

**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)
3/12/2021	30 minutes	Late Infection Control CDG	3/13/2021, 30 min.
3/27/2021	1 hour	Late PT/OT Survey	3/28/2021, 1 hour

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
2/4/2021	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	NA	S	NA	S	NA	S	NA	S			
a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting)			S	S	S	NA	S	NA	S	NA	S	NA	S			
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			S	S	S	NA	S	NA	S	NA	S	S	S			
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			S	S	S	NA	S	NA	S	S	S	NA	S			
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			S	S	S	NA	S	NA	S	NA	S	NA	S			
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	S	S	NA	S	NA	S	S	S	S	S			
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			S	S	S	NA	S	NA	S	NA	S	NA	S			
g. Assess developmental stages of assigned patients. (Interpreting)			S	S	S	NA	S	NA	S	NA	S	NA	S			
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		S	S	S	NA	S	NA	S	NA	S	NA	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	Rehab, 51, chronic lower back pain.	4N, 56 Male, generalized weakness, but had	Rehab, 68, bilateral knee surgery, there for rehab	NA	3N, 89, pancreatitis	NA	NA	DIGESTIVE HEALTH AND INFECTION	4N, 67, Cellulitis of left foot	PT/OT	3I, 63, ACUTE PANCREATITIS			
Instructors Initials	KA		LM	DC	MD	DW	NS	KA	KA	DW	EW	DW				

Comments:

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 1 (1h)- During week 1, the Meditech, FSBS, D/C IV, and IV pump sessions were all considered clinical hours. You came prepared to each of them and demonstrated competency accordingly. For this reason, you have earned an S for this competency. EW

Week 3 objective 1 (a-h)- Becca, you analyzed the pathophysiology and correlated your patient's signs and symptoms to his disease process. You used this information to provide appropriate nursing care for your patient on the rehab unit. Your patient had a history of lumbar spine surgery and a history of alcohol and drug abuse, as well. You tried to balance his pain medication regimen knowing this information. We discussed this in great detail. 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-Great job this week! You have satisfactorily completed this competency. MD

Week 7 1(a-h) – This week we were able to discuss various pathophysiology's related to the patient's you oversaw as team leader. You were able to discuss the manifestations, diagnostics, and treatments for each. For your own patient on day 2, you were able to discuss pancreatitis and the pathophysiology involved including the underlying cause of gallstone. You identified the patient's elevated lipase and identification of gallstone on the CT. You discussed the treatment being related to letting the digestive system rest with NPO status, IV fluids, and pain medications. You were able to identify the importance of slowly advancing her diet as tolerated. Nice job this week correlating your patient's pathophysiology of her disease process with the nursing care that was required. NS

WK10 1A-H: Becca great job working through the patient's history, care needs, diagnosis, medications, and diagnostics as well as reading through the reports to understand the physician's plan of care. You put in a lot of work! EW

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

Comments:

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

Week 3 objective 2 (a-f)- Becca, 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 were comfortable accessing and documenting in the EMR. Great job, Becca! LM

Week 7 2(a,f) – Nice job with your assessment this week. You were able to understand the prioritization of focusing on her GI system related to her admitting diagnosis of pancreatitis. You were able to note tenderness on palpation without any further GI complications. Your documentation was very thorough and provided good detail regarding your assessment findings. Great job. NS

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

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

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

Comments:

Week 3 objective 3 (b, c, d, f)- Becca, you demonstrated safe, skillful nursing measures throughout your clinical days on the rehab unit. You recognized your patient's needs regarding promotion of skin integrity, fall risk, transferring limitations, use of assistive devices, hygiene needs, and emotional needs. 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 daily dressing change on your patient's lower back area. You recognized the importance of maintaining aseptic technique while performing this task. You did a great job! LM

Week 5 3F-This week you had the opportunity to bladder scan your patient and perform a straight cath. You were successful in maintaining sterility throughout the procedure. Great job! MD

