

**EVALUATION OF CLINICAL PERFORMANCE TOOL  
Nursing Foundations – 2023**

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

**Student:** Brittany Rodisel

**Final Grade:** Satisfactory

**Semester:** Fall

**Date of Completion:** 12/4/2023

**Faculty:** Frances Brennan, MSN, RN; Amy Rockwell, MSN, RN;  
Chandra Barnes, MSN, RN; Nick Simonovich, MSN, RN

**Faculty eSignature:** Chandra Barnes, MSN, 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 in 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” the following week. 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 Checklists                    | Faculty Feedback    |
| Care Map Grading Rubric                  | Documentation       |
| Administration of Medications            | Clinical Reflection |
| Simulation Scenarios                     |                     |
| Skills Demonstration                     |                     |
| Evaluation of Clinical Performance Tool  |                     |
| Clinical Discussion Group Grading Rubric |                     |
| Lasater Clinical Judgment Rubric         |                     |

**ABSENCE (Refer to Attendance Policy)**

Date	Number of Hours	Comments	Make Up (Date/Time)
10/25/2023	3H	Skills lab week 10	11/6/2023/ 3H
<b>Faculty’s Name</b>			<b>Initials</b>
Chandra Barnes			CB
Frances Brennan			FB
Amy Rockwell			AR
Nicholas Simonovich			NS

## 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 needed 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, and 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.

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

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Objective																		
1. Describe how diverse cultural, ethnic, and social backgrounds function as sources of patient, family, and community values. (2,4,6)*																		
Clinical Experience	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Mid-Term	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14	Week 15	Make-Up	Final
<b>Competencies:</b>								NA		N/A	N/A	S	N/A	S			NA	S
a. Identify spiritual needs of patient (Noticing).								NA		N/A	N/A	S	N/A	S			NA	S
b. Identify cultural factors that influence healthcare (Noticing).								NA		N/A	N/A	S	N/A	S			NA	S
c. Coordinate care based on respect for patient's preferences, values, and needs (Responding).						N/A	S	S		S	N/A	S	N/A	S			NA	S
d. Use Maslow's Hierarchy of needs to determine the care needs of the assigned patient (Interpreting).						N/A	S	S		S	N/A	S	N/A	S			NA	S
						CB	CB	CB		CB	CB	CB	CB	CB			CB	CB
<b>Clinical Location; Patient age**</b>						N/A	3T 71	NA		4N 17 74	N/A	4N 96	N/A	4N 58/ 81			NA	

**Comments**

**\*\*Document your clinical location and patient age in the designated box above.**

**Week 7(1c,d) – Nice job this week interacting with a patient for the first time in the clinical setting. You were able to respect your patient's preferences, values, and needs when entering the room to obtain vital signs and a head to toe assessment. You used Maslow's to determine the importance of assessing vital signs and an assessment to meet the physiological needs of your patient first, great job! CB**

Week 9(1d): Brittany, great job this week determining your patient's needs and using Maslow's to prioritize those needs. I also changed competency 1a,b to a "S" because although you may not verbally voice these to your patient you, if something were to arise you would identify these factors. CB

Week 11 (1c,d) – Brittany, nice job this week interacting with your patient, and respecting your patient's preferences, values, and needs. You used Maslow's to determine the importance of meeting the physiological needs of your patient first. CB

Week 13(1a,b): Great job this week ensuring that all spiritual and cultural factors were taken into account when caring for your patient. CB

\* End-of-Program Student Learning Outcomes

Clinical judgment terminology embedded in each competency – noticing, interpreting, responding, reflecting

Objective																		
2. Summarize knowledge of anatomy, physiology, chemistry, nutrition, psychosocial and developmental principles in performance of basic physical assessment through use of clinical judgment skills. (3,4, 5)*																		
Clinical Experience	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Mid-Term	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14	Week 15	Make-Up	Final
<b>Competencies:</b>						N/A	S	S		S	N/A	S	N/A	S			NA	S
a. Perform head to toe assessment utilizing techniques of inspection, palpation and auscultation (Responding).						N/A	S	S		S	N/A	S	N/A	S			NA	S
b. Use correct technique for vital sign measurement (Responding).						N/A	S	S		S	N/A	S	N/A	S			NA	S
c. Conduct a fall/safety assessment and institute appropriate precautions (Responding).						N/A	<del>N</del> NA	NA		S	N/A	S	N/A	S			NA	S
d. Conduct a skin risk assessment and institute appropriate precautions (Responding).								NA		S	N/A	S	N/A	S			NA	S
e. Collect the nutritional data of assigned patient (Noticing).								NA		NI	N/A	S	N/A	S			NA	S
f. Demonstrates appropriate insertion, maintenance, and/or removal of NG tube (Responding).								NA		N/A	N/A	NA	N/A	N/A			NA	NA
g. Describe the findings and the rationale for diagnostic studies with the nursing implications for assigned patient (Interpreting).								NA		<del>N/A</del> S	N/A	S	N/A	S			NA	S
						CB	CB	CB		CB	CB	CB	CB	CB			CB	CB

**Comments**

Week 7(2a,b): This week you were able to use skills learned in the lab and take content learned in theory and combine them to apply your knowledge in the clinical setting. You were successful in obtaining vital signs and a head to toe assessment on a live patient for the first time. You were able to notice your patient had edema, warmth, and a

dressing to their right lower leg, and you were able to use your clinical judgement to further assess the situation by reviewing their previous assessment findings. Great job!

