

**EVALUATION OF CLINICAL PERFORMANCE TOOL  
Medical Surgical Nursing – 2023**

**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; Kelly Ammanniti, MSN, RN, CHSE;  
Monica Dunbar, MSN, RN; Nick Simonovich, MSN, RN

**Faculty eSignature:**

**Teaching Assistant:** Rachel Haynes, 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, U, or NA”. 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, 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, 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 or needs improvement 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 or needs improvement 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 Map Rubric
- Meditech Documentation
- Clinical Debriefing
- Clinical Discussion Group Grading Rubric
- Evaluation of Clinical Performance Tool
- Lasater’s Clinical Judgment Rubric & Scoring Sheet
- Virtual Simulation Scenarios

**ABSENCE (Refer to Attendance Policy)**

Date	Number of Hours	Comments	Make-up (/Date/Time)
1/10/2023	1.5	IV Math/Insulin labs	1/11/2023 1200-1330
1/10/2023	3	IV Pump/FSBS/Meditech	1/11/2023 0900-1200
3/4/23	1	Did not complete Sim #1 survey	3/6/23 –Sim #1 Survey completed

Faculty’s Name	Initials
Kelly Ammanniti	KA
Monica Dunbar	MD
Rachel Haynes	RH
Lora Malfara	LM
Nick Simonovich	NS
Dawn Wikel	DW

## 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 faculty 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.

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**\*Grey shaded boxes do not need a student evaluation rating or faculty/teaching assistant initials.**

Date	Care Map Top Nursing Priority	Evaluation & Instructor Initials	Remediation & Instructor Initials	Remediation & Instructor Initials
2/2/23	Pain	S/KA	NA	NA
2/8/2023	Uncontrolled Vomiting	S/RH	NA	NA

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

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**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	Make Up	Final
<b>Competencies:</b>			N/A	S	S	N/A	S	N/A	S	S	S	N/A	S				
a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting)			N/A	S	S	N/A	S	N/A	S	S	S	N/A	S				
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			N/A S	S	S	N/A	S	N/A	S	S	S	N/A	S				
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			N/A S	S	S	N/A	S	N/A	S	S	S	N/A	S				
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			N/A	S	S	N/A	S	N/A	S	S	S	N/A	S				
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			N/A S	S	S	N/A	S	N/A	S	S	S	N/A	S				
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			N/A S	S	S	N/A	S	N/A	S	S	S	S	S				
g. Assess developmental stages of assigned patients. (Interpreting)			N/A	S	S	N/A	S	N/A	S	S	S	N/A	S				
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		N/A S	S	S	N/A	S	N/A	S	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, IV Pump Sessions	Infection Control	3T team Leader	3T 86 year-old with uncontrolled vomiting and .....	Off week	Rehab			Rehab	4T Team Leader	ECSC & DH	3T				
Instructors Initials	MD	MD	DW	KA	RH	DW	LM	LM	LM	MD	NS	DW					

**Comments:**

\*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 1 (1h)- During week 1, the Meditech, FSBS, 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. MD

Week 3 (1b,c,e,f)- The Infection Control clinical afforded you the opportunity to satisfactorily demonstrate competency in these areas; for example, the Infection Control clinical and CDG required you to explore the different symptoms, diagnostics, treatments and nutritional needs for a patient in isolation for C-diff. (1h)- The Infection Control clinical experience requires preparation for the scavenger hunt and isolation requirements. DW

Week 4 – 1a , b, c, e– You did a nice job discussing on clinical your patient’s disease process and what nursing was doing to help the patient. You were able to discuss symptoms we were monitoring and managing in your patient as well as pertinent labs for your patient diagnosis. You were able to discuss the different patients on your team and prioritize the patients according to their diagnosis and assessment. You utilized your knowledge and change in patient status to reprioritize the patients as the day went on. KA

Week 4 – 1d – You did a nice job reviewing all your medications before you administered them to the patient. You were able to discuss the reason why the patient was taking the medication as well as what we were monitoring the patient for. You also were able to discuss what information was needed to determine if the medication should be administered (i.e. blood pressure, pulse). You were able to discuss the medications of all the patients on your team and was able to work with your team member to determine appropriateness of medication administration. KA

Week 7 objective 1(a, b, c, d)- Keyara, you correctly analyzed the pathophysiology of your patient’s multiple toe amputations and sacral ulcer. You correlated your patient’s symptoms, diagnostic tests, and pharmacotherapy to her disease process, recognizing the importance of the need for therapy and for her specific medication regimen. Please add your patient’s age and primary diagnosis to the bottom of the week 7 column just above the faculty initials. Refer to the highlighted box to the left of the table. Great job! LM

Week 10 1(a-h) – You did a nice job making correlations based on the patient’s disease processes that you oversaw as team leader. You were able to discuss signs and symptoms of each, identified important nursing interventions, and interpreted medications and treatment modalities utilized throughout the week. You demonstrated a good thought process, willingness to learn, and developing clinical judgment skills. Great work! 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
<b>Competencies:</b>			N/A	S	S	N/A	S	N/A	S	S	N/A	N/A	S				
a. Perform inspection, palpation, percussion, and auscultation in the physical assessment of assigned patient. (Noticing)			N/A	S	S	N/A	S	N/A	S	S	N/A	N/A	S				
b. Conduct a fall assessment and implement appropriate precautions. (Noticing)			N/A	S	S	N/A	S	N/A	S	S	S	N/A	S				
c. Conduct a skin risk assessment and implement appropriate precautions and care. (Noticing)			N/A	S	S	N/A	S	N/A	S	S	S	N/A	S				
d. Communicate physical assessment. (Responding)			N/A	S	S	N/A	S	N/A	S	S	S	N/A	S				
e. Analyze appropriate assessment skills for the patient's disease process. (Interpreting)			N/A	S	S	N/A	S	N/A	S	S	S	N/A	S				
f. Demonstrate skill in accessing electronic information and documenting patient care. (Responding)	S		N/A S	S	S	N/A	S	N/A	S	S	S	N/A	S				
	MD	MD	DW	KA	RH	DW	LM	LM	LM	MD	NS	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 (2f)- Navigating the electronic health record was satisfactorily completed when investigating the reason for isolation precautions and ensuring appropriate documentation while completing the Infection Control Quality Scavenger Hunt with the Infection Control clinical. DW