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 7 3(c,d) – As team leader this week you were required to understand the importance of organizing nursing care effectively and prioritizing appropriately. I thought you did a nice job of prioritizing the patient's you were overseeing based on acuity and needs. You were also able to prioritize medication administration based on orders and time management. You did a great job of following up with your peers to ensure important aspects of care were completed and addressed. You were active, engaged, and led your peers throughout the day with good communication. Overall a great job with this experience! NS

WK10 3C,D,E,F: Becca, with each day of care you were able to prioritize patient needs, determine the need for assistance, and perform a dressing change aseptically. EW

Objective

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

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

Comments:

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

Week 3 objective 3 (j, k)- Becca, 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. It was difficult, at first, trying to coordinate your med pass around your patient's therapy schedule. You rose to the challenge of passing meds the first day on the rehab unit. You observed the rights of medication administration and completed the 3 medication checks appropriately. You learned how to return medication that your patient refused along with charting the refusal appropriately. Great job! LM

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 5 3O-Excellent job with D/C IV! MD

Week 7 3(j,k,l,m,n,p,q) – Awesome work with medication administration this week. You prioritized the administration of medications on three separate patients as team leader and ensured the medications were administered safely with your peers. Accurate dosage calculation was performed in response to insulin administration based on corrective scales and identifying the need to split a pill in half in another room. You gained experience administering IV therapy by switching out bags of a continuous IV infusion of sodium chloride. You were able to regulate the flow rate based on physician orders and monitored multiple IV sites to prevent complications. Great job with your first saline flush! You were able to use appropriate aseptic technique, visualized blood return, and confirmed patency of the IV line by assessing the IV site. You were also to perform and assist with FSBS as team leader. Overall great job in these areas! NS

WK10 3A: You were able to successfully pass meds to a difficult patient who at times refused his pills. You gave them in applesauce and determined the best way to coax him and he took them. Finding ways to convince patients to take pills while also helping them maintain control is a skill and you were able to experience that. EW

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

Comments:

Week 3 objective 4 (a, b, e)- Becca, 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 were not afraid to ask questions directed toward the Occupational Therapist and Physical Therapist while your patient was completing his therapy. You accurately completed a detailed CDG, including your initial post and peer post. You followed the directions correctly. You also followed proper APA format for your reference. Remember when writing an in-text citation to include the year of the article in parentheses along with the author and page number (which you did include). Excellent job, overall! LM

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 4 (b,e). – You did a good job on your CDG and posted an appropriate reply to a peer. It was applicable to your patient and allowed the reader to see the possibility of patient educational gains. However, please remember to be professional when an instructor is providing guidance for improvement. We want to ensure that you improve as a nurse and give constructive suggestions to help prosper your education. If you find that you disagree with an instructor, it is ok to address this but not in a patient's room. Also, keep in mind that if you are verbal expressing your frustrations in front of a patient (after not being able to do something quickly, find a needle, etc) this could make the patient nervous and decrease their trust in our abilities. Keep working on this and I have no doubt we will see improvement! DC

Week 5 4B-This week you were reminded of proper place and timing for comments and how to ask appropriate questions in front of the patient. Remember-there is a time and a place for questions and comments. Please continue to grow in this area. MD

Week 7 4(b) – It appears that you were able to reflect on previous experiences related to professional communication. I thought you did a good job all week in communicating with me, the patients, and your peers. You were engaged with your peers as team leader, communicated effectively, and collaborated as an accountable member of the health care team. Good job! NS

Week 7 4(e) – Overall very nice work with your CDG this week. Your responses were detailed, thoughtful, and enhanced the conversation. You supported opinions with research and demonstrated good thoughts in your reflections. All necessary criteria for a satisfactory evaluation was met according to the CDG grading rubric. A tip for the future in regards to APA style formatting: first off, I appreciate you using resources outside of the course material to enhance your post. For the in-text citation and reference on your initial post, you would want to locate the author, or in this case, reviewer of the information listed. At the bottom of the page Dr. Jennifer Robinson with a date of March 13, 2019. A correct in-text citation for this reference would be (Robinson, 2019) rather than (Rhabdomyolysis). For the reference, it would be as follows:

Robinson, J. (2019, March 13). *Rhabdomyolysis*. Retrieved from <https://www.webmd.com/a-to-z-guides/rhabdomyolysis-symptoms-causes-treatments#1>

