H-On Rehab this week you were able to successfully achieve these competencies. MD

Week 9 objective 1 (a-h)- Sydney, you analyzed the pathophysiology and correlated your patient's signs and symptoms to her disease process. You used this information to provide appropriate nursing care for your patient on the rehab unit. Your patient had a recent Lt. lower extremity BKA. You interpreted lab results, nutritional needs, and medical treatments to help guide you in your decision-making process. Please remember to add your patient's age, primary medical diagnosis, and clinical unit at the bottom of the week #9 column. Great job! LM

Week 10 – 1a – You did a nice job discussing your group of patients and their disease process on clinical and in clinical debriefing. KA

Week 10 – 1b – You did a great job correlating your team's patients' symptoms with their disease processes and reasons for admission. KA

Week 11 1(a-h) – Nice job this week discussing your patient and making correlations based on his admitting diagnosis of AKI and past medical history. You correlated his increased confusion with a potential UTI, which was confirmed by the NP while we were in the room, awesome job! You also discussed impact on poor kidney function and interpreted his increased BUN and Creatinine as being related to his AKI. You demonstrated knowledge of the medications ordered for his PMH in addition to discussing the importance of IV hydration and monitoring of accurate I&O to determine kidney function. For his nutritional status you noticed the importance of monitoring his intake and following up with appropriate orders by initiating tube feeding. You demonstrated knowledge of how his decreased oral intake is impacting his overall health through your created plan of care. Great job interpreting the risk factors relate to tube feeding and providing the appropriate nursing care. NS

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

Comments:

Week 1 (2f)- By attending the Meditech clinical update & providing your full, undivided attention during the demonstration of documenting insulin, IV solutions, saline flushes and IV site assessments you are satisfactory for this competency. NS

Week 4 2A-F- This week you were able to perform these competencies with your patient. You did a really good job with your head-to-toe assessment. MD

Week 9 objective 2 (a-f)- Sydney, 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 were comfortable accessing and documenting in the EMR. Great job! LM

Week 10 – 2a – You did a great job completing appropriate focused assessments on each of your team members patients. KA

Week 10 – 2c – You did a great job assisting one of your team members in providing a skin assessment and assisting your team member in providing appropriate wound care during the dressing change. KA

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 10 – 2d – You did a nice job communicating your assessment findings to your nurse and other appropriate healthcare professionals to ensure proper care of the patient. You were able to recognize changes in your patient’s status and reported them immediately. You were organized as the team leader and were able to anticipate your team member’s needs ahead of time. KA

Week 10 – 2f – You did an excellent job reviewing charting and assisting your team members in making necessary changes to their documentation. KA

Week 11 2 (a,c,f) – Nice job prioritizing and focusing your assessments on your patient’s GI and respiratory system this week. With tube feed infusing you prioritized the prevention of aspiration and assessment of tolerating the ordered tube feed. You frequently assessed his abdomen and PEG tube to ensure that he was tolerating the prescribed rate appropriately. You conducted focused assessments on his respiratory system related to the potential of aspiration. You also performed a focused skin assessment around his PEG tube site to address and prevent skin breakdown. You communicated your assessment findings appropriately in the EHR. Nice job! NS

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

Comments:

Week 9 objective 3 (a-d)- Sydney, you demonstrated safe nursing measures throughout your clinical days on the rehab unit. Remember to reach out to your clinical instructor when you do not feel confident in performing a task so the process can be discussed prior to entering the patient's room. I am referring to obtaining a FSBS on your patient this week and obtaining a pedal pulse with a doppler. I want you to feel confident when performing these tasks. You were aware of your patient's needs regarding promotion of skin integrity, fall risk, transferring limitations, hygiene, and psychosocial needs. You had some difficulty organizing and prioritizing your time with regard to obtaining a FSBS, administering insulin, and administering medications around OT and PT times. An NI was given for competencies c and d. I have full confidence that you will continue to improve upon your time management and prioritization skills. Good job, overall! LM

3c&3d: I was given an NI for not Correlating/ prioritizing my care for the patient. I was able to prioritize my care with my patient this week.