Week 4 – 2a, d – You did a nice job thoroughly assessing you patient and notifying your nurse of any pertinent information. You were also able to work with your team to keep up on the assessment changes occurring with all patients on the team. KA

Week 4 – 2f – You utilized the EMR to research your patient and determine what care needed to be provided to your patient throughout the day. You also used the EMR to research all the patients on your team and to check your classmates charting for accuracy. KA

Week 5: 2b-you did a great falls assessment on your patient and realizing that she was a x2 assist rather than a standby because of her dizziness and fatigue. Good catch and good advocating for your patient's safety. RH

\*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 7 objective 2(a, b, c, e)- Keyara, you performed a thorough head-to-toe assessment on your patient identifying the importance of assessing the skin condition, neurovascular system and pain due to her diagnosis. You properly conducted a fall risk assessment for your patient and instituted proper safety measures to help reduce your patient's risk for falls. You also performed a thorough skin assessment on your patient while performing dressing changes on your patient's wound areas (3 on the Rt. foot and 2 on the Lt. foot). You measured the open wounds accurately and documented your findings appropriately. Excellent job! LM

<b>Objective</b>																	
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
<b>Competencies:</b>	S		N/A	S	S	N/A	S	N/A	S	S	S	N/A	S				
a. Perform standard precautions. (Responding)	S		N/A	S	S	N/A	S	N/A	S	S	S	N/A	S				
b. Demonstrate nursing measures skillfully and safely. (Responding)			N/A	S	S	N/A	S	N/A	S	S	S	N/A	S				
c. Demonstrate promptness and ability to organize nursing care effectively. (Responding)			N/A	S	S	N/A	S	N/A	S	S	S	N/A	S				
d. Appropriately prioritizes nursing care. (Responding)			N/A	S	S	N/A	S	N/A	S	S	S	N/A	S				
e. Recognize the need for assistance. (Reflecting)			N/A	S	S	N/A	S	N/A	S	S	S	S	S				
f. Apply the principles of asepsis where indicated. (Responding)	S		N/A	S	S	N/A	S	N/A	S	S	S	N/A	S				
g. Demonstrate appropriate skill with Foley catheter insertion, maintenance, & removal (Responding)			N/A	N/A													
h. Implement DVT prophylaxis (early ambulation, SCDs, and TED hose) based on assessment and physicians' orders (Responding)			N/A	S	N/A	N/A	S										
i. Identify the role of evidence in determining best nursing practice. (Interpreting)	S		N/A	S	S	N/A	S	N/A	S	S	S	N/A	S				
j. Identify recommendations for change through team collaboration. (Reflecting)			N/A	S	S	N/A	S	N/A	S	S	S	N/A	S				
	<b>MD</b>	<b>MD</b>	<b>DW</b>	<b>KA</b>	<b>RH</b>	<b>DW</b>	<b>LM</b>	<b>LM</b>	<b>LM</b>	<b>MD</b>	<b>NS</b>	<b>DW</b>					

**Comments:**

Week 7 objective 3(a-d, f, i, j)- Keyara, you properly followed standard precautions and demonstrated safe, skillful nursing measures throughout your clinical days, including while providing care to your patient. You were aware of your patient's needs regarding promotion of skin integrity, fall risk, transferring limitations, and hygiene

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

needs. You organized and prioritized your time well, including structuring your medication pass around OT and PT times. You organized your time effectively by making sure you had all of the supplies ready for your patient's sterile dressing changes. You applied principles of asepsis during each dressing change. You used proper technique throughout the procedure. You determined best practice by properly tending to your patient's emotional needs. You also recommended change by acting in professional manner regarding your patient, tending to her emotional needs and being there for her. Great job! LM

Week 10 3(c,d) – You illustrated good critical thinking in discussing your prioritization as team leader this week. You were responsible for overseeing and assisting in the care of a patient with a small bowel obstruction on NG suction, a hip fracture, femur fracture, and gastric ulcer perforation with NG tube in place. I thought you did a nice job prioritizing your care effectively, ensuring all necessary aspects of care were provided in a timely manner. You were supportive of your peers, providing insight and sharing thoughts. I appreciated the effort put into managing the care of each. On numerous occasions I noticed that you were taking notes and following up and evaluating interventions performed. A job well done as team leader! 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
<b>Competencies:</b>			N/A	S	S	N/A	N/A	N/A	S	S	S	N/A	S				
k. Administer PO, SQ, IM, or ID medications observing the rights of medication administration. (Responding)			N/A	S	S	N/A	N/A	N/A	S	S	S	N/A	S				
l. Ensure patient safety through proper use of EHR, IV flow sheet, and BMV. (Responding)			N/A	N/A	N/A	N/A	N/A	N/A	S	n/a	S	N/A	S				
m. Calculate medication doses accurately. (Responding)			N/A	N/A	N/A	N/A	N/A	N/A	S	n/a	S	N/A	S				
n. Administer IV therapy, piggybacks, IV push, and/or adding solution to a continuous infusion line. (Responding)			N/A	N/A	S	N/A	N/A	N/A	S	n/a	S	N/A	S				
o. Regulate IV flow rate. (Responding)	S		N/A	N/A	S	N/A	N/A	N/A	S	n/a	S	N/A	N/A				
p. Flush saline lock. (Responding)			N/A	N/A	S	N/A	N/A	N/A	S	n/a	S	N/A	S				
q. D/C an IV. (Responding)			N/A	S													
r. Monitor an IV. (Noticing)	S		N/A	N/A	S	N/A	N/A	N/A	S	n/a	S	N/A	S				
s. Perform FSBS with appropriate interventions. (Responding)	S		N/A	N/A	N/A	N/A	S	N/A	S	n/a	N/A	N/A	N/A				
	<b>MD</b>	<b>MD</b>	<b>DW</b>	<b>KA</b>	<b>RH</b>	<b>DW</b>	<b>LM</b>	<b>LM</b>	<b>LM</b>	<b>MD</b>	<b>NS</b>	<b>DW</b>					