I changed competency 2a to a “NA” due to it not being completed this week in clinical. CB

Week 9(2a,c,g): Great job this week performing your head to toe assessment and fall assessment on your patient. You were able to calculate your patient’s John Hopkins Fall Risk score and ensure that the environment was clean and free of clutter, therefore reducing the risk of falls and injuries. You were also able to tie together your patient’s priority problem and lab/diagnostic testing that would correlate, so therefore I changed competency 2g to a “S”. When self-rating yourself a “NI” or “U” please always leave a comment so that I know why. CB

Week 11(2a,e,g): Great job performing your head to toe assessment using different techniques to help you collect data on your patient. You were able to use findings from your assessment and look at diagnostic studies in the EMR to understand your patient’s priority problem. You were able to look at your patient’s nutritional status (BMI, meal intake, modified diets) and see how that tied in with your priority problem as well. CB

Week 13(2d,g): Brittany, great job implementing appropriate interventions related to skin risk. Also, great job describing diagnostic findings related to your patient’s priority problem. CB

\* End-of-Program Student Learning Outcomes

Clinical judgment terminology embedded in each competency – noticing, interpreting, responding, reflecting

<b>Objective</b>																		
3. Select communication techniques and appropriate boundaries with patients, families, and health care team members. (1,2,3,4,6,7)*																		
Clinical Experience	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Mid-Term	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14	Week 15	Make-Up	Final
<b>Competencies:</b>						N/A	⊗ NA	NA		S	N/A	S	N/A	S			NA	S
a. Receive report at beginning of shift from assigned nurse (Noticing).						N/A	⊗ NA	NA		S	N/A	S	N/A	S			NA	S
b. Hand off (report) pertinent, current information to the next provider of care (Responding).						N/A	⊗ NA	NA		S	N/A	S	N/A	S			NA	S
c. Use appropriate medical terminology in verbal and written communication (Responding).						N/A	S	S		S	N/A	S	N/A	S			NA	S
d. Report promptly and accurately any change in the status of the patient (Responding).						N/A	S	S		S	N/A	S	N/A	S			NA	S
e. Communicate effectively with patients and families (Responding).						N/A	S	S		S	N/A	S	N/A	S			NA	S
f. Participate as an accountable health care team member in the provision of patient centered care (Responding).						N/A	S	S		S	N/A	S	N/A	S			NA	S
						CB	CB	CB		CB	CB	CB	CB	CB			CB	CB

**Comments**

Week 7(3e): Brittany, you did a great job communicating effectively with your patient this week! I know this can be challenging for the first time in the clinical setting, however you were able to use appropriate communication skills to learn more about your patient. I changed competency 3a-b to a "NA" since you did not receive report from a nurse or give hand-off report. CB

Week 9(3e): Great job this week communicating with your patient, bedside RN, and peers. CB

Week 11(3e): Brittany, great job this week communicating with your patient. You explained everything that was being done to your patient and you were able to relay important information to the bedside RN. CB

Week 13(3a,b): Good job this week receiving report from the off going shift and giving appropriate information to the bedside nurse when leaving clinical for the day. CB

\* End-of-Program Student Learning Outcomes

Clinical judgment terminology embedded in each competency – noticing, interpreting, responding, reflecting

Objective																		
4. Exemplify advanced searches in accessing electronic health care information and documenting patient care. (1,4,8)*																		
Clinical Experience	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Mid-Term	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14	Week 15	Make-Up	Final
<b>Competencies:</b>						N/A	S	S		S	N/A	S	N/A	S			NA	S
a. Document vital signs and head to toe assessment according to policy (Responding).						N/A	S	S		S	N/A	S	N/A	S			NA	S
b. Document the patient response to nursing care provided (Responding).						N/A	S	S		S	N/A	S	N/A	S			NA	S
c. Access medical information of assigned patient in Electronic Medical Record (Responding).		S				N/A	S	S		NI	N/A	S	N/A	S			NA	S
d. Demonstrate beginning skill in accessing patient education material on intranet (Responding).		S						S		S	N/A	S	N/A	S			NA	S
e. Provide basic patient education with accurate electronic documentation (Responding).								NA		S	N/A	S	N/A	S			NA	S
f. Consistently and appropriately post comments for clinical discussion groups on Edvance360 website (Reflection).						N/A	S NI	NI		S	N/A	S	N/A	S			NA	S
<b>*Week 2 –Meditech</b>		CB				CB	CB	CB		CB	CB	CB	CB	CB			CB	CB

**Comments**  
 Week 2(4c,d): Satisfactory for listening attentively and actively participating in the Meditech orientation clinical. You showed beginning competence in the ability to access a patient’s EHR, document care in an intervention, and locate patient data. You were able to access Lexicomp to locate patient education materials. Additionally, nursing policies and procedures were located on the health system intranet. Great job! NS/CB  
 Week 7(4 a,c,f): Good job with your documentation of vital signs and a head to toe assessment, you were very thorough and detailed. My only advice for documentation of the head to toe assessment is to make sure you click on the + sign in the top left corner every time so you don’t miss anything and always have the meditech guidelines with you to ensure you are documenting on the correct areas. I changed competency 4f from an “S” to a “NI” due to you not providing a reference on your original post. Your

intext citation for both post should be, (Potter et al., 2019, p.). If you have additional questions regarding intext citations or references, there is a APA list under clinical resources on Edvance360. CB

Week 9(4c,f): You did a good job accessing medical information on your patient in Meditech. Great job meeting all the requirements for your cdg this week, my only suggestion is that the reference goes at the end of your post. Also when self-rating yourself anything other than a “S” please leave a comment so that I know why. CB

Week 11(4c,f): You did a good job of accessing your patient’s EMR to look up information related to your patient’s hospitalization. You did a great job on your cdg this week, meeting all requirements. CB

Week 13(4c,e,f): You did a great job this week accessing your patient’s information on the electronic medical record. You were able to verify medication and provide education related to medication taking. CB

\* End-of-Program Student Learning Outcomes

Clinical judgment terminology embedded in each competency – noticing, interpreting, responding, reflecting

**Objective**

5. Exemplify psychomotor skills and nursing care safely using evidence-based practice. (3,4,5,7,8)\*

Clinical Experience	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Mid-Term	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14	Week 15	Make-Up	Final
<b>Competencies:</b>						N/A	S	S		S	N/A	S	N/A	S			NA	NA
a. Demonstrate correct body mechanics and practices safety measures during the provision of patient care (Responding).								S		S	N/A	S	N/A	S			NA	NA
b. Apply the principles of asepsis and standard/infection control precautions (Responding).						N/A	S	S		S	N/A	S	N/A	S			NA	S
c. Demonstrates appropriate skill with foley catheter insertion, maintenance, and removal (Responding).								NA		N/A	N/A	N/A	N/A	N/A			NA	NA
d. Manage basic patient care situations with evidence of preparation and beginning dexterity (Responding).						N/A	S	S		S	N/A	S	N/A	S			NA	S
e. Organize time providing patient care efficiently and safely (Responding).						N/A	S	S		S	N/A	S	N/A	S			NA	S
f. Manages hygiene needs of assigned patient (Responding).								NA		S	N/A	S	N/A	S			NA	S
g. Demonstrate appropriate skill with wound care (Responding).								NA			N/A	S	N/A	N/A			NA	S
<b>h. Document the location of fire pull stations and fire extinguishers. ** (Interpreting).</b>						N/A	S	S										S
						CB	CB	CB		CB	CB	CB	CB	CB			CB	CB