Purdue OWL is a great resource for help with APA formatting. Let me know if you have any questions! NS

Week 9 (4e)- According to the CDG Grading Rubric, you have earned a U for your participation in the Infection Control CDG this week due to late submission. The assignment was due 3/12/2021 by 2200 and the assignment was actually submitted on 3/13/2021. You are marked for 30 minutes of missed clinical time that has now been made up with the submission of your CDG. Please be sure to address this U with your week 10 tool submission. Refer to the directions on p. 1 of this document for details on expectations of addressing the U. Additionally, here are a few suggestions for improvement related to APA formatting. A resource that includes 3 or more authors should be cited by including the last name of the first author followed by et al. See correction...These infections start after admissions (Monegro et al., 2021). As for the reference, include all 3 authors, italicize the title of web article, no need for retrieved by, but instead include the site name before the URL. See corrections... Monegro, A.F., Muppidi, V., & Regunath, H. (2020, September 03). *Hospital acquired infections*. NCBI StatPearls. <https://www.ncbi.nlm.nih.gov/books/NBK441857/> Just as Nick previously suggested, I would encourage you to review the Purdue Owl website when formatting your citation and reference in the future. It is easy to use and quite helpful. Here is the website: https://owl.purdue.edu/owl/research_and_citation/apa_style/apa_formatting_and_style_guide/reference_list_electronic_sources.html Let me know if you have any questions. DW

WEEK 10 4E, This competency is now a S because I did complete my CDG before the due date and time. I will also set a reminder on my phone before 10 on Fridays and Saturdays to make sure the submission was sent in. EW

WK10 4E: You did a good job with your CDG and response this week. EW

Week 11 (4e)- According to the CDG Grading Rubric, you have earned an S for your participation in the PT/OT discussion this week. Keep up the great work! DW

Objective

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

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

****5a- You must address this competency in the comments on a weekly basis. For clinicals on 3T, 4N, or Rehab- describe the patient education you provided; be specific. For clinicals on alternative sites- describe a teaching need you identified.**

Comments:

Week 3A. A teaching need for my patient would be drinking more water. My patient refused water every time I asked. He would only drink chocolate milk and pop. I tried explaining the importance of water especially since he was on strong pain medications and would get constipated. He kept refusing water. **This is an appropriate teaching need for your patient. Drinking water is extremely important. Also, you can use this opportunity to explain that milk may constipate him as well and chocolate contains caffeine which can contribute to dehydration. What are some other interventions that can be instituted to help reduce constipation? Great job! LM**

WEEK 4. A) A teaching need for my patient would education about nutrition. My patient was considered anorexic according to the charts because within the last 2 months he has lost 40-60 pounds. When watching him eat his meals, he would barely touch his food or not touch it all. He claimed he had no appetite, and nothing tasted good. I feel like he had better education about nutritional intake he would start to feel better and have more strength. I tried to explain to him that he needs to eat, but he was then put on NPO for surgery. I feel like if I had more time with him I could get into his head that food will give him more energy to regain his strength. **It can be hard to address education in our limited interactions with patients. I felt that you connected with him and communicated education effectively. Good job! DC**

WEEK 5A.) I feel like a teaching need for my patient was that he was experiencing urinary retention and we did get to straight cath him, but there was an order to put a foley in him and I feel like I could have explained to him that we need to insert the foley because many complications can occur with high levels of post residual voids in the bladder. I did explain when I first walked into his room that we had an order for a foley and why we needed to place it, but he denied, Monica and the nurse talked to him more, but he was still refusing. Hopefully he did allow them later to put the foley in. **You did a great job with education. Sometimes patients need a little extra encouragement. MD**

WEEK 7 a.) A teaching need for my patient was that I explained that we should keep her bed at a higher position because her SpO2 did drop when she was laying flat. I encourage her to deep breath and positioned her up higher, but I didn't want her to be in pain sitting up because of her pancreatitis. Having her higher in bed and taking deep breaths will help her blood get more oxygen in it. **Awesome!! You were able to use non-invasive nursing interventions and education to help improve your patient's respiratory status. The education provided will help prevent potential complications from arising during her hospital stay. Great job! NS**