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 10 – 3c – You were able to provide care to your patient in an organized manner. As the team leader you were able to keep up on new orders and as new priorities occurred you were able to reorganize your day. KA

Week 10 – 3j – You did a nice job passing medications on your patient this week. You completed the scanning process with minimal assistance. KA

Week 11 3 (b) – You did a great job this week caring for and maintaining a PEG tube using nursing measures appropriately. You conducted appropriate assessments, flushed the PEG tube per orders, initiated TF with a feeding pump at the prescribed rate, and administered a medication via the PEG tube. You were confident in your skills and asked appropriate questions demonstrating nursing measures skillfully and safely. NS

Objective

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

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

Comments:

Week 1 (3m,o)- By attending the D/C IV-IV Pump clinical and providing your full, undivided attention and active participation during the demonstration of both the Alaris pump, documentation of IV site maintenance and discontinuing a peripheral IV you are satisfactory for this competency. EW (3q)-The student was able to demonstrate understanding of the rationale of FSBS and the use of the glucometer. The student was able to perform a Quality Control check of the glucometer as well as demonstrate skills and knowledge required of proper sample ID, collection and handling of blood. LM/DC

Week 4 3J-This week you successfully administered medications. You understood each medication's action, side effects, and nursing implications. MD

MIDTERM 3L,N,P-Please be sure to be seeking out experiences to complete these competencies. MD

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 9 objective 3 (j, k, p ,q)- You administered PO and subcutaneous 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. You monitored your patient's PICC line by assessing the condition of the skin around the insertion site along with the dressing. You obtained a FSBS on your patient, following the proper protocol. You properly administered an insulin injection displaying knowledge regarding the various injection sites. Great job! LM

Week 10 – 3l – You did a nice job priming the tubing with precision causing minimal air bubbles even though we were unable to administer the medication due to the IV being infiltrated. KA

Week 10 – 3p – You did a nice job monitoring your patient's IV site for signs and symptoms of a complication and reporting the infiltration concern promptly. KA

Week 11 3 (j-q) – Good work with medication administration this week. You were knowledgeable about the medications being administered, demonstrated competence in administering medications, and observed the 6 rights and ensured the safety of your patient during your med pass. Experience was gained in initiating continuous and intermittent IV medications. You were able to regulate the flow rate accurately based on physician orders using appropriate dosage calculation. Prior to initiating the fluids, a saline flush was performed using aseptic technique and the IV site was monitored closely for complications. NS

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

Comments:

Week 3 4(e): You did a great job this week with your CDG and response this week. Continue to improve on your APA citations and summarizing the article's points. Good job Sydney! DC

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

Week 4 4E-This week you received a needs improvement for not including an in-text citation in your initial post. Please be sure to include this in every initial and peer response. Also take note-when writing an in-text citation while using Skyscape you will cite the authors not Skyscape. If you have any questions let me know. MD Thank you! SG

Wk 6 4(e) : You successfully posted your PT/OT experience. It was insightful and thorough. Good job! DC

Week 7 (4e)- According to the CDG Grading Rubric, you have earned an S for your participation in the Infection Control discussion this week. Your discussion was thoughtful and detailed. Suggestions for improvement with future APA formatting includes: 1. 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. (Venes, 2017, para 1); 2. 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 9 objective 4 (a, e)- Sydney, you communicated effectively with your patient throughout each clinical day. You explained the tasks before performing them. You accurately completed a detailed CDG, including your initial post and peer post. You followed the directions correctly. You provided an in-text citation and reference for each post. Great job! LM

Week 10 – 4e – Sydney, you did a terrific job in answering the CDG questions related to your second team leading experience. You were thoughtful in your responses and shared your unique experience with your classmates. When in-text citing a direct quote make sure to include the page number or paragraph number in the citation. Keep up the great work! KA

Week 10 – 4g – You were able to provide SBAR report to your nurse at the end of the shift with beginning competence. KA

Week 11 4(a) – You did well communicating with a patient that was described as not so friendly during report. You were able to make a connection with the patient through communication and it was evident that he felt comfortable in your care. Great job of forming your own unbiased opinion and using your communication skills to provide therapeutic care. NS

Week 11 4(e) – Great job with your CDG this week. Your initial post and response post met all necessary criteria for a satisfactory evaluation. Nice job with APA formatting. NS

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

****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:

1/20/21

5A. I would teach my patient the correct ways to take care of his CKD and have him teach back to me to make sure he understands the concepts.