Comments

**\*\*You must document the location of the pull station and extinguisher here for your first clinical experience.**

**Fire extinguisher was across from room 3035 and the pull station was between 3036 and 3037 CB**

Week 9(5a,b,f): Brittany, you did a great job demonstrating correct body mechanics while completing your assessment, performing hygiene needs, and while assisting your patient to the bathroom. You did a great job ensuring that you were foaming in/out when entering a patient's room, good job! CB

Week 11(5a,d,g): You were able to maintain correct body mechanics this week while managing basic patient care such as bathing your patient, transferring your patient to the chair, and while your patient was in bed, great job! Brittany, you did a fantastic job with the dressing change to your patient's leg, appropriately cleansing and dressing as per the dr's orders. CB

Week 13(5e): Great job with time management this week with your medication administration. You were able to organize your time and prioritize your patient's needs. CB

\* End-of-Program Student Learning Outcomes

Clinical judgment terminology embedded in each competency – noticing, interpreting, responding, reflecting

<b>Objective</b>																		
6. Develop patient-centered plans of care utilizing the nursing process. (3,4,5,6,7)*																		
Clinical Experience	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Mid-Term	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14	Week 15	Make-Up	Final
<b>Competencies:</b>								NA		S	N/A	S	N/A	S			NA	S
a. Utilize clinical judgment skills to develop a patient-centered plan of care (Responding).								CB		CB	CB	CB	CB	CB			CB	CB

**Comments**

Week 9(6a): Great job this week realizing what your patient’s priority problem would be in order to develop a plan of care. CB

Week 11(6a): Good job this week assessing your patient and gathering information from the electronic medical record to help you identify your patient’s priority problem, and centering patient care around that. CB

Week 13(6a): You were able to develop a plan of care for your patient related to their priority problem this week in clinical, good job! CB

\* End-of-Program Student Learning Outcomes

Clinical judgment terminology embedded in each competency – noticing, interpreting, responding, reflecting

<b>Objective</b>																		
7. Convert basic pharmacology principles into safe medication administration. (3,5,6,7)*																		
Clinical Experience	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Mid-Term	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14	Week 15	Make-Up	Final
<b>Competencies:</b>								NA					N/A	S			NA	S
a. Identify the action, rationale, dosage, side effects and the nursing implications of medications (Interpreting).								NA					N/A	S			NA	S
b. Recognize patient drug allergies (Interpreting).								NA					N/A	S			NA	S
c. Practice the 6 rights and 3 checks prior to medication administration (Responding).								NA					N/A	S			NA	S
d. Administer oral, intramuscular, subcutaneous, and intradermal medications using correct techniques (Responding).								NA					N/A	S			NA	S
e. Review the patient record for time of last dose before giving PRN medication (Interpreting).								NA					N/A	S			NA	S
f. Assess the patient response to PRN medications (Responding).								NA					N/A	S			NA	S
g. Demonstrate medication administration documentation appropriately using BMV (Responding).								NA				S	N/A	S			NA	S
<b>*Week 11: BMV</b>								CB				CB	CB	CB			CB	CB

**Comments**

Week 11 (7g) - You are satisfactory for this competency by attending the Bedside Medication Verification (BMV) clinical orientation, actively listening, observing, and discussing accurate medication documentation and safe administration with the use of the BMV scanner. NS/CB

Week 13(7a-d, g): Brittany, you did a great job with medication administration. You were able to identify why your patient was receiving the medication, potential side effects, and appropriate patient education. You followed the 6 rights of medication administration with 3 medication checks, verifying the correct patient and their allergies. You were able to utilize the BMV for medication administration documentation. CB

\* End-of-Program Student Learning Outcomes

Clinical judgment terminology embedded in each competency – noticing, interpreting, responding, reflecting

**Objective**

8. Exemplify professional conduct through self-reflection, responsibility for learning, and goal setting. (1,5,7)\*

Clinical Experience	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Mid-Term	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14	Week 15	Make-Up	Final
<b>Competencies:</b>						N/A	S	S		S	N/A	S	N/A	S			NA	S
a. Reflect on areas of strength** (Reflecting)						N/A	S	S		S	N/A	S	N/A	S			NA	S
b. Reflect on areas for self-growth with a plan for improvement. ** (Reflecting)						N/A	S	S		S	N/A	S	N/A	S			NA	S
c. Incorporate instructor feedback for improvement and growth (Reflecting).						N/A	S	S		S	N/A	S	N/A	S			NA	S
d. Follow the standards outlined in the FRMCSN policy, "Student Code of Conduct" (Responding).						N/A	S	S		S	N/A	S	N/A	S			NA	S
e. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions (Responding).						N/A	S	S		S	N/A	S	N/A	S			NA	S
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect (Responding).						N/A	S	S		S	N/A	S	N/A	S			NA	S
g. Comply with patient's Bill of Rights (Responding).						N/A	S	S		S	N/A	S	N/A	S			NA	S
h. Respect the privacy of patient health and medical information as required by federal HIPAA regulations (Responding).						N/A	S	S		S	N/A	S	N/A	S			NA	S
i. Actively engage in self-reflection. (Reflecting)						N/A	S	S		S	N/A	S	N/A	S			NA	S
						CB	CB	CB		CB	CB	CB	CB	CB			CB	CB

**\*\* Strength/weakness reflection (a,b): Must have different written example each week of clinical/lab. You must explain your plan for how you will improve. Example, "I am having a difficult time with obtaining a manual BP. I will get a BP cuff from Amy and practice manual BP's with at least three members of my family this week." Please ensure that you answer this section in-depth with your plan of action. Each week must be different.**