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

WEEK 9A.) I did not have actual patients this week. I was with infection control and was with digestive health this week. I did not speak with any patients. Please refer to the green highlighted areas above. This is required on a weekly basis. Though you did not speak with any patients this week, you participated in alternative clinical sites for Digestive Health and Infection Control in which a patient teaching need could have been identified; for example, maybe a patient needed teaching about diet restrictions based on the results of their EGD or colonoscopy. Please be sure to address your U when submitting your tool for week 10. It will be important for you to review the directions on page 1 of this document to ensure you address the U appropriately to avoid any future U's. Please let me know if you have any questions. DW

Week 10, A) A teaching need for my patient would be to try to get him to eat more. I felt like he was not eating at all. He would eat maybe enough food to get his pills down, but he mentioned he was "fat" and didn't need to eat, but I explained that he needs to eat and get nutrients in him so he could get stronger and heal. I did get him to eat a little more the second day. Last week I received a U for this competency, to prevent this from happening again, I should have asked how I could answer this competency because I was confused on how to answer it because I did not know any of the patients from my alternative sites and felt I could not answer this because I did not know the patients to provide teaching to them, but now I know I could explain what I could have taught a patient. Encouraging nutrition is an important part of healing and is needed for patients in this condition. You did a very good job with him and I believe your patient paid off. EW

Week 11 a.) A teaching need would be for the 73 year male patient with parkinson's disease because we tried explaining how the exercises are important to rebuild his strength so he could get back to normal adls, but he refused. We need to provide him with constant teaching and reasons why he needs to strengthen his muscles. Agreed Rebecca! DW

WEEK 12.) Teaching need for my patient would be decreasing his alcohol intake and seeking help for his alcoholism. Also, his nutritional intake, he stated that he only eats a bag of ramen a day with his 3, 40-ounce beers. He had low sodium levels and hemoglobin and RBC levels. If he had a better intake I am sure he would feel better and will have better levels.

Objective

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

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

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: Rebecca Norman Date: 2/4/2021
**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 good. 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: Good. MD
Nursing Interventions: (8 points total) 6 Prioritized (1) 0 What (1) 1 How Often (1) 1 When (1) 1 Individualized (1) 1 Realistic (1) 1 Rationale (1) 1 All pertinent interventions listed (1) 0	Total Points 6 Comments: Only one of your interventions actually pertain to the nursing diagnosis of impaired mobility. You could have used PT, OT assessments for interventions along with education on the importance of movement for the patient. All of your interventions need to relate to how you want to improve the defining characteristics. If you need further assistance with this please reach out. 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: Well done. 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 = 20 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	NA	S	NA	S	S	S	S	S				
b. Reflect on an area for improvement and set a goal to meet this need.** (Reflecting)	S		S	S	S	NA	S	NA	S	NI	S	S	S				
c. Demonstrate evidence of growth, initiative, and self-confidence. (Responding)	S		S	S	S	NA	S	NA	S	NA	S	NA	S				
d. Follow the standards outlined in the FRMCSN Student Code of Conduct Policy. (Responding)	S		S	S	S	NA	S	NA	S	NA	S	S	S				
e. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions. (Responding)	S		S	S	S	NA	S	NA	S	NA	S	S	S				
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (Responding)	S		S	S	S	NA	S	NA	S	NA	S	S	S				
g. Demonstrate the ability to give and receive constructive feedback. (Responding)	S		S	S	S	NA	S	NA	S	NA	S	NA	S				
h. Actively engage in self-reflection. (Reflecting)	S		S	S	S	NA	S	NA	S	NA	S	NA	S				
	KA		LM	DC	MD	DW	NS	KA	KA	DW	EW	DW					

****7a and 7b: You must address these competencies in the comments section on a weekly basis. Please write a different comment each week. Remember that a goal includes what you will do to improve, how often you will do it, and when you will do it by (example- "I had trouble remembering to do the three checks of the six medication rights prior to administering medications. I will review the six rights and medication administration content in the textbook twice before the next clinical. Additionally, I will request to meet with my clinical faculty member to practice preparing and administering at least three medications before the next clinical."**