### Comments:

Week 1 (3o, r)- By attending the IV Pump clinical and providing your full, undivided attention and active participation during the demonstration of the Alaris pump, documentation of IV site maintenance and recognition of potential IV complications, you are satisfactory for this competency. LM

(3s)- You were able to demonstrate understanding of the rationale of FSBS and the use of the glucometer. You were 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. DW

Week 4 – 3k – You did a nice job administering your medications this week. You observed the rights of medication administration and was able to answer all questions about your medications. You had the opportunity to pass SQ medications this week. You performed the medication administration process with beginning dexterity. You

\*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

also worked with your classmates on your team to determine appropriateness of medication administration for their patients and assist them with following the rights of the medication administration process. KA

Week 4 – 3r – You did a nice job monitoring your patient’s IV site this week and documenting your assessment in the EMR. KA

Week 5: 3k- You did a great job looking up your medications and doing your medication pass this week. You were involved with the family and educated the patient and family as you administered meds. Also you did a subq injection both days AND an IV push medication with great technique. RH

Week 7 objective 3(k, l, m, s) – Keyara, I changed the first three competencies to S since you administered several PO medications to your patient this week. You were knowledgeable about each medication’s use, route, common side effects, classification, and nursing considerations. You observed the rights of medication administration and completed the 3 medication checks appropriately. You ensured patient safety by properly using the BMV system in the EMR. You recognized the importance of obtaining a blood pressure and heart rate on your patient prior to administration due to her antihypertensive medication. You correctly obtained a FSBS by following the proper protocol. Excellent job! LM

**Objective**

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

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

**Comments:**

Week 3 (4b)- Communication was necessary for interactions with nursing and healthcare providers in the Infection Control clinical experiences. (4e)- According to the CDG Grading Rubric, you have earned an S for your Infection Control discussion this week. Your post was thoughtful, thorough and included a citation/reference from Taber's Medical Dictionary related to dehydration as a complication of diarrhea. Your APA formatting was accurate. Keep up the hard work! DW

\*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week -4 – 4b, g – You did a nice job keeping your nurse up-to-date on all pertinent information throughout the day. You also provided the nurse with a concise report at the end of the day before leaving. You did a nice job working with your team members to stay up-to-date with their patients and to ensure the nurse is notified as needed. KA

Week 4 – 4e – Keyara, you did a nice job responding to your CDG questions this week on your team leading experience. You did a nice job sharing your experience thoughtfully and responding to your fellow classmate. Keep up the great work! KA

Week 5: 4e- the article you found in relation to dementia patients and their diets was very interesting, good find! RH

Week 7 objective 4(a, b, c, e) – Keyara, you communicated effectively with your patient throughout each clinical day. You explained each task before performing them. You communicated any change in your patient’s status to your instructor. You accurately completed a detailed CDG and peer post this week. Remember to use quotation marks for your in-text citations when you are citing direct information from another source. Excellent job! LM

Week 11 (4e)- According to the CDG Grading Rubric, you have earned an S for your participation in the Erie County Senior Center discussion this week. Your post was detailed, thoughtful and supported by evidence. Here are a couple suggestions for improvement with future APA formatting: 1. Your in-text citation should only include the last names of the authors. 2. When there are more than 2 authors, your citation will include the first author and then et al. to represent the rest. 3. You only need to include a page number in your citation when you directly quote something from your reference. If your information cited was a direct quote, you must include quotation marks before and after the statement. See corrected citation- (Harding et al., 2023). 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
<b>Competencies:</b>			N/A	S	S	N/A	S	N/A	S	S	S	S	S				
<b>a. Describe a teaching need of your patient.** (Reflecting)</b>			N/A	S	S	N/A	S	N/A	S	S	S	S	S				
<b>b. Utilize appropriate terminology and resources (Lexicomp, UpToDate, Dynamic Health, Skyscape) when providing patient education. (Responding)</b>			N/A	S NI	S	N/A	S	N/A	S	S	S	S	S				
	MD	MD	DW	KA	RH	DW	LM	LM	LM	MD	NS	DW					

\*\*5a & b- You must address this competency in the comments below for all clinicals on 3T, 4N, or Rehab- describe the patient education you provided; be specific- include the topic, method of delivery, reason for teaching need, materials to support learning through above resources (if applicable), and method used to validate learning.

Example: Education related to orthostatic hypotension (changing positions slowly by sitting at the side of the bed or chair for a few minutes before moving to another position, utilizing the walker when ambulating) was provided to my patient through discussion and demonstration. This was necessary to maintain patient safety as he/she was experiencing a drop-in blood pressure and dizziness when getting out of bed. A patient education sheet was printed from Lexicomp and given to the patient. The teach back method was used to validate learning.

### Comments:

Week 4: I gave education based on the doxazosin that I administered to my patient. I told him that this medication lowers his blood pressure since he has hypertension and his blood pressure was 166/75. I told him that some signs and symptoms would be dizziness, headache, and fatigue and that I would monitor him and stand with him when getting up or changing positions. I ensured that my patient understood and he didn't have any questions. **You did a nice job providing education to your patient regarding his medication. Please remember to include where you found the information you educated your patient to satisfactorily meet 5b. I am assuming you used Skyscape, but it is not stated here. KA**

Week 5: During clinical I used Skyscape to educate my patient and her family about the pantoprazole I was administering. I told them that this will help decrease the acid in her stomach and hopefully will make her feel better. I also had to give my patient two potassium pills and these pills are pretty big but its important that she swallows them whole and didn't crush, chew, or break the pill. When providing education I used Skyscape to help me. **You did great educating not only your patient, but also her family members this week. This can be intimidating at first, but you explained everything with confidence and answered their questions well. Good job using skyscape for your information and researching the medications prior to going into the room. Keep up the good work. RH**

Week 7: This week during clinical my patient had really bad anxiety she would get really work up she would have a shaky voice and her hands would be shaky. I printed her off a hand out from Lexicomp on ways she could help reduce her anxiety and what to do while she has anxiety. I thought this would be really beneficial to her because it was affecting her teaching process when I would try to educate her on something. She wasn't able to focus on anything when she was having anxiety and it would make her really anxious. **Keyara, this was an appropriate need for your patient. Was she able to review the material at all? LM**