Teach back from the patient is key to making sure that they are comprehending the information. Good job. DC

1/28/2021

5A. I would teach my patient to ask for help when transferring to the wheelchair just as a precaution since he did have a fall related to transferring to the wheelchair that went wrong. I would also tell him that it is okay to be independent to a point but when his safety is being jeopardized, he needs all the help he can. Great! MD

2/11/21

I would teach my patient that it is important for them to stay up in the chair for meals to regain that mobility and independence back. Absolutely. Even though they may feel more comfortable in bed eating, it is important to get the patient up to the chair to encourage ADL and mobility. DC

2/19/21

I would teach my patient that had her coloscopy done that it would have been 10 years she would have to come back but since the doctor found a polyp in the descending colon it is 5 years to make sure there is no more growth. I would ask if the patient or her husband had any questions regarding the care that was provided. Prevention and screening...Perfect! DW

3/11/2021

5A. My patient has diabetes and throughout the 2 days I was with her, the blood sugar was very elevated and was in the 300s today. I would teach my patient that she needs to keep an eye on her blood sugar and check it regularly before eating her meals. I would also print out a sheet to show her how to do that. This is an excellent teaching need for your patient. You would want to be very specific when discussing adequate blood sugar range, using a glucometer, and educating on signs and symptoms of hypo/hyperglycemia. Good job! LM

3/18/21

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

5A. I would teach my patient about proper exercises she can do to help get her strength back in her right foot. I would also educate her on getting out of bed and doing some range of motion exercises to gain her independence back. **This would definitely be appropriate for her. Were you unable to provide this education while you were on clinical with her? KA**

3/24/21

5a.) I taught my patient that he needs to get adequate nutrition and keeping up with drinking water so he does not become dehydrated and return back to the hospital. He told me he understood. **Very good! Important education to provide to a patient with an AKI and dehydration. The older adult often does not receive adequate hydration and continuous reminders will help prevent complications. NS**

3/31/21

5a) My patient asked why he was intubated for his left hip replacement surgery, he explained to me his history of his sleep study and how his SPO2 went down to 89% with his OSA. I explained to him that with his O2 being that low, he was very at risk and could stop breathing during the surgery. I also said that it was to help keep his oxygen saturation up above 95% the whole procedure.

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
a. Develop and implement a priority care plan utilizing the nursing process and clinical judgment. (Noticing, Interpreting, Responding, Reflecting)			NA	S	n/a	n/a	n/a	n/a	S	n/a	n/a	S	n/a				
	MD	MD	DC	MD	LM	DC	DW	MD	MD	L M	KA	NS					

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: Sydney Green Date: 1/28/2021
**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: Good job. MD
Goal and Outcome (6 points total) 6 Goal Statement (1) 1 Outcome: Specific (1) 1 Measurable (1) 1 Attainable (1) 1 Realistic (1) 1 Time Frame (1) 1	Total Points 6 Comments: Well written MD
Nursing Interventions: (8 points total) 8 Prioritized (1) 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) 1	Total Points 8 Comments: Well done. Consider writing in specific pain medications with times of administrations. MD
Evaluation: (5 points total) 5 Date (1) 1 Goal Met/partially/unmet (1) 1 Defining characteristics (1) 1 Plan to continue/terminate (1) 1 Signature (1) 1	Total Points 5 Comments: Good job 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 = 22 Comments: This care plan is Satisfactory. MD Faculty/Teaching Assistant Initials = MD