Comments:

A.1 My strength this week was catching on really fast to the IV math. I thought it was going to be hard, but it began to be very easy. **Terrific job! KA**

B.1 My area for improvement is getting more fluent with inserting a urinary catheter and maintain a sterile field. I have already started practicing on a big stuffed animal, I can't insert it, but I do practice all the steps as if I was a real patient. I want to practice this at least 3 times a week and next time there is an open lab, I want to attend and practice it on the sim dolls. **This is a great measurable goal to help you improve your sterile technique and your urinary catheter insertion technique. Nice job! KA**

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 3 A, My strength this week would be that during OT/ PT I was asking questions to why they were doing these certain exercises or activities and I found it very interesting to why a simple card game could help my patient with getting back to his normal activities of daily living. **Great observation Becca! You recognized the importance of using a variety of creative activities to accomplish goals to help your patient return to independence. LM**

Week 3 B, My weakness this week would have been trying to understand my patients pain level. I could not understand that no matter how many pain medications he was on he was still stating his pain level was very high, but I talked to Lora about it and she explained to me all the factors about what else could contribute to his pain. I think the best way to learn from this is just to understand that pain is subjective to the patient and we as nurses need to understand that and help minimize the pain without causing damage to them, like causing them to be addicted or hurt their liver. Next time, I want to be more understanding. To meet this goal already I have looked up many articles about patients that suffer from chronic pain and that has really given me a better perspective. **Becca, this is a great observation. You tried to understand your patient's pain management regimen and noted that nothing was alleviating his pain other than potent pain medications. It is difficult when we, as nurses, do not understand or "forget" that pain is subjective; it is how the patient perceives the intensity of their pain. You chose an appropriate article for your CDG post to help you understand pain and how the use of nonpharmacological methods can also be used to help reduce pain or at least make the pain tolerable. Great job! LM**

Week 4a. I think my strength this week was getting to the call lights whenever I heard them. I feel like everytime I hear one I'm busy with a patient or someone already has gotten it. My patient was asleep a ton, so I had the opportunity to get call lights and see different patients and help different patients. **You did well helping out with call lights on the floor. You also did well assisting your peers. DC**

Week 4b. I think my weakness this week was just being passive when it came to my patient. My patient was not the most pleasant to work with, and he would not let me do some of my assessments. I think if I just explained better and just would have told him this is what I have to do, instead of asking him if I could do this assessment, explain and tell him that I have to do this because it is a part of the orders and it will benefit him in getting better.**DC**

Week 5a. My strength this week was taking advantage of the opportunities I got. This week I got to discontinue an I/V, do a straight catheter and I changed my patients dressing 3 different times. I was sad that I didn't get to do a foley, but as scared I was for all these first intervention I have not had much experience with, I took advantage and jumped at the ideas when Monica told me I get to do these new things. By the second day I was doing the dressing changes and documenting the dressing changes by my own without much help. **You did an excellent job with all of these new skills! MD**

Week 5a. My weakness was confidence, I definitely lacked that when it came to removing the patients IV catheter. I felt like I was going to hurt him or mess up taking out. We never practiced doing it, we were shown and watch videos. I was scared, but after doing it I was like that wasn't bad. I think I just have to show my confidence and believe I know exactly what I'm doing, because I do. **You did a great job. Remember to take guidance from your instructor as well. We will not let you fail. How do you plan on improving in this area? MD** I plan on practicing and reading over my skills folder RN

Week 7 a.) I implemented a nursing intervention and it helped. Her SpO2 was 92% and I used my nursing knowledge and encourage deep breathing and raised her head of bed and it worked. Her SpO2 jumped to 97% within a couple of minutes. I used my knowledge and was confident enough to try it and she got better. I explained to the nurse what I did too make sure the nurse would watch her and make sure to encourage deep breathing with her. **Excellent strength to note! You were able to use nursing judgement and interventions learned during theory time to implement with your patient. You were able to avoid more invasive interventions or unnecessary use of oxygen therapy to help improve her respiratory status. Awesome job! NS**