\*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 9: I was able to educate my patient about the type of medications that was she was getting and what the therapeutic use was. I used Skyscape to help educate my patient. She knew a lot about her medication so there wasn't much that I had to tell her, but when she asked or a question or when she was unsure I would help answer her question and I got my information from Skyscape. **Great! MD**

Week 10: This week I was team leader and I had four patients during this clinical and all of the patient had pantoprazole. I educated the patients that this medication is a Protonix and it will help decrease the acid in their stomachs and hopefully make them feel better, I use skyscape to help educate these patients about the medications that they were receiving. **NS**

Week 11: This week I was at digestive health and after a patient's procedure she kept complaining of being nauseas. I told her that this is common after anesthesia and I used skyscape to help get this information. I gave her the call light and told her if she feels worse to let us know and we can give her something for it. I also gave her an emesis bin just in case she needed to throw up and I turned the lights off and shut the curtains to help as well. **Nice job providing patient-centered care. DW**

Week 12: This week while on 3T I had to educate my patient about metoprolol using skyscape. I noticed on his medication list that he had metoprolol as an allergy, but it was just because it gives him a headache and he take this medication at home. After verifying with the nurse about this medication I wanted to make sure it was okay with him that we administer the metoprolol. He did not know what this medication was so I educated him about it and I told him how It says that it gives him a headache and he was fine with me administering the medication.

## Objective

6. Implement patient-centered plans of care utilizing the nursing process, clinical judgment, and consideration for cultural, ethnic, and social diversity. (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 map utilizing the nursing process and clinical judgment. (Noticing, Interpreting, Responding, Reflecting)			N/A	S	S	N/A	N/A	N/A	S	n/a	N/A	N/A	S				
b. <b>Identify factors associated with Social Determinants of Health (SDOH) &amp;/or cultural elements that have the potential to influence patient care.**</b> (Noticing, Interpreting, Responding, Reflecting)			N/A U	S	S	N/A	S	N/A	S	S	S	S	S				
	MD	MD	DW	KA	RH	DW	LM	LM	LM	MD	NS	DW					

**\*\*6b- You must address this competency in the comments on a weekly basis. For all clinicals - provide an example of SDOH &/or cultural elements that influenced your patient's care; be specific.**

### Comments:

See Care Map Grading Rubrics below.

**Week 3 (6b)-** According to the highlighted information above, this competency must be commented on weekly for all clinicals. I realize that you had little to no patient interaction with the Infection Control experience; however, that should prevent you from considering possible influences from SDOH. For example, when the patient goes home, do they have the financial means to disinfect and prevent the spread of infection or the education and health literacy to understand the importance. Please be sure to review the directions on page 1 of this tool and comment on how you plan to improve this U for the future, as this comment must be included in the comments below to prevent any unnecessary U's in the future. Please let me know if you have any questions. DW

**Week 4:** I am addressing my U that I got from week 3 on infection control. When a patient is on isolation precautions and goes home, I will give them the proper education needed to prevent the spread of the infectious agent. Such as avoiding people and work for a little bit to prevent spreading to others. I would also see if my patient is financial able to afford certain cleaning supplies to prevent further contamination. If my patient didn't have the financial to do so we would figure out a plan and send the patient home with supplies from the storage room. I no longer deserve a U because I addressed the situation and gave an answer to week 3. KA

**Week 4:** My patient's mother was his caregiver at home. She is 88 years old and is administering all of his medications and is also help taking care of his son. This is a lot of responsibility for his mother. I think it would be beneficial if he had a home nurse that would monitor him every so often and help with medications. His mom had some knowledge about medication, but not enough. I though it was important that she learned about the medications her son was taking and when they should be given and even why he is taking them. You did a nice job identifying the patient has support, however the patient would benefit from more support to positively impact his health and access to healthcare. KA

WEEK 5: I had an 86-year-old patient who has dementia who was put on a clear liquid diet due to being nauseated and vomiting. Everyday when she would get her food she would never understand why she was on this diet all she knew is that she had to be on it. I think her and her family lacked the education needed about her diet. She was put on this diet to see if she can tolerate it and once she would she then would be moved up to the next diet. Once she got of the clear liquid diet and got regular food she didn't eat as much because she got full so quickly and was scared she wouldn't go home because she didn't eat lot. Which shows she didn't get much education about her diet. The same thing goes when giving her medication she doesn't know what these medications were for and it's important that your patient understand the medication that they're on so they can report signs and symptoms. **Good observations of your patient and their family. This would be a great teaching point for the nurse to take the time to explain everything to the patient and her family. RH**

Week 7: My patient was 54 and is a diabetic and she had many wounds on her foot. She is unable to take care of herself which is affecting her greatly. She is unable to stay at her house now do to the bug infestations and the way her home was. Her wounds aren't healing the greatest and she is unable to treat her wounds. She is unable to provide for herself and provide care to herself. She might end up going to a nursing home which will affect her mentally and she could be taken advantage of while being at a nursing home because she doesn't understand a lot of things and this affects her overall health. **Your patient has several SDOH including living arrangements, financial struggles, access to care, and proper hygiene and nutritional needs. Her emotional health is extremely important, especially due to these factors. LM**

Week 9: My patient is 81 years old she is retired and is living by herself. She was talking about some of her home medications are costly and she does not want to spend that much on medication. Her financial ability could affect her health. These medications are helpful and beneficial for my patient, but she is too worried about the cost. She also talked about how she has good insurance that covers a lot of her medical expenses which is beneficial for her so she does not have to worry a lot. **Good observation! MD**

Week 10: One SDOH that could affect my patients care is her dementia and how it could affect her safety. She would forget that she broke her femur and was very confused as to why she was at the hospital. Her dementia could affect her safety because she could forget about her leg again and try to walk and fall and hurt her self even more. It seems like she had a good support person, her significant other was there a lot during clinical and he plays close attention to her, but he is also older and taking care of her by himself could be a lot. I think a nursing home would be beneficial for this patient, therefore someone will always be watching her and she will be getting the care that she needs. **Very nice reflection! NS**

Week 11: This week I was at the Erie County Senior Center and I notice that one of the older adults kept trying to reach out of her wheelchair and trying to do some things on her own. Her safety is at risk because no one is at home with her to help her. She said that she is used to doing a lot of things by herself because her kids are always busy. I think having someone with her at her house would be a great idea for her. **This is a great observation! How do you think this SDOH could be remedied considering her children are often busy? DW**

Week 12: For this week I think my patients age plays a factor is SDOH. He is 96 years old living with his wife that is also 93 years old. Although he is really independent and does great, I am worried about his safety since him and his wife are older. This could affect the way he is taken care of at home such as not performing personal hygiene and even forgetting to take medications, which could be huge considering how high his blood pressure gets. Home health would be a great resource for my patient and I am glad that when he gets discharged he will continue with home health.