<p>Objective # 6a: Implement patient-centered plans of care utilizing the nursing process and clinical judgment. (2,3,4,5)*</p>	<p>Students Name: Sydney Green Date: 3/24/21</p>
<p>**Nursing care plan not appropriate to patient situation = 0 and automatic unsatisfactory rating</p>	<p>Nursing Diagnosis: Imbalanced Nutrition</p>
<p>Nursing Diagnosis: (3 points total) Problem Statement (1) 1 Etiology (1) 1 Defining Characteristics (1) 1</p>	<p>Total Points 3 Comments: Nice job identifying a priority NANDA approved nursing diagnosis of imbalanced nutrition for a patient with a PEG tube requiring supplemental nutrition for decreased oral intake. Your etiology was appropriate and did not include a medical diagnosis. You listed six defining characteristics that are specific to your patient and support your nursing diagnosis. NS</p>
<p>Goal and Outcome (6 points total) Goal Statement (1) 1 Outcome: Specific (1) 1 Measurable (1) 1 Attainable (1) 1 Realistic (1) 1 Time Frame (1) 1</p>	<p>Total Points 6 Comments: Good work with the goal and outcome section. You started with a generalized goal that is a positive statement directly related to your NANDA problem of imbalanced nutrition. You provided six outcomes that meet the SMART criteria and are positive assessments from your defining characteristics. NS</p>
<p>Nursing Interventions: (8 points total) Prioritized (1) 1 What (1) 1 How Often (1) 1 When (1) 1 Individualized (1) 0 Realistic (1) 1 Rationale (1) 0 All pertinent interventions listed (1) 0</p>	<p>Total Points 5 Comments: Some improvements can be made within the intervention section. The minimum required number of interventions were listed; however, numerous pertinent interventions were omitted. Be sure to look at each of your outcomes and ensure that you have an intervention that assesses each outcome, helps the patient achieve each outcome, and potentially educates the patient about maintaining the outcome at home. You did not assess the patient's PEG tube and you omitted an assessment of the patient's PO intake with each meal. You did include what each listed intervention was, how often they would be performed, and when they would be performed. One point was deducted for individualized because numerous interventions that were performed on your specific patient were omitted from the list, including an assessment of the PEG tube, administration of free water flushes, assessment of GRV, etc. You also did not include what lab values you would be monitoring specific to this plan of care. One point was deducted for rationale because limited information was provided. What lab value changes are you monitoring? Be sure to provide more detail specific to your patient in the rationale. Although you met the minimum criteria, be sure to spend more time focusing on nursing interventions that you performed or could be performed for a patient with impaired nutrition. Who could we consult? What further education could be provided? How did we know to provide supplemental nutrition via a bolus? Some things to consider. NS</p>
<p>Evaluation: (5 points total) Date (1) 1 Goal Met/partially/unmet (1) 1 Defining characteristics (1) 1 Plan to continue/terminate (1) 1 Signature (1) 1</p>	<p>Total Points 5 Comments: All evaluation criteria were met in this section. You appropriately determined that your outcomes were partially met and determined the importance of continuing your plan of care. NS</p>

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

<p>Total possible points = 22 18-22 = Satisfactory care plan 17-14 = Needs improvement care plan ≤ 13 = Unsatisfactory care plan</p>	<p>Total Points for entire care plan = 19/22</p> <p>Comments: You have received 19/22 possible points on your care plan for a patient with imbalanced nutrition for a satisfactory evaluation. Be sure to spend more time on the intervention section in the future and review your nursing care plan guidelines document for further understanding. You have completed your two required satisfactory submission this semester, great job! Continue to practice care plan as you progress throughout the program and pay close attention to the comments provided for future success. NS</p> <p>Faculty/Teaching Assistant Initials = NS</p>
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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	n/a	S	S	n/a	S	S	S	S	S				
b. Reflect on an area for improvement and set a goal to meet this need. ** (Reflecting)	S		S	S	n/a	S	S	n/a	S	S	S	S	S				
c. Demonstrate evidence of growth, initiative, and self-confidence. (Responding)	S		S	S	n/a	s	S	n/a	S	S	S	S	S				
d. Follow the standards outlined in the FRMCSN Student Code of Conduct Policy. (Responding)	S		S	S	n/a	S	S	n/a	S	S	S	S	S				
e. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions. (Responding)	S		S	S	n/a	S	S	n/a	S	S	S	S	S				
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (Responding)	S	NI	S	S	n/a	S	S	n/a	S	S	S	S	S				
g. Demonstrate the ability to give and receive constructive feedback. (Responding)	S		S	S	n/a	S	S	n/a	S	S	S	S	S				
h. Actively engage in self-reflection. (Reflecting)	S		S	s	n/a	s	S	N/a	S	S	S	s	S				
	MD	MD	DC	MD	LM	DC	DW	MD	MD	L M	KA	NS					

****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:

January 8, 2021

7A.) I was able to successfully take a FSBS and additionally get the results **Excellent! MD**

7B.) I had trouble waiting 10 secs after administering the insulin, I just took it right out. I will review the chapter on insulin and watch the video that was posted in advance and additionally reach out to a teacher if I still feel I am having trouble. **Great! MD**

Week 2 7F-Please be sure to double check your clinical tools before submitting. **MD**

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

January 20,2021

7a) I was able to get the patient on track and keep him occupied while being in his room. **I know that was a difficult task with this patient. You have found some good ways to help get the patient 'back on track' as you are performing your skills. DC**

7b) I need to keep myself from getting distracted charting while the patient talks about other things. I need to just tell myself to keep on track while my pt is talking about other information. **DC**

7f) I turned the wrong clinical tool in and a day late, I need to double check the clinical tool before turning it in. **Your clinical tool was on time this week. DC**