Week 7 b.) My weakness was not being in the patients room more. She was sleeping a ton, but I feel like if I was there with her and talked to her more I could have learned more about and built more of a bond. I did get to answer lots of call lights when I wasn't in her room, that was neat to see and meet new patients, but maybe I should have spent more time with her and reading the chart and looking up her history with her, maybe I could have helped her feel better, because she did seem very anxious and guarded about her condition. I think the best way to improve is to build that bond by talking with them and understanding them better. Sometimes patients just need someone to talk to and I think I could have been that for her. I am going to try to stay in the rooms longer and try to talk to them and make them feel safe and comfortable. **This was a good reflection, Becca. I appreciate the insight provided and your desire to connect more with your patient. As you mentioned, she was tired and not feeling well. Sometimes rest for patient's becomes more a priority to allow them to heal. I love that you remained busy by answering call lights to gain experience with a variety of patients. This helps tremendously with communication and responding to unfamiliar situations. I think your thoughts on her potentially just needing someone to talk to is great. As a student, take advantage of the extended time with patients providing therapeutic care. I think your reflection and plan for improvement with help in the future. Keep up the hard work! NS**

Midterm – Becca, it appears you have had a great first half of the semester. **You have had multiple opportunities and experiences to practice your nursing skills during the first part of this 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. All of your competencies at midterm were satisfactory. Keep up the great work and finish off strong in the second half! KA**

WEEK 9 A.) My strengths this week was that I was not afraid to talk and ask questions with the doctors when they were performing procedures. I learned a ton from the two doctors we shadowed. **That's great! DW**
Week 9 B.) My weakness this week was not knowing where the infection control office was. I could have been more prepared. I had no idea where the office was and was almost late to the clinical running around everywhere to find it. **Rebecca, while you identified an opportunity for improvement, you did not discuss a specific goal for improvement. What exactly will you do prior to your next clinical experience to improve your clinical preparation? Please remember that your goal for improvement must include what you will do, how often you will do it, and when you will do it by (see green highlighted information above). Setting and completing goals is crucial to continued growth as a future nurse, as well as minimizing gaps in knowledge. Let me know if you have any questions. DW**

Week 9 (7f)- You received a U for this competency due to the late submission of the Infection Control CDG. Accountability is very important in nursing. I understand mistakes happen, and I am confident you will prevent this from happening again in the future. Additionally, during clinical this week, you participated in clinical experiences related to Infection Control (IC) and Digestive Health (DH). While they are not the same as the acute care clinicals in which you are assigned a patient to care for, they are still clinical and provide you with significant opportunities for learning, growing, and reflecting. I would encourage you to be a little more thoughtful about each competency as you are evaluating it on a weekly basis. I think what you will find is that there were several competencies you could evaluate this week; for example: 1. Objective 1- consider the patients you observed for DH- what symptoms did they express to the nurse or healthcare provider; how did they correlate to the final diagnosis; did the patient require any pharmacological prep for the procedure; was there any dietary or nutritional considerations to educate the patient on following their procedure? 2. 1h- all students should come prepared to clinical having a general idea of what is expected of them during clinical and what to look for to complete the necessary clinical paperwork. 3. 2f- did you access the electronic medical record to determine if documentation of isolation precautions was completed accurately based on the diagnostic results? 4. 3f- did you ensure asepsis was followed during your IC clinical? 5. 4b,d- communication is required to some degree for all clinical experiences, whether it be with a patient or other healthcare professionals and confidentiality is expected in all clinical experiences as well. 6. All of objective 7 could have been evaluated as I suspect you followed the Student Code of Conduct, acted with ACE values, etc. Please keep this in mind as you evaluate yourself from week to week related to clinical. Let me know if you have any questions. DW

WEEK 10 A.) My strength this week has to be that I dealt with my patient pretty well. I went into my patients room with the idea that he was going to mean to me based on report from the night nurse. I was scared, but he turned out to be one of my favorite patients. I say this because he was not mean, he was just alone. He wanted someone to be there and talk to him and I got that opportunity to get to know him.