**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	N/A	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	S	N/A	S	N/A	S	S	S	S	S				
c. Demonstrate evidence of growth, initiative, and self-confidence. (Responding)	S		N/A	S	S	N/A	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	S	N/A	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	S	N/A	S	N/A	S	S	S	S	S				
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (Responding)	S		S	S	S	N/A	S	N/A	S	S	S	S	S				
g. Demonstrate the ability to give and receive constructive feedback. (Responding)	S		S	S	S	N/A	S	N/A	S	S	S	S	S				
h. Actively engage in self-reflection. (Reflecting)	S		N/A	S	S	N/A	S	N/A	S	S	S	S	S				
	MD	MD	DW	KA	RH	DW	LM	LM	LM	MD	NS	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:**

Week 1 strength: For this week I think I did a great job with the FSBS. I demonstrated all the steps correctly. **Great! MD**

Week 2 weakness: I thought it was difficult working the IV machine (the brain). I plan to improve this by playing with it and practicing it during lab and open lab next Tuesday. I hope by our first clinical I am comfortable and have a better understanding on how to work it. **Great goal! MD**

\*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 3 Strength: I was able to identify what precautions were needed for certain patients and I identified if the staff at the hospitals were following appropriate PPE based on the isolation precautions. **Excellent! This knowledge will help your own practice of infection control in the future. DW**

Week 3 weakness: I struggled to say anything to the staff who weren't following appropriate PPE. I just feel like they wouldn't have listened to me anyway because they know I am so young, but it is important to keep our patient and staff safe. Next time that this happens I will just think to myself the reasons we set these precautions is to keep ourselves and the patients safe. At my next clinical maybe I can educate someone who isn't following appropriate PPE. **Great reflection here, Keyara. I know this is a skill that is hard for a lot of people, myself included. One thing that works for me is almost creating a short script of how I would ideally start the conversation in a professional and nonjudgmental way. Something to consider. DW**

Week 3 (7c,h)- Keyara, I would encourage you to always evaluate these competencies as they are an important part of learning and growing. The only time you would mark N/A for 7c and 7h is if you had no clinical scheduled. DW

Week 4 strength: During clinical this week I thought I did a good job at helping the other students with their patient. I understand that sometimes situations can be very overwhelming and some help can help reduce that. I had a lot of free time in my day so I made it known that I was available for help to all of the other student nurses that I was with. **You were very supportive of your team and ensured everyone had the assistance and supplies they needed to provide optimal care to their patients. KA**

Week 4 weakness: I need to do a better job at administering insulins. When I administered insulin, I didn't press firm enough at first. I think I got scared that I was already putting too much pressure on the patient. I plan to improve this by the next clinical and be prepared if I have to give insulin again. I know now to be completely sure that I put enough pressure and once I have enough pressure then I will press the plunger. **I agree this is an area to work on that you will easily improve on with practice. You were able to quickly change your technique and provide the second insulin injection accurately without any leakage. KA**

Week 5 strength: I thought I did a great job at doing an IV push. I was very nervous before but it went away when I started to flush with normal saline. I made sure that when I was pushing the medication through that I was watching the clock and doing it over two minutes and I also did the same thing when I flushed the tube. After giving my IV push I left the room with a lot of confidence and her daughter even complimented me and said I did a great job. **You did do a great job! RH**

Week 5 weakness: My weakness for this week clinical was being nervous with family in the room. I haven't really had a patient yet that always had family in the room but for this weekend clinical family was always with her. Which I realized is a great thing because it gave my patient more energy and allowed her to enjoy her time while being in the hospital. I plan to improve this by being more engaged and talkative with the family so I can get comfortable and not be so nervous. **Having discussions with family members and the patient at the same time can also provide a great education opportunity for you as a nurse. This also allows the family to ask questions and get information from you rather than a patient who is forgetful. RH**

Week 7 strength: I thought I did a great job at changing my patients' wound dressing as well as documenting on it. This was my first time changing a wound and I was very nervous, but I made sure that my patient couldn't tell I was. I performed the dressing change correctly and even noticed a lot of abnormal things about her wound. When documenting I was very descriptive about her wounds, whereas the previous nurses who documented on her wounds were not. Documenting is important they missed a lot of information about her wound like the wound measurements. **Keyara, you did an excellent job with the dressing changes! You were knowledgeable about the process and maintained aseptic technique. Awesome! LM**

Week 7 weakness: This week I dropped a pill on the floor. I was rushing myself to get the pill out and I took the pill out too quickly which caused it to drop. Next time while administering medication I plan to take my time getting the pill out of the package and not rush myself. I will accomplish this by my next clinical. **Keyara, I know it upset you having dropped a pill but this happens to everyone. You knew how to solve the problem. You stated an appropriate goal to reduce the chance of this happening again. Great job! LM**

Midterm comment: Keyara, you are doing a great job this semester and demonstrating competence in nursing skills and clinical judgment. You are satisfactory in clinical, lab, and simulation. You have completed each competency at least once this semester, except for competency 3g, maintaining or inserting a foley catheter and 3q discontinuing an IV. Please seek out opportunities over the next several weeks to care for patients with foley catheters and seek out times in which you can discontinue an IV. Also, complete any competencies you do not feel comfortable with. You also have placed an NA each week under the 3h competency, of implementing DVT prophylaxis; this includes early ambulation, SCDs, and application of TED hose. You have performed these interventions on your patients throughout the clinical weeks, so please address this within the next several clinical weeks. You have completed both care maps in a satisfactory manner prior to midterm. Keep up the great work! LM