### **STRENGTH/WEAKNESS week 7**

My strength was being able to trend the data of the patient's vital signs quickly. I didn't have any problems getting the information I needed to see if my patient's blood pressure was going to be WNL'S. **Great job, Brittany. I know that meditech can be overwhelming, but you were able to navigate to find previous vital signs. CB**

My weakness was missing a lot on my head-to-toe assessment more than I have liked. I know it's been a little bit since we had our 1:1, but I wasn't as thorough as I should have been. My patient made me feel comfortable, but I also had some nerves so that played a role in that as well. I was also hesitant to look at patients' perineal area as this is my first-time face to face with a patient, I wish I would of dove right in. Next time I will be prepared and confident for my next clinical by being optimistic and remembering why I want to be a nurse. **Brittany, nerves can get the best of us sometimes. Remember, when talking about a weakness, you need to be very specific about how you are going to improve on it, there is an example above. CB**

### **STRENGTH/WEAKNESS WEEK 9**

My strength this week was being able to ensure safety for my patient due to her being a fall risk patient. I was able to carefully help her in and out of bed and to and from the bathroom/toilet back to the bed. I and another student helped give patient a bag bath which was successful and left the patient feeling better afterwards. **Great job this week ensuring that your patient was safe, and accepting the help of peers to complete hygiene needs. CB**

My weakness was not being able to navigate my patients vital sign trends throughout the day. Also being able to find a lot of information which I should have asked Chandra for help when we were charting some things and not in patient rooms. Trending was something I forgot to do although I was able to view her recent vitals, I only looked at yesterday's vitals and not the trend. So, when I was comparing blood pressures it was a little elevated during the day which could have been from the patient moving around and being in pain going to and from the bathroom. I guess now that I think of it my patient was only admitted one to two days before I had her. I will talk to the instructors and see if I am able to navigate the system on my own maybe in the skills lab room so I can get comfortable with it. **Meditech will get easier to navigate with more time and experience. Do not be too hard on yourself, clinicals moving forward you will have time to look deeper into the chart because you will know what is expected during the clinical day. CB**

### **STRENGTH/WEAKNESS WEEK 11**

My strength this week was being able to efficiently care for my patient's hygiene, oral hygiene, and needs. Myself, another student, and Chandra helped give the patient a bag bath which I felt helped her feel better. A little after 11 am I was able to notice that my patient's mouth was dry, and she had what appeared to be some form of brown/green gunk in her mouth. So, I went and grabbed biotene and swabs for the patient's mouth. I was able to effectively clean patients' oral cavity with a few different swabs to ensure some moisture and cleanliness. **Brittany, great job this week recognizing that being clean can help your patient feel more relaxed and rest better. Hygiene plays a huge role in comfort. CB**

I believe my weakness this week was not effectively communicating with my nurse and letting her know right away when I cleaned the patient up and did oral care for her. I think that's important to relay information about the patient after each encounter to ensure quality care. I wish I would have talked to my nurse and mentioned to her if she was going to be assisting the patient with anything. If I could be in the room with her observing, I walked in on my nurse giving my patient potassium and I wish I had been in there to witness this. The next time we are in clinical I will make sure there is open communication with my nurse so I am able to experience and encounter the most I can while in nursing school.

**Communication is key in healthcare and recognizing that you want to be more involved in your patient's care is great. Communicating at the beginning of the day your wishes, will help you achieve this. CB**

Week 12 (8f): Brittany, you are receiving a "U" due to submitting your clinical tool after the due date and time. Please read the following statement and be sure to address the "U" for week 13. 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" the following week. If the student does not state why the "U" is corrected, it will be another "U" until the student addresses it. CB

Week 13

**F. is not a U this week due to turning my clinical tool in on time this week. CB**

Strength: My strength this week was being able to effectively give my patient her medication with Chandra. It wasn't too overwhelming because my patient was not on a lot of medications, but it was exciting to finally be able to do that. **You did a great job with medication administration. You were very thorough and took your time to ensure your patient's safety is priority. CB**

Weakness: My weakness at clinical this week was not being able to work the blood pressure cuff properly for some reason. My patient just had surgery on her left elbow which was in a sling and her right arm had an IV in it. The cuff I had was way too big. I will make sure next time I can properly locate where the correct size of cuff is for my patient to get an accurate measurement. **If you are ever in clinical and you need help with finding the correct blood pressure cuff, please ask myself or maybe one of your peers would be able to help. CB**

**Final comment: Brittany, you did an excellent job this semester! You came to each clinical prepared and ready to take on any patient assigned to you. You have grown over the weeks with your confidence and knowledge of not only the environment of the hospital and clinical setting, but also your patients and their needs. Every single one of your patient's were pleased with the care you provided and the time that you spent with them. You did not get the opportunity to perform foley or NG care, so please seek this opportunity out in your MSN semester. Great job, and I am excited to see your growth continue! CB**

\* End-of-Program Student Learning Outcomes

Clinical judgment terminology embedded in each competency – noticing, interpreting, responding, reflecting

Date	Care Map Top Nursing Priority	Evaluation & Instructor Initials	Remediation & Instructor Initials
11/20/2023	Impaired Gas Exchange	*S/CB	*NA

Note: Students are required to submit one satisfactory care map by 11/20/2023 at 0800. 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 one time to receive a satisfactory evaluation. **\*See Attached Nursing Care Map Grading Rubric.**