January 28,2021

7a.) I feel I kept my time management skills in line since my patient did have a lot of therapy today. I was able to give his medication right on time before therapy and that was the original goal. **You did a good job with time management this week! MD**

7b.) I feel I need to come more prepared and go around the patient's schedule. I definitely was not expecting to be out of the room and in therapy almost the whole day. I can prepare next time I go to rehab by just relaxing and going with the flow the first day but then the next day get a head start on what the patient's day will be like the next day, so I am not surprised. **This is a good goal. MD**

February 11, 2021

7a) I knew a lot of what the PT/OT was saying with what the patients needed to do before they were to go home. **Great! You have shown that you do a good job moving your patients safely and smoothly. DC**

7b) I felt like I wasn't prepared a little just because I did not know what to expect from the pt/ot experience. I need to read up on the charts and be prepared next time. **This experience is different from floor nursing and helps you to see what other departments do within their scope. I know that when you are back in clinical you will have a greater appreciation for these departments. DC**

February 18,2021

7a) I was able to successfully talk to the director of the floor about a room not having a cart while having a pending covid result, in return she told me that I was right, and she will get a cart up to that room.

Excellent! I know that can be intimidating at times, but hopefully this experience will boost your confidence in approaching other healthcare professionals when needed. DW

7b) I should have asked more questions while in the room for a pain management surgery, I really did not understand what was going on. Next time I will step up and ask one of the nurses in the room to help me better understand. **Sydney, I'd like you to consider a more proactive goal for improvement. Instead of waiting for help from a nurse, may I suggest you doing a little research ahead of time about the procedure you are about to observe and then asking questions as needed. While other healthcare professionals are a good resource, sometimes it is very appropriate to utilize other resources to find your own answers. You have Skyscape available. Please do not get me wrong, you are learning how to be a nurse and questions are welcomed. I am just encouraging you to develop your spirit of inquiry and search for information on your own first (when there is time). DW**

MIDTERM-Sydney-you did a great job during the first part of the semester! Please be sure to seek out opportunities to complete competencies that are rated NA. MD

March 11, 2021

7a.) I was able to successfully administer insulin to my patient for the first time since we went over it in lab **You did a great job with the whole process of administering insulin with an insulin pen. LM**

7b.) I need to check over the correct insulins and remember which ones the fast acting and which ones are the longer acting, also how long for the insulin to kick in. I would need to go back and look at the insulin/diabetes chapter along with looking in skyscape whenever I have a chance. **This is an appropriate area for improvement. I would strongly recommend reviewing this process prior to your next clinical day. LM**

March 18,2021

7a.) I was able to help my classmates with care of their patients according to their needs **You did a nice job as team leader and was able to assist your classmates with daily care as well as a dressing change. KA**

7b) Having patience with my patient. She was just not listening to me telling her that she was going to get better and leave. I just need to sit there and talk and listen to her needs and try to calm her down. **Patience is a quality to have and to work on improving. What would be a goal related to this? Practicing patience with your next patient by sitting and spending at least 10 minutes talking to them and listening to their needs? KA**

March 24,2021

7a) I was able to successfully hang and prime a primary/secondary IV line. **Very good! A skill that you have not had much experience with. You demonstrated competence and is a great strength to note! NS**

7b) I need to check that the cap is off when flushing the PEG tube, that is why It was not flushing. Next time, I will check to make sure the cap is off before pouring water. **You did well with your PEG tube experience. I am glad you were able to learn from the experience and have something to improve on in the future! Keep up the hard work. NS**

March 31, 2021

7a.) I was able to successfully discharge an IV.

7b) I should jump in more to help the PCT when I am not busy;

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

Skills Lab Competency Evaluation	Lab Skills							
	Week 1	Week 1	Week 1	Week 1	Week 2	Week 2	Week 2	Week 11
Performance Codes: S: Satisfactory U: Unsatisfactory	IV Math (3,7)*	Assessment (2,3,4,5,7)*	Insulin (2,3,5,7)*	Lab Day (1,2,3,4,5,6,7)*	IV Skills (2,3,5,7)*	Trach (1,2,3,4,5,6,7)*	EBP (3,7)*	Lab Day (1,2,3,4,5,6,7)*
	Date: 1/6 & 1/7/21	Date: 1/5/21	Date: 1/5/21	Date: 1/6 & 1/7/21	Date: 1/11/21	Date: 1/13 & 1/14/21	Date: 1/13 & 1/14/21	Date: 3/26/21
Evaluation:	S	S	S	S	S	S	S	
Instructor Initials	MD	MD	MD	MD	MD	MD	MD	
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	