Week 9 strength: This week I thought I did a great job at communicating and being an advocate for my patient. I could tell that my patient was comfortable with me and even felt comfortable enough to talk about personal things with me. As a student nurse this makes me feel good and makes me think I am doing a great job caring for my

patient. She always talked about how amazing her granddaughter is and talks highly of her and she told me that I reminded her of her granddaughter which also made me happy to hear. **Awesome! I am so happy you had a great experience in clinical! MD**

Week 9 weakness: I think this week I made a lot of silly mistakes while documenting. I feel like there is still some things that I don't know about the EMR, I am still getting used to it. I plan to improve this by taking my time while documenting and double checking my documentation. I think in Rehab I try to hurry and document because there isn't much time, but it's important to take my time so mistakes aren't made. When I found a mistake, I would edit my documentation so it was correct. **Great goal! MD**

Week 10 strength: This week I thought I did a great job at being the team leader. I was able to get report on all the patients I had and prioritize my day and I would even adjust my day based on their status. I was constantly asking questions to the other student nurses to see if anything has changed about the patients and I would also check on the patients and the other students to see if they needed anything. **I couldn't agree more! You were attentive to each of your peers. I appreciated how often you evaluated the care provided to determine effectiveness. You took great notes, exuded confidence, and had strong communication with your peers. A week to be proud of! NS**

Week 10 weakness: This week I feel like I did not talk to the nurses who had my patients enough. I feel like it is important to keep them updated because it is their patient as well. I plan to improve this by my next clinical that I have on 3T by making an effort to communicate with my nurse. I think communicating with my nurses that I have in the future will also make me more comfortable in general such as giving report or even communicating with other member of the healthcare team. **Awesome use of reflection to identify areas for improvement! These were great thoughts. Communication in health care is key. Great plan for the future! NS**

Week 11 strength: This week at the Erie County Senior Center I thought I did a great job at communicating with all of the different adults that were there. I think I did a great job including everyone in the activities and making them feel really comfortable with me. I really enjoyed going to the Senior Center and being able to connect with different people! **So glad that you enjoyed this experience. It is definitely an opportunity to communicate with many individuals not just the one you are typically assigned to. I think it also provides a great opportunity to focus on wellness being in the community and not the inpatient setting. Keep up the great work! DW**

Week 11 weakness: This week while I was on digestive health, I was all by myself so I feel like I was very quiet and somewhat shy since I was alone and have never been in the digestive health side of the hospital before. I opened up after a while since I was with the same nurse the entire day, but this is something I would like to improve on. I feel like in the medical field it is important to be somewhat outgoing so you're able to bond with the other workers and patients on the floor. I'm never shy when I'm on the regular floors in the hospital, so I hope to improve this by the next time if I am ever alone during a situation. I can practice being outgoing next clinical on 3T. **DW**

Week 12 strength: This week I think I did a good job at a lot of things, but I think I did a really good job at noticing. I noticed that my patients IV site looked really irritated and even had blood inside the tape and I also noticed the resistance that was meant when administering the Saline flush which made me stop and assess the IV site again. I also noticed that there was an insulin pen in my patients' room that did not belong to him.

Week 12 weakness: I feel like I could have done a better job of not depending on the instructor for everything. When my nurse came in and told me to administer furosemide that was an IV push I told her how I had to wait for my instructor, that's when she told me I could do it with her. Which I knew that since she is an RN, but it felt weird not doing it without my instructor there. I felt bad that I said this to the nurse and I hope by next time I'm back on clinicals I am more comfortable of doing things with just my nurse.

<b>Student Name:</b> Keyara Schneider			<b>Course Objective:</b> Implement patient-centered plans of care utilizing the nursing process, clinical judgment, and consideration for cultural, ethnic, and social diversity. (2,3,4,5)*				
<b>Date or Clinical Week:</b> 2/2/23							
Criteria		3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)	3	Keyara, you did a nice job identifying pertinent assessment findings, lab/diagnostic findings, and risk factors for the patient you chose to complete your care map on. In your assessment include a description of the dressing so it can be reassessed in your evaluation section. KA
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)	3	
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	Keyara, you did a nice job listing your patient's nursing priorities and choosing an appropriate one to focus on. When looking at your complications associated with your nursing priority increased heart rate is more of a symptom versus a complication. Depression, anxiety, or substance abuse would be better options for complications associated with pain. Your other listed complications and signs
	5. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	6. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	2	

\*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

	7. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	3	and symptoms are well written and accurate for the nursing priority. KA
Responding	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	Keyara, you did a nice job listing all appropriate nursing interventions for the nursing priority. You prioritized them correctly and included rationale. You last intervention on education was not timed. When timing education interventions you could make it on admission, before discharge, or daily and reinforce as needed. KA
	9. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	10. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	2	
	11. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	12. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
Reflecting	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	Keyara, you did a nice job evaluating your care map and including all areas from your assessment section in your evaluation. KA
	14. Evaluation includes one of the following statements: <ul style="list-style-type: none"> <li>Continue plan of care</li> <li>Modify plan of care</li> <li>Terminate plan of care</li> </ul>	Complete			Not complete	3	
<p>Total Possible Points= 42 points  42-33 points = Satisfactory  32-21 points = Needs Improvement*  &lt; 21 points = Unsatisfactory*</p> <p><b>*Total points adding up to less than or equal to 32 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.</b></p> <p><b>Faculty/Teaching Assistant Comments: Keyara, you did a great job satisfactorily completed your care map. See comments above on areas you can improve on for next time. KA</b></p>						<p><b>Total Points: 40/42</b></p> <p><b>Faculty/Teaching Assistant Initials: KA</b></p>	

Student Name: Keyara S		Course Objective: Implement patient-centered plans of care utilizing the nursing process, clinical judgment, and consideration for cultural, ethnic, and social diversity. (2,3,4,5)*					
Date or Clinical Week: 2/8/23-2/9/23							
Criteria		3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)	3	3. Were there no risk factors related to your nursing diagnosis? The radiology report stated something about the hernia being a potential cause, but that wasn't listed in your history.
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)	3	
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	2	4. There a quite a few more nursing diagnoses that could have been listed here related to electrolyte imbalance, fluid deficit due to emesis, etc. All the ones you listed were good, but just looking for a few more. 7. Very good list of signs and symptoms related to potential complications!
	5. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	6. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	3	
	7. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	3	
Responding	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	8. What blood draws would you be expecting? Be more specific in your statement and rationale. You also list kidney function labs right after this, would that not be the same or are you looking at other labs?
	9. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	2	
	10. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	11. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	12. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
Ref	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	