Firelands Regional Medical Center School of Nursing  
Care Map Grading Rubric

Student Name: <b>Brittany Rodisel</b>		Course Objective: <b>Develop patient-centered plans of care utilizing the nursing process. (3,4,5,6,7)*</b>					
Date or Clinical Week: <b>11/20/2023</b>							
Criteria		3	2	1	0	Points Earned	Comments
<b>Noticing</b>	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	Great job providing specific abnormal patient data and relevant risk factors for your patient.
	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	
<b>Interpreting</b>	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	2	You did a great job listing nursing priorities, but I would have also included (acute confusion, risk for adult pressure injury, self-care deficit, imbalanced nutrition-less than body requirements, risk for falls, impaired physical mobility, risk for electrolyte imbalance, and risk for injury). You did a great job highlighting abnormal findings that correlated with your top nursing priority of impaired gas exchange. Potential complications were listed and you were able to also list signs and symptoms related to each of them.
	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	
<b>Responding</b>	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	You did a great job listing realistic interventions that were related to your patient, that were prioritized. You provided a rationale for each
	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	3	intervention that was pertinent to your patient, and each intervention included a frequency.
	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	You did a great job reflecting on all of your abnormal assessment and lab/diagnostic testing, reassessing your patient to see any improvement, and including to continue the plan of care.
	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	
Total Possible Points= 42 points 42-33 points = Satisfactory 32-21 points = Needs Improvement* < 21 points = Unsatisfactory* *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>Total Points:</b> 41/42	
<b>Faculty/Teaching Assistant Comments:</b> Brittany, great job overall on your first nursing care map. Please remember when completing any assignment that has guidelines and a rubric, have them both available to reference. CB						<b>Faculty/Teaching Assistant Initials:</b> CB	

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

Student Name: Brittany Rodisel

<b>Skills Lab Competency Evaluation</b>	<b>Lab Skills</b>										
	<b>Week 1 (4)*</b>	<b>Week 2 (2,3,5,8)*</b>	<b>Week 3 (2,3,4,5,8)*</b>	<b>Week 4 (2,3,4,5,8)*</b>	<b>Week 5 (2,3,4,5,8)*</b>	<b>Week 6 (1,2,3,4,5,8)*</b>	<b>Week 7 (2,3,4,5,8)*</b>	<b>Week 8 (2,3,4,5,8)*</b>	<b>Week 9 (2,3,4,5,8)*</b>	<b>Week 10 (2,3,4,5,6,8)*</b>	<b>Week 11 (2,5,7)*</b>
	<b>Date:</b> 8/21/2023	<b>Date:</b> 8/30/2023	<b>Date:</b> 9/8/2023	<b>Date:</b> 9/13/2023	<b>Date:</b> 9/20/2023 & 9/21/2023	<b>Date:</b> 9/27/2023	<b>Date:</b> 10/4/2023	<b>Date:</b> 10/11/2023	<b>Date:</b> 10/18/2023	<b>Date:</b> 11/6/2023	<b>Date:</b> 10/31/2023
Performance Codes:  S: Satisfactory  U: Unsatisfactory											
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>	<b>S</b>	<b>S</b>	<b>S</b>
Faculty Initials	<b>AR</b>	<b>AR</b>	<b>NS</b>	<b>NS</b>	<b>NS</b>	<b>NS</b>	<b>NS</b>	<b>NS</b>	<b>NS</b>	<b>AR</b>	<b>AR</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>	<b>NA</b>	<b>NA</b>	<b>NA</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>	<b>NA</b>	<b>NA</b>	<b>NA</b>

\*Course Objectives

Comments:

**Week 1 (Technology Lab):**

During this lab you were able to satisfactorily navigate:

- Edvance360 Learning Management System.
- Skyscape Resource System.
- Assessment Technologies Institute (ATI) / Virtual Simulation (vSim) Systems.
- Guided tour of library and computer lab. AR

**Week 2 (Hand Hygiene; Vital Signs; PPE):**

During lab this week you were able to satisfactorily demonstrate:

- Appropriate hand hygiene utilizing hand sanitizer and soap/water.
- Accurate verbalization of procedure for donning & doffing PPE.
- Appropriate level of skill during guided practice with measurement of radial and brachial pulses, along with manual blood pressure. Vital signs skills will be observed 1:1 with faculty during Week 3. Keep up the good work! AR

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**Week 3 (Vital Signs):**

Awesome work in the lab this week! You satisfactorily completed the vital sign check off during 1:1 observation, including oral temperature, radial pulse, respiratory rate, pulse oximetry, and blood pressure measurement. During the blood pressure measurement, you accurately obtained two consecutive blood pressure results on the Vital Sim manikin. The first blood pressure measurement was set at 106/60, and you identified it as 100/60, which was within the range for a satisfactory result. The second measurement was set at 144/94 and you interpreted it as 140/100, within the desired range. You were able to verbally discuss the following measurements: axillary and rectal temperature along with orthostatic vital sign assessments. You did not require any prompts throughout the whole checkoff, great work! You provided accurate detail in your communication with the “patient”. Overall your documentation looked good. One area was omitted related to the source of obtaining a blood pressure (supine with auscultation). Be sure to pay close attention to all details when documenting. This will improve with continued practice in the lab. Keep up the great work!! NS

**Week 4 (Assessment):**

Satisfactory with head to toe assessment guided practice, hand-off report activity, and Lexicomp/Intranet navigation activity. You will be observed 1:1 for Head to Toe Assessment competency during Week 5. NS

**Week 5 (Assessment; Mobility):**

Great job in lab this week! You have satisfactorily demonstrated a basic head to toe assessment in the skills lab. Your approach was systematic, thorough, and overall well done. You required two prompts throughout your check-off. One prompt was related to assessing sensation of extremities by asking about presence of numbness and tingling. The second prompt was related to auscultating the six lung sounds posteriorly. You correctly identified lung sounds as crackles, nice job! You demonstrated friendly, professional, and informative communication. Great work! NS

Feedback on documentation this week: With this being the first time that you fully documented these interventions, there are some areas for improvement. You did a good job, overall, with your Meditech documentation. You documented on the interventions listed below; however, some areas were inaccurate or omitted. Please review each area of documentation so you can examine areas that were omitted. I want you to feel comfortable and confident with Meditech documentation.

- Pain – omitted description of pain being “intermittent” and “shooting.”
- Safety – Accurate and Complete.
- Vital Signs – omitted “normal” for respiratory pattern. Otherwise, accurate and complete.
- Physical Assessment – omitted left ear documentation. Documented on “monitored patient, EKG, and heart rhythm.” These sections are to be left blank at the Nursing Foundations level. Otherwise, accurate and complete.

