

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

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

**Student:**

**Final Grade:** **Satisfactory**

**Semester:** **Fall**

**Date of Completion:**

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

**Faculty eSignature:**

**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)
<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		S	S	N/A	S	N/A			NA	S
a. Identify spiritual needs of patient (Noticing).								NA		S	S	N/A	S	N/A			NA	S
b. Identify cultural factors that influence healthcare (Noticing).								NA		S	S	N/A	S	N/A			NA	S
c. Coordinate care based on respect for patient's preferences, values, and needs (Responding).						N/A	S	S		S	S	N/A	S	N/A			NA	S
d. Use Maslow's Hierarchy of needs to determine the care needs of the assigned patient (Interpreting).						N/A	NS S	S		S	S	N/A	S	N/A			NA	S
						CB	FB	FB		CB	CB	CB	CB	CB			CB	CB
						N/A	3T 83			4N 80	4N 64	N/A	4N 76	N/A			NA	

Clinical Location:  
Patient age\*\*

**Comments**

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

Week 7 (1c,d)- Great job showing respect for your patient's needs, being compassionate and kind while delivering care. You also demonstrated the appropriate use of Maslow's hierarchy of needs during the head to toe assessment performed on your patient during this clinical experience. (1d) This competency was changed because you were able to recognize physiological needs of your patient when performing head to toe assessment. This is the first on Maslow's hierarchy framework. FB

Week 9(1d): Abbi, great job this week determining your patient's needs and using Maslow's to prioritize those needs. Please if you rate yourself with a "NI" or "U" please leave a little note so that I know why. CB

Week 10 1(c,d) – Abbi, 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 12 (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**

1. 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	<del>NI</del> S	S		NI	S	N/A	S	N/A			NA	S
a. Perform head to toe assessment utilizing techniques of inspection, palpation and auscultation (Responding).						N/A	<del>NI</del> S	S		NI	S	N/A	S	N/A			NA	S
b. Use correct technique for vital sign measurement (Responding).						N/A	S	S		S	S	N/A	S	N/A			NA	S
c. Conduct a fall/safety assessment and institute appropriate precautions (Responding).						N/A	<del>U</del> NA	NA		S	S	N/A	S	N/A			NA	S
d. Conduct a skin risk assessment and institute appropriate precautions (Responding).								NA		S	S	N/A	S	N/A			NA	S
e. Collect the nutritional data of assigned patient (Noticing).								NA		NI	NI	N/A	<del>NI</del> S	N/A			NA	S
f. Demonstrates appropriate insertion, maintenance, and/or removal of NG tube (Responding).								NA		N/A	N/A	N/A	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		S	S	N/A	S	N/A			NA	S
						CB	FB	FB		CB	CB	CB	CB	CB			CB	CB

**Comments**

Week 7 (2a,b)- Abigail, you performed a systematic head to toe assessment and retrieved all vital signs within a timely manner. (2c) This competency was changed to a NA because the expectation was not for you to conduct a fall/safety assessment. Make sure you are self-rating on competencies completed for the corresponding week. FB

Week 9(2a,c,g): Great job this week performing your head to toe assessment and fall assessment on your patient. Although your patient was a high fall risk due to a diagnosis, you were able to 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 with lab/diagnostic testing that would correlate. CB

Week 10- I need improvement on nutrition data because I did not know the grams for a muffin and an omelet. Abbi, you did a great job collecting nutritional data for your patient. The grams of carbohydrates in on the meal ticket that comes on your patient's meal tray. Next time we are at clinical, I will show this to you.

Week 10(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 discuss her appetite during her hospitalization. CB

Week 12- I need to improve on taking nutritional data because I did not know the measurement of an ensure drink. Abbi, I changed your 'NI' to a "S" because you appropriately documented your patient's nutrition while at clinical. If you are ever unsure about how many fluid ounces are in a drink, there may be some in the kitchenette or it is on the meal ticket. CB

Week 12(2d,g): Abbi, 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

**Objective**

2. 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	N/A	NA		NI	NI	N/A	<del>H</del> S	N/A			NA	S
a. Receive report at beginning of shift from assigned nurse (Noticing).						N/A	N/A	NA		NI	S	N/A	S	N/A			NA	S
b. Hand off (report) pertinent, current information to the next provider of care (Responding).						N/A	S	S		S	S	N/A	S	N/A			NA	S
c. Use appropriate medical terminology in verbal and written communication (Responding).						N/A	N/A	S		NI	S	N/A	S	N/A			NA	S
d. Report promptly and accurately any change in the status of the patient (Responding).						N/A	<del>N/A</del> S	S		S	S	N/A	S	N/A			NA	S
e. Communicate effectively with patients and families (Responding).						N/A	<del>NI</del> S	S		S	S	N/A	S	N/A			NA	S
f. Participate as an accountable health care team member in the provision of patient centered care (Responding).						N/A	S	S		S	S	N/A	S	N/A			NA	S
						CB	FB	FB		CB	CB	CB	CB	CB			CB	CB