	14. Evaluation includes one of the following statements: <ul style="list-style-type: none"> <li>• Continue plan of care</li> <li>• Modify plan of care</li> <li>• Terminate plan of care</li> </ul>	<b>Complete</b>			<b>Not complete</b>	<b>3</b>	
<p>Total Possible Points= 42 points            42-33 points = Satisfactory            32-21 points = Needs Improvement*            &lt; 21 points = Unsatisfactory*</p> <p><b>*Total points adding up to less than or equal to 32 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.</b></p> <p><b>Faculty/Teaching Assistant Comments: Good work on your care map! See my comments in red for feedback. If you have any questions let me know. RH</b></p>						<p><b>Total Points: 40/42</b>  <b>Satisfactory</b></p>	<p><b>Faculty/Teaching Assistant Initials: RH</b></p>

Firelands Regional Medical Center School of Nursing  
**Medical Surgical Nursing 2023**  
**Skills Lab Competency Tool**

Student name: Keyara Schneider								
<b>Skills Lab Competency Evaluation</b>	<b>Lab Skills</b>							
	Week 1	Week 1	Week 1	Week 1	Week 1	Week 2	Week 2	Week 10
	<b>IV Math</b> (3,7)*	<b>Assessment</b> (2,3,4,5,7)*	<b>Insulin</b> (2,3,5,7)*	<b>Lab Day</b> (1,2,3,4,5,6,7)*	<b>IV Skills</b> (2,3,5,7)*	<b>Trach</b> (1,2,3,4,5,6,7)*	<b>EBP</b> (3,7)*	<b>Lab Day</b> (1,2,3,4,5,6,7)*
	<b>Date:</b> 1/12/23	<b>Date:</b> 1/10/23	<b>Date:</b> 1/10/23	<b>Date:</b> 1/12/23	<b>Date:</b> 1/13/23	<b>Date:</b> 1/19/23	<b>Date:</b> 1/19/23	<b>Date:</b> 3/19/23
Performance Codes: <b>S:</b> Satisfactory <b>U:</b> Unsatisfactory	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>
Evaluation:	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>
Faculty/Teaching Assistant Initials	<b>MD</b>	<b>MD</b>	<b>MD</b>	<b>MD</b>	<b>MD</b>	<b>MD</b>	<b>MD</b>	<b>NS</b>
<b>Remediation: Date/Evaluation/Initials</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>

\*Course Objectives

**Comments:**

**Week 1**

(IV Math)-You satisfactorily participated in the IV Math learning session on 1/10/23 as well as the assigned IV Math practice questions and the IV Math Application lab on 1/11/23 or 1/12/23. KA/DW

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

(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

(IV Skills)- You have satisfactorily completed the IV lab including a saline flush, IV push, 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/MD/RH

**Week 2**

(Trach Care & Suctioning 1/19/2023) – During this lab, you satisfactorily demonstrated competence with tracheal airway suctioning and tracheostomy care. You did a great job maintaining sterility. Continue to practice to build confidence in your skills. You did well but were very nervous, practice will decrease those nerves. Keep up the good work! RH

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

Week 9 (Lab Day- Skills Review)- You satisfactorily participated in lab on 3/13/2023 by practicing two skills of your choosing. NS

Firelands Regional Medical Center School of Nursing  
 Medical Surgical Nursing 2023  
 Simulation Evaluations

<b><u>Simulation Evaluation</u></b>	<b>Student Name: Keyara Schneider</b>							
	<b>vSim- Vincent Brody</b> (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	<b>vSim- Juan Carlos</b> (Pharmacology) (*1, 2, 3, 4, 5, 6)	<b>vSim- Marilyn Hughes</b> (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	<b>Simulation #1</b> (Musculoskeletal & Resp) (*1, 2, 3, 4, 5, 6, 7)	<b>Simulation #2</b> (GI & Endocrine) (*1, 2, 3, 4, 5, 6, 7)	<b>vSim- Stan Checketts</b> (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	<b>vSim- Harry Hadley</b> (Pharmacology) (*1, 2, 3, 4, 5, 6)	<b>vSim- Yoa Li</b> (Pharmacology) (*1, 2, 3, 4, 5, 6)
Performance Codes:  S: Satisfactory  U: Unsatisfactory								
	<b>Date:</b> 1/30/23	<b>Date:</b> 2/13/23	<b>Date:</b> 2/24/23	<b>Date:</b> 3/1 or 3/2/23	<b>Date:</b> 4/12 or 4/13/23	<b>Date:</b> 4/17/23	<b>Date:</b> 4/27/23	<b>Date:</b> 5/1/23
Evaluation	S	S	S	S				
Faculty/Teaching Assistant Initials	DW	DW	LM	LM				
<b>Remediation:</b> Date/Evaluation/Initials	NA	NA	NA	NA				

\* Course Objectives

**Comments:**

**3/2/23 – Simulation #1 – Please review the comments placed on the simulation scoring sheet below. In addition, please review the individual faculty feedback placed on your prebrief assignment that was returned to you during the debriefing session and the faculty comments placed within the simulation #1 reflection journal drop boxes. Great job! LM**

# Lasater Clinical Judgment Rubric Scoring Sheet

Student Roles: A=Assessment Nurse; M=Medication Nurse; O=Observer (Course Specific)

STUDENT NAME(S) AND ROLE(S): Ashley Huntley (M) & Keyara Schneider (A)