*Course Objectives

Comments:

Week 1

(IV Math)-You satisfactorily participated in the IV Math learning session on 1/4/21 as well as the assigned IV Math practice questions and the IV Math Application lab on 1/6/2021. KA/DW

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

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

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

(IV Skills)- You have satisfactorily completed IV lab including a saline flush, hanging a primary and secondary IV solution, adjusting a flow rate to run by gravity, discontinuing IV solution, and monitoring the IV site for infiltration, phlebitis, and signs of complication. NS/EW

Week 2

(IV Skills)- You have satisfactorily completed IV lab including a saline flush, hanging a primary and secondary IV solution, adjusting a flow rate to run by gravity, discontinuing IV solution, and monitoring the IV site for infiltration, phlebitis, and signs of complication. NS/EW

(Trach Care & Suctioning) - During this lab, you satisfactorily demonstrate competence with tracheostomy care and tracheostomy suctioning. Comments from the tracheal airway suctioning evaluation include: "Make sure you auscultate lungs under the gown. Be sure to return the oxygen immediately after each attempt. Nice job! Sterility maintained." Comments from the tracheostomy care evaluation include: "Nice job! No prompts needed." DC/DW/NS

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

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

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

* Course Objectives

vSim Marilyn Hughes- Sydney, 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

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 dropboxes. MD

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: Gr. 6
Green

OBSERVATION DATE/TIME: 2/23/21

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>First half: information seeking pt's condition, circulatory status, pain. Recognized deviation from expected pattern in relation to left leg status. Noticed pt. was alone and going to surgery.</p> <p>Second half: Information seeking regarding pain and recognize pain in right leg as deviation from normal pattern. Recognized SOB, coughing, decreased SPO2.</p>
<p>INTERPRETING: (1)*</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 						<p>First half: made sense of report data and prioritized focused assessment of left leg. Interpreted urgency and priority of notifying HCP of left leg status. Interpreted pt. marital status as need to call wife.</p> <p>Second half: Made sense of pain and assessment data and interpreted as a need to notify the HCP. Prioritized interventions. Recognized pt. not on a blood thinner; HCP called with CT results for order.</p>
<p>RESPONDING: (3,4,5,6)*</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 						<p>First half: Calm and clear in communication with patient and team. Interventions well planned. Focused left leg assessment and VS taken before notifying HCP as well as quick lung assessment. Pillow removed to aid circulation and dressing loosened. HCP notified with complete SBAR w/o readback. Communicated HCP orders and plan of care immediately with pt. Responded to patient's immediate need for surgery as a reason to call wife.</p> <p>Morphine skill: questioned giving IM or IV; teamwork and communication clarified route. IM injection given w/o gloves, z-track, and change of needle. IVF with secondary hung correctly.</p> <p>Second half: Planned focused assessment of right leg. Clear communication and confident in interaction with pt. Responded to assessment, VS, and pain by notifying HCP with SBAR lacking recommendation and read back. Percocet as given per chart order. MS IM order given not administered right away as ordered. IM given w/o interchange of needle.</p> <p>Communicated plan of care to patient as well as the rationale.</p> <p>SCD placed after diagnosis of blood clot. SBAR to HCP w/o read back.</p>

<p>REFLECTING: (7)*</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Analysis of performance; cueing each other and helping each other throughout scenario. Clarification of med route, fixing of IVF/secondary hanging. Committed to performance improvement in skill, communication and pt. care physically, emotionally, and spiritually. Worked to improve patient condition t/o the scenario. Committed to team performance and pt. understanding of care.</p>
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p>	<p>Lasater Clinical Judgement Rubric:</p> <p>Noticing: pt. assessment and pain</p> <p>Interpreting: risk of diagnosis, potential complication, and urgency</p> <p>Responding: focused assessment when needed, notification of HCP, meds, communication with pt. and wife</p> <p>Reflecting: overall priority of pt. care, comfort, and prevention of worsening of condition.</p> <p>Satisfactory completion of MSN simulation scenario #1.</p>

EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2021

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

I was given the opportunity to review my final clinical ratings in each course competency. I was given the opportunity to ask questions about my clinical performance. I have the following comments to make about my clinical performance/final clinical evaluation:

Student eSignature and Date:

lm 12/18/20