Mobility Lab 9/21/2023: Satisfactory completion of mobility lab through demonstration of the following: Logrolling/turning a patient, lifting a patient in bed, repositioning from lying to sitting, repositioning from sitting to standing, stand/pivot transfer from a bed to a chair, ambulating with a walker, ambulating with crutches, ambulating with a cane, use of a gait belt, and safe use of a wheelchair. Proper body mechanics were utilized to promote safety for the health care worker and the patient. Great job with active participation throughout the duration of the lab. NS

**Week 6 (Personal Hygiene Skills):**

Satisfactory with patient hygiene, making an occupied bed, shaving, oral care, hearing aid care, application of ace wraps, TED Hose/SCD's, and clinical readiness scenario during guided practice. Completed Meditech documentation for Hygiene and Ted Hose. Keep up the great work! NS

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**Week 7 (NG Skills: Insertion, Irrigation, and Removal; Feedings):**

Nice job this week in the skills lab demonstrating competence for Nasogastric Tube Insertion, Irrigation, and Removal through 1:1 observation. For the Insertion checklist, you required two prompts: one related to ensuring the NG tube is secured prior to checking for gastric return. This can be achieved by placing the split piece of tape across the nose before letting go. The second prompt was related to offering oral hygiene after insertion and every 2-4 hours. For irrigation, one prompt was required related to verifying placement of the NG tube by assessing the exit site at the nares before performing irrigation. You were able to remind yourself to label the equipment appropriately. For removal, one prompt was required to verify placement by assessing the exit site at the nares before flushing the NG tube for removal. You were able to verbalize understanding of the difference between irrigation and flushing and aspiration precautions. You were able to practice administering intermittent tube feeding using the gravity method while also confirming tube placement with gastric residual. Additionally, you participated in the PO intake station for accurate calculation of carbohydrate intake, accurately measured gastric output through the NG tube, practiced assisting a visually impaired patient with their meal, and completed the assigned documentation in Meditech. Keep up the hard work! NS

**Week 8 (Foley Skills: Insertion, Removal; Sterile Gloves; I&O, Documentation Lab):**

You did a great job in the lab this week and were satisfactory with the following skills: Sterile Glove Application, Foley Catheter Insertion (female), and Foley Catheter Removal. You were able to practice and gain more confidence in applying sterile gloves and did well during your check-off. One prompt was required related to opening the sterile tray on the bedside table instead of the bed. This was discussed and demonstrated properly. The second prompt was related to holding the catheter after insertion while inflating the catheter balloon to prevent accidental removal. During removal, one prompt was required for emptying the urine drainage back and assessing the urine characteristics prior to removing the catheter. You maintained the sterile field throughout the Foley insertion, and did not contaminate the catheter or your gloves at any point. You correctly verbalized the differences in catheter insertion for a male patient. Actively participated in the Intake and Output stations, and completed Meditech documentation related to Urinary Catheter Management and Intake & Output. You independently completed the Meditech documentation for Urinary Catheter Management. Keep up the great work! NS

Documentation Lab – You have satisfactorily completed the documentation lab by actively participating in Meditech documentation related to vital signs, physical re-assessment, safety and falls, pain assessment, patient rounds, TED hose/SCD/Ace wrap, feeding method, Intake and Output, urinary catheter management, and writing a nurse note. You utilized your time wisely, asked appropriate questions, and gained experience with each intervention listed in preparation for clinical. Feedback and remediation were provided as needed during the documentation review. Great job! CB

**Week 9 (Dressing Change: Dry Sterile, Damp to Dry Packed, Stoma Skills):**

You have demonstrated competence in the skill of wound assessment and wound care through guided observation of Dry Sterile Dressing and 1:1 observation of Damp to Dry Packed Wound Dressing Change. During the Damp to Dry Packed Wound Dressing Change, you were able to remind yourself to pour the sterile saline over the gauze prior to putting on the sterile gloves to prevent contamination. Job well done! Documentation was completed related to wound care and patient rounds in the Meditech system. Additionally, you participated in the stoma care station to gain additional knowledge and skills. Clinical scenario questions were presented to the group with active participation from all students. Great job this week! NS

**Week 10 (Safety; Infection Control; Prioritization; Weight; Pressure Ulcer Prevention; Soft Restraints; Doppler BP):** Make-up with vSim Josephine Morrow. Satisfactory meeting all requirements. AR

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**Week 11 (Medication Lab):**

Satisfactory participation and performance of the following skills in the medication lab: Oral, IM, SQ, and ID medication administration; performance of IM injection on fellow student; performance of SQ & ID injection on practice sponge; use of and drawing medication out of ampule and vial; communication/accountability activity with awareness of allergies & dosage calculation.  
AR

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

<b><u>Simulation Evaluation</u></b>	Simulation #1 (2,3,5,8) *	Simulation #2 (2,3,5,7,8) *
	<b>Performance Codes:</b>  <b>S:</b> Satisfactory  <b>U:</b> Unsatisfactory	<b>Date:</b> <b>11/7/2023 or</b> <b>11/14/2023</b>
Evaluation (See Simulation Rubric)	<b>S</b>	<b>S</b>
Faculty Initials	<b>CB</b>	<b>CB</b>
<b>Remediation:</b> <b>Date/Evaluation/Initials</b>	<b>NA</b>	<b>NA</b>

\* Course Objectives

- A. Reflect on an area of strength after observing/participating in each simulation scenario.**
- B. Recognize one area for improvement and set a goal to meet this need.**

The goal must include what you will do to improve, how often you will do this, and when you will complete the goal (example- "I forgot to raise the head of the bed when the patient began having trouble breathing. I will review the proper nursing interventions for dyspnea in the textbook and on skyscape twice before the next simulation scenario").

Simulation #1:

- A. My area of strength in sim lab was being able to communicate properly with the nurse and remembering to ask the patient if she had any drug allergies.
- B. I forgot to write down a side effect of one medication. I didn't realize the patient needed it until It was time for me to give her the medication so I grabbed the medication last minute. I will review the medication list thoroughly and make sure I write down each medication that I need on skyscape next time. I will review a list of medications on skyscape a couple times before our next simulation to get more comfortable and make sure I am prepared for next time.

Faculty comments: **Great job in simulation. You have a great plan to be prepared next time giving medications, knowing that it is important to know all information about the medications. CB**

Simulation #2:

- A. My area of strength as an observer was being able to thoroughly watch my peers engage and work hands on without there being any kind of stress on my end. I was able to sit back and watch the things my peers did well and the things my peers missed. Some things my peers did well were being able to do a full pain assessment and apply nasal cannula, as ordered by the doctor. Also being able to accurately administer medication.
- B. As an observer I could of took better notes. For future simulation labs I will take better notes to be well prepared for debriefing.