GROUP #: 7

SCENARIO: MSN Scenario #1 - Part 1

OBSERVATION DATE/TIME(S): 3/2/2023 1100-1230

CLINICAL JUDGMENT COMPONENTS	OBSERVATION NOTES
<p><b>NOTICING: (2) *</b></p> <ul style="list-style-type: none"> <li>• Focused Observation:            E        A        D        B</li> <li>• Recognizing Deviations from   Expected Patterns:            E        A        D        B</li> <li>• Information Seeking:            E        A        D        B</li> </ul>	<p><b>Immediately asked about preferred pronouns.</b></p> <p><b>Performed full set of VS immediately.</b></p> <p><b>Performed focused pain assessment immediately upon pt. stating of pain; assessed pain scale along with associated factors, including N/T.</b></p> <p><b>Partial assessment completed on Lt. leg immediately; began checking Lt. foot for 6Ps; but did not remove sock on Lt. foot (omitted pallor/cyanotic color).</b></p> <p><b>Identified abnormal BP &amp; HR &amp; but did not recognize temperature change in Lt. foot, even after prompted.</b></p> <p><b>Recognized deviations as compartment syndrome.</b></p> <p><b>Reassessed respirations.</b></p> <p><b>Sought information regarding pain level.</b></p> <p><b>Sought information about dyspnea; pt. denied.</b></p> <p><b>Sought further information about a history of a tetanus shot and non-compliance.</b></p>
<p><b>INTERPRETING: (1) *</b></p> <ul style="list-style-type: none"> <li>• Prioritizing Data:            E        A        D        B</li> <li>• Making Sense of Data:        E        A        D        B</li> </ul>	<p><b>Prioritized pain and neuro assessment of 6Ps, but did not check color of foot.</b></p> <p><b>Did not prioritize neuro assessment by exposing Lt. foot by removing sock.</b></p> <p><b>Prioritized pain medication of morphine sulfate for Lt. leg pain.</b></p> <p><b>Prioritized calling HCP regarding compartment syndrome, recognizing as emergent.</b></p> <p><b>Gathered incomplete data prior to calling HCP.</b></p>

<p><b>RESPONDING: (2,3,4,5,6) *</b></p> <ul style="list-style-type: none"> <li>• Calm, Confident Manner:      E      A      D      B</li> <li>• Clear Communication:        E      A      D      B</li> <li>• Well-Planned Intervention/ Flexibility:                    E      A      D      B</li> <li>• Being Skillful:                E      A      D      B</li> </ul>	<p><b>Roles were clearly defined.</b></p> <p><b>Both nurses were calm and confident throughout the scenario.</b></p> <p><b>Removed pillow and ice pack promptly.</b></p> <p><b>Communicated immediately to med nurse to administer pain med; communicated effectively and clearly with each other at times throughout scenario.</b></p> <p><b>Communication was limited with the patient at times during the scenario; needed some prompting at times.</b></p> <p><b>Educated pt.'s partner on compartment syndrome.</b></p> <p><b>Limited responses to pt. when pt. asked questions about surgery.</b></p> <p><b>Used proper pronouns.</b></p> <p><b>Called HCP promptly, missing some pertinent data.</b></p> <p><b>SBAR provided, but missing some information; recognized compartment syndrome; did not write orders or read back information from HCP.</b></p> <p><b>Ice &amp; pillow removed from Lt. leg promptly.</b></p> <p><b>Thorough explanation was provided to patient about morphine sulfate, reason for administering, and potential side effects.</b></p> <p><b>Properly used BMV &amp; confirmed dose.</b></p> <p><b>Switched needle to appropriate gauge for IM.</b></p> <p><b>Administered morphine sulfate correctly; correct dose given; 4mg (syringe label was 2mg/1mL).</b></p> <p><b>Pt's partner was called &amp; notified of pt.'s condition &amp; surgery time change.</b></p> <p><b>Properly prepped, cleansed, &amp; administered NS flush and primed &amp; connected IV tubing; properly hung primary IV and antibiotic IVPB. Remember to check for blood return prior to NS flush.</b></p> <p><b>HCP notified of lab and diagnostic results.</b></p> <p><b>Reassessed pain relief.</b></p> <p><b>Report given to OR nurse.</b></p>
<p><b>REFLECTING: (7) *</b></p> <ul style="list-style-type: none"> <li>• Evaluation/Self-Analysis:      E      A      D      B</li> <li>• Commitment to Improvement: E      A      D      B</li> </ul>	<p><b>Evaluated and analyzed clinical performance after being prompted, overall. Key decision points were identified, and alternatives were considered; discussed conflict resolution.</b></p> <p><b>Demonstrated a desire to improve nursing performance; reflected on experience; identified strengths and weaknesses.</b></p>

<p><b>SUMMARY COMMENTS: * = Course Objectives</b></p> <p><b>Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric.</b></p> <p><b>E= Exemplary</b></p> <p><b>A= Accomplished</b></p> <p><b>D= Developing</b></p> <p><b>B= Beginning</b></p> <p><b>Scenario Objectives:</b></p> <ol style="list-style-type: none"> <li>1. Select physical assessment priorities based on individual patient needs. (2)*</li> <li>2. Implement appropriate nursing interventions based on patient’s assessment. (1,3,6)*</li> <li>3. Communicate appropriately with the patient, family, team members, and healthcare providers incorporating elements of clinical judgment and conflict resolution. (4,7)*</li> <li>4. Provide patient centered care with consideration to cultural, ethnic, and social diversity. (2,3,6)*</li> <li>5. Provide appropriate patient education based on diagnosis. (5)*</li> </ol>	<p><b>Lasater Clinical Judgement Rubric Comments:</b></p> <p><b>Noticing:</b> Regularly observed and monitored a variety of subjective and objective data; most useful information was noticed, sometimes prompted by the patient. Recognized subtle patterns and deviations from expected patterns in data such as vital signs &amp; pain. Assertively seeks information to plan intervention; carefully collects data.</p> <p><b>Interpreting:</b> Prioritized data and focused on the most important data, but also at times attended to less pertinent data. Group was able to interpret data patterns with those known to develop intervention plans.</p> <p><b>Responding:</b> Assumed responsibility and delegated team assignments. Assessed the patient appropriately. Generally communicated well with the other team members. Showed some communication ability; communication with patient, patient’s partner, and team members were partially successful. Interventions were tailored to the individual patient; monitored progress and was able to adjust at times as indicated by patient response. Showed mastery of necessary nursing skills.</p> <p><b>Reflecting:</b> Key decision points were identified, and alternatives were considered. Demonstrated a desire to improve performance; identified strengths and weaknesses.</p> <p><b>Satisfactory completion of MSN simulation scenario #1.</b></p>
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**EVALUATION OF CLINICAL PERFORMANCE TOOL**  
**Medical Surgical Nursing – 2023**

**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:

12/9/2022