Week 10 B.) My weakness this week had to be research on my patient. I did not have as much down time this week. I did not get the opportunity to look at the charts like I normally do. I say this because I wanted to know why my patient had the cognitive problem he had. My instructor came to the conclusion that he must have a stroke, but we could not find a history of stroke anywhere and we never got the opportunity to look at the paper chart. I want to be able to have more time to research my patients better, I need to work on time management better I supposed. This week was very busy though, but I'm sure I could have found some time to get the answer that I wanted to know. My patient wasn't always the way he was, so I guess I just wanted to understand him. I received a U for this because I was late on my submissions of my CDG last week. I have addressed this issue and I will make sure that I have a timer and alarm set to make sure I don't miss the submission or fall asleep again. **Becca, I was so proud of you this week. You rose to the challenge despite your misgivings of caring for this patient. You are right; he was lonely and you took your time with him. You were gentle when you needed to be gently and firm when you needed to be firm. While I realize you felt you needed more time to look up this patient, I think the time you spent with him was more valuable as you learned some new things about yourself and your ability to communicate and reach difficult patients. Nursing is more than written knowledge, its learning and identifying how to care for someone from the heart. You did that this week even though you were scared. I am so proud of you, and I know that when faced with a new challenge, you will be more confident having taken care of a patient such as this. GOOD JOB!!! EW**

WEEK 11 A.) An area of strength this week was correlating the exercises with the patients and for their own ADLs. I watched them do different exercises for the patients that helped with different activities. For example, one patient needed to learn how to go up and down steps not just to exercise her hip, but to make sure the patient can get into her home. **DW**

Week 11 B.) An area of weakness is that I did not write down all the ages of the patients. I did not look at the CDG, where it asks what their ages. I need to read the CDG before I go into clinical. I was unprepared for that this week. **Good goal. This will be important for all remaining courses, not just this one. DW**

Week 11 (7f)- Unfortunately, the PT/OT survey was not submitted on time (deadline 3/27/2021 by 2200). According to the syllabus, this will count as 1 hour of missed clinical and a U for 7f. Upon request, the survey was completed on 3/28/2021 and the 1 hour of make up time is complete. Please be sure to address this U for week 12. It will be important to end on a strong note for your last week of clinical. DW

WEEK 12 A.) MY Strength this week was using my free time wisely. My patient did not need much from. He was able to everything on his own and as much as I wanted to be in his room more, there nothing else I could do. He did not want to talk much so I did all of my interventions, checked up on him and did my patients rounds, but other than that whatever my instructor needed I was there and I answered many call lights. I would say I answered more call lights that day then I was in my patients room. I learned a lot though and I now understand why those white boards are so important when you go in a unfamiliar room because I did not know what I was getting into when I went the room, but those signs explained to me what I needed and how to help the patient. Like for example if they were standby assist or total assist. That's very important to know.

WEEK 12 B) my weakness this week was during my team leading I felt like I could have done better with the patients. There was on patient who just did not want anyone in her room, so I avoided going in there, but I wish I would have gone in there more with the student nurse and just observed the student nurse. I think I could have been there more for the other student nurses. I did focus more on just one patient because he was a priority, but I should have spent more time with the other two I believe.

Week 12 F.) I will make sure that I check off everything so that I don't miss any deadlines again. I'm not sure how I missed it. It has now happened twice. I will double check again to make sure I met all my deadlines every week.

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	S
Instructor Initials	KA	KA	KA	KA	KA	KA	KA	DW
Remediation: Date/Evaluation/Initials	NA	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. Sterility maintained and 1 prompted needed for airway suctioning. Great job! Efficient, thorough and sterility maintained for tracheostomy care. Nor prompts needed for tach care. 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

3/26/21 - Lab Day (Skills Review) - You satisfactorily participated in the mandatory skills lab review day. Keep up the great work! DW

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	LM	DW	NS	KA				
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA				

* Course Objectives

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 dropboxes.

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: Gr. 6
Norman

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>						<p>Analysis of performance; cueing each other and helping each other</p>

<ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>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