Faculty comments: **Brittany, great job reflecting on your simulation #2 experience. It is nice being the observer, you are able to see many different things from a different perspective. You have a good plan in place to ensure that the next time you observe in simulation, you have taken the appropriate notes to be prepared for debriefing. CB**

## Lasater Clinical Judgment Rubric Scoring Sheet

**Student Roles: A=Assessment Nurse; M=Medication Nurse; O=Observer**

STUDENT NAME(S) AND ROLE(S): Andrea Pulizzi (A), Brittany Rodisel (M), Jessica Greaves (O)

GROUP #: 7

SCENARIO: NF #1

OBSERVATION DATE/TIME(S): 11/14/2023 1000-1100

<b>CLINICAL JUDGMENT COMPONENTS</b>					<b><u>OBSERVATION NOTES</u></b>
<b>NOTICING: (1,2,4,6,7) *</b>					
• Focused Observation:	E	A	D	B	Assessment nurse introduced self and role, asked name/date of birth.
• Recognizing Deviations from Expected Patterns:	E	A	D	B	Noticed cough and raised head of bed.
• Information Seeking:	E	A	D	B	Noticed temp 99.2, SpO2 89% on RA, HR 81, RR 18, B/P 130/81.
					Noticed low SpO2 on RA, applied PRN oxygen.
					Pain assessment performed.
					Noticed crackles upon auscultation of lung sounds.
					Noticed tissues in patient's bed. Noticed yellow sputum in the tissues. Did not seek further information about cough (remediated in debriefing).
					Recognized proper safety protocol during assessment and medication administration by properly raising the HOB and adjusted the bed height.
					Medication nurse introduced self and role when entering the room. Accurately identified patient's name/date of birth and allergies.
					Performed 6 rights of medication administration by using the BMV scanning system for patient safety. Accurately identified patient name and date of birth.
					Information obtain from patient about how medications are taken at home.
					Noticed indications for atorvastatin and multivitamin. Noticed potential adverse reactions and side effects.

<p><b>INTERPRETING: (1,2,4,6,7) *</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>Prioritized respiratory status.</p> <p>Interpreted low SpO2 of 91% as requiring oxygen per physician's order.</p> <p>Interpreted crackles as related to diagnosis of pneumonia.</p> <p>Promoted to assess bilateral heels after complaints of pain. Placed pillow under heels.</p> <p>Interpreted medication orders in MAR.</p> <p>Prioritized medication safety practicing 6 rights of medication administration.</p> <p>Interpreted side effects of medications appropriately.</p>
<p><b>RESPONDING: (1,2,3,4,5,6,7) *</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 style="padding-left: 20px;">B</p>	<p>Practiced standard precautions with hand hygiene before entering the room.</p> <p>Promptly performed a head-to-toe assessment.</p> <p>Safety assessment performed related to fall. Consider implementing all fall precautions (bed alarm, yellow signs, etc).</p> <p>Collaborative communication between assessment and medication nurse.</p> <p>Communicated with patient about interventions being performed, with questions answered appropriately.</p> <p>Good therapeutic communication utilized by the assessment and medication nurse while with the patient.</p> <p>Responded to low SpO2 of 91% by raising the head of the bed and applying oxygen at 2L per nasal cannula as per physician's orders.</p> <p>Re-evaluated SpO2 after oxygen applied.</p> <p>Appropriately used the BMV scanning system for medication safety.</p> <p>Communicated medications to be administered. Remember to never leave medication unattended at bedside.</p> <p>Consider educating patient on fall precautions, coughing and deep breathing, smoking cessation, home oxygen therapy, and incentive spirometer.</p>
<p><b>REFLECTING: (1,2,4,5,6,8) *</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>Observers provided good insight during debriefing. Noticed the good infection control measures. Discussed initiating O2 via nasal cannula for low SpO2 per orders. Discussed strengths of both the assessment nurse and medication nurse. Constructive feedback was provided. Identified potentially having the patient cough and deep breath to improve lung expansions to improve SpO2 levels. Observers discussed potential educational needs related to the scenario. Noticed the implementation of the six medication rights. Identified positive communication between team members and with the patient.</p>

	<p>Participated well in debriefing. Each member of the team reflected on the experience and asked appropriate questions. Members of the team noticed areas for improvement and discussed ways to make improvements in the future. Good discussions amongst all members of the team. Nice job!</p>
<p><b>SUMMARY COMMENTS: * = Course Objectives</b></p> <p><b>Satisfactory completion of the simulation scenario is a score of “Beginning” 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> <ul style="list-style-type: none"> <li>• Demonstrate collaborative communication with patients and healthcare team members (1,3,8) *</li> <li>• Differentiate between need for complete head to toe versus focused assessment and execute accordingly (1,5,6,8) *</li> <li>• Select and administer prescribed oral and intramuscular medications following the six rights (1,4,5,7) *</li> <li>• Identify and provide accurate patient education (1,2,3,4,5,7) *</li> <li>• Recognize patient oxygenation and pain control needs and provide appropriate interventions (2,4,5,6,7) *</li> </ul>	<p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Makes limited efforts to seek additional information from the patient and family; often seems not to know what information to seek and/or pursues unrelated information.</p> <p>Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. In most situations, interprets the patient’s data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse.</p> <p>Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Communicates effectively; explains interventions; calms and reassures patients and families; directs and involves team members, explaining and giving directions; checks for understanding. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. Displays proficiency in the use of most nursing skills; could improve speed or accuracy.</p> <p>Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.</p> <p><b>Satisfactory Completion of NF Simulation #1.</b></p>

# Lasater Clinical Judgment Rubric Scoring Sheet

**Student Roles: A=Assessment Nurse; M=Medication Nurse; O=Observer**

STUDENT NAME(S) AND ROLE(S): Jessica Greaves (M), Zachary Grosswiler (A), Brittany Rodisel (O), Andrea Pulizzi (O)

GROUP #: 6

SCENARIO: NF #2

OBSERVATION DATE/TIME(S): 11/28/2023 0800-0900

CLINICAL JUDGMENT COMPONENTS	<u>OBSERVATION NOTES</u>
<p><b>NOTICING: (1,2,4,6,7) *</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>Confirmed name and DOB when entering the room with wristband. Noticed Spo2 alarm for Spo2 of 91%. Noticed HR at 94. Noticed hypertension. Noticed RR of 28. Noticed physician order to maintain Spo2 &gt;93%. Noticed tissues with sputum in the bed. Noticed patient was experiencing pain. Sought additional information related to pain (rating, duration, type, location, worsening/alleviating factors, radiating pain). Noticed pain 7/10. Sought information related to patient preference regarding receiving pain medications before or after assessment. Noticed PRN orders for two different pain medications Medication nurse verified name and DOB and compared to wristband prior to administering medications for patient safety. Sought information related to patient receiving an IM injection in the past. Sought information regarding reactions to IM injections. Sought information related to injection location preference. Noticed need for fall precautions. Noticed improved respiratory rate of 20 after interventions performed.</p>
<p><b>INTERPRETING: (1,2,4,6,7) *</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>Made sense of physician order to maintain Spo2 &gt;93%. Prioritized applying oxygen for spo2 of 91%. Prioritized elevating the HOB for oxygenation. Consider performing a focused respiratory assessment at this time. Prioritized focused pain assessment. Made sense of patient experiencing pain. Made sense of PRN reasons for pain medications. Made sense of dosage calculation needed for morphine. Prioritized administration of pain medication prior to completing full assessment. Made sense of potential side effects with Morphine. Prioritized remaining assessment after pain was relieved.</p>

	<p>Made sense of crackles being related to fluid and pneumonia.</p>
<p><b>RESPONDING: (1,2,3,4,5,6,7) *</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>Introduced self and role when entering the room for communication.</p> <p>Communicated with the patient that Spo2 is low at this time. Educated about order for oxygen to maintain &gt;93%. Focused respiratory assessment performed.</p> <p>Elevated the HOB for low oxygenation and difficulty breathing.</p> <p>Verified physician order for oxygen administration. Applied oxygen at 2L via nasal cannula. Communicated vital sign results with the patient.</p> <p>Focused pain assessment performed. Looked at the pain site.</p> <p>Asked the patient preference to receive pain medication prior to assessment being performed.</p> <p>Educated patient on pain medications helping to slow her breathing.</p> <p>Communicated with medication nurse to determine pain relief orders.</p> <p>Dosage calculation performed accurately. (2ml administered or 4mg). Excess amount wasted, Remember, this has to be done with a witness.</p> <p>Used BMV scanner for medication safety.</p> <p>Cleaned site with alcohol swab with aseptic technique. Appropriate needle size selected (22g, 1in). good technique with injection. Remember to aspirate for presence of blood prior to injecting. Medication pushed slowly. Needle safety performed. Re-assessed patient for discomfort at the site. Applied band aid.</p> <p>Good teamwork to complete assessment and to administer medications simultaneously without interfering.</p> <p>Educated patient on morphine for “severe pain” 7/10. Educated on side effects of itching, flushing, “sleepiness”.</p> <p>Elevated heels on pillows to relieve pressure.</p> <p>Educated on deep breaths and coughing following morphine administration.</p> <p>Educated on the use of incentive spirometer. Good teamwork for education. Return demonstration to confirm education provided.</p> <p>Re-assessed pain after medication administration to determine effectiveness. Re-assessed blood pressure and respirations.</p>

<p><b>REFLECTING: (1,2,4,5,6,8) *</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>Each member actively participated in debriefing. Each member of the team reflected on the experience and asked appropriate questions. Members of the team noticed areas for improvement related to prioritization and IM injections and discussed ways to make improvements in the future. Observers provided good insight on med safety and communication amongst team members and with the patient. Identified educational opportunities that were presented in the scenario. Reflected on clinical judgement and critical thinking that required. Emotions, thoughts and feelings were explored. Each member demonstrated a desire to improve nursing performance.</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> <ul style="list-style-type: none"> <li>• Demonstrate collaborative communication with patients and healthcare team members (1,3,8) *</li> <li>• Differentiate between need for complete head to toe versus focused assessment and execute accordingly (1,5,6,8) *</li> <li>• Select and administer prescribed oral and intramuscular medications following the six rights (1,4,5,7) *</li> <li>• Identify and provide accurate patient education (1,2,3,4,5,7) *</li> <li>• Recognize patient oxygenation and pain control needs and provide appropriate interventions (2,4,5,6,7) *</li> </ul>	<p><b>Lasater Clinical Judgement Rubric Comments:</b></p> <p><b>Noticing:</b> Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful information. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Assertively seeks information to plan intervention; carefully collects useful subjective data from observing and interacting with the patient.</p> <p><b>Interpreting:</b> Generally focuses on the most important data and seeks further relevant information. Even when facing complex, conflicting, or confusing data, is able to (a) note and make sense of patterns in the patient’s data, (b) compare these with known patterns (from the nursing knowledge base, research, personal experience, and intuition), and (c) develop plans for interventions that can be justified in terms of their likelihood of success.</p> <p><b>Responding:</b> Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Communicates effectively; explains interventions; calms and reassures patients and families; directs and involves team members, explaining and giving directions; checks for understanding. Interventions are tailored for the individual patient; monitors patient progress closely and is able to adjust treatment as indicated by patient response. Displays proficiency in the use of most nursing skills; could improve speed or accuracy.</p> <p><b>Reflecting:</b> Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.</p> <p><b>Satisfactory Completion of NF Simulation #2.</b></p>

**EVALUATION OF CLINICAL PERFORMANCE TOOL**  
**Nursing Foundations – 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:

I absolutely enjoyed being in the clinical setting. That's the stuff most nursing students cannot wait to get their hands on because it's doing exactly what we signed up for. I feel I have grown, and I cannot wait to continue to grow. I've learned how to properly take care of patients with the help of my peers and instructors. It is a little scary starting out because we don't know everything yet and we are just getting our feet wet, but with the help of others it makes a difference in our confidence each time.

Student eSignature & Date: *Brittany Rodisel* *12-4-2023*