**Comments**

Week 7 (3 c,d,e) Great job with the use of medical terminology use while communicating with your patient, reporting abnormal findings, and communicating effectively with staff RN. FB

Week 9(3e): Great job this week communicating with your patient, bedside RN, and peers. I see that you rated yourself a “NI” for receiving report and giving hand-off report. This will become easier with more experience and clinical time. CB

Week 10- I still am not taking the handoff report on the sheet provided so I take in on a blank piece of paper. I need to get use to the hand off sheet. Abbi, this will take time and the more that you use the sheet, the more comfortable you will feel with it. Every nurse gives report differently, so adapting to each technique can be difficult. CB

Week 10(3e): Abbi, 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 12- I still need to improve on using hand off sheet and figuring where to fill stuff out at. Abbi, I understand that you may not know where everything goes, but you have improved on your knowledge from your first clinical, so therefore I am changing your “NI” to a “S”. CB

Week 12(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**

3. 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	<del>NS</del> S	S		S	S	N/A	S	N/A			NA	S
a. Document vital signs and head to toe assessment according to policy (Responding).						N/A	<del>NS</del> S	S		NI	S	N/A	S	N/A			NA	S
b. Document the patient response to nursing care provided (Responding).		S				N/A	S	S		S	S	N/A	S	N/A			NA	S
c. Access medical information of assigned patient in Electronic Medical Record (Responding).		S				N/A		S		NI	S	N/A	S	N/A			NA	S
d. Demonstrate beginning skill in accessing patient education material on intranet (Responding).								NA		NI	S	N/A	S	N/A			NA	S
e. Provide basic patient education with accurate electronic documentation (Responding).						N/A	S	S		S	S	N/A	S	N/A			NA	S
f. Consistently and appropriately post comments for clinical discussion groups on Edvance360 website (Reflection).						N/A	S	S		S	S	N/A	S	N/A			NA	S
<b>*Week 2 – Meditech</b>		CB				CB	FB	FB		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,b,c) Satisfactory job with documentation of head to toe assessment and vital signs. Make note of areas you may have forgot to chart on during this clinical experience, so you can improve on for future clinicals. (4f) Your initial discussion post and response was completed on time and was substantial. An area of improvement would be the in-text citation and reference.

Examples: Reference- Potter, P., Perry, A., Stockert, P., & Hall, A. (2019). *Essentials for nursing practice* (9<sup>th</sup> ed.). Mosby. **Or** Venes, D. (2021). *Taber's cyclopedic medical dictionary* (24<sup>th</sup> ed). F. A. Davis Company: Skyscape Medpresso, Inc.

In-text citations- According to Jones (1998), "students often had difficulty using APA style, especially when it was their first time" (p. 199). **or** She stated, "Students often had difficulty using APA style" (Jones, 1998, p. 199), but she did not offer an explanation as to why. **Or** APA style is a difficult citation format for first-time learners (Jones, 1998, p. 199).

If you still need some assistance reference Purdue OWL. FB

Week 9(4c): You did a good job accessing medical information on your patient in Meditech. Please if you are rating yourself a "NI" or "U" leave a little note letting me know why. CB

Week 10(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 12(4c,e): 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**

2. 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	U S	S		S	S	N/A	S	N/A			NA	S
a. Demonstrate correct body mechanics and practices safety measures during the provision of patient care (Responding).						N/A	S	S		S	S	N/A	S	N/A			NA	S
b. Apply the principles of asepsis and standard/infection control precautions (Responding).						N/A	S	S		S	S	N/A	S	N/A			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		NI	S	N/A	S	N/A			NA	S
e. Organize time providing patient care efficiently and safely (Responding).						N/A	NI S	S		S	S	N/A	S	N/A			NA	S
f. Manages hygiene needs of assigned patient (Responding).								NA		S	S	N/A	S	N/A			NA	S
g. Demonstrate appropriate skill with wound care (Responding).								NA			N/A	N/A	N/A	N/A			NA	NA
<b>h. Document the location of fire pull stations and fire extinguishers. **</b> (Interpreting).						N/A	S	S										S
						CB	FB	FB		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.**

Week 7 (5h)- Pull- by staff locker room. Extinguisher. - By front desk FB

Week 7 (5a,e)- These competencies were changed because you demonstrated body mechanics by lowering or raising bed for assessments. You also performed vital signs and head to toe assessments in a timely manner. In the future if you are self-rating a "NI" or "U" please provide an explanation as to why you feel this appropriate. FB

Week 9(5a,b,f): Abbi, you did a great job demonstrating correct body mechanics while completing your assessment and bathing your patient. You did a great job ensuring that you were foaming in/out when entering a patient's room, good job! Please if you rate yourself with a "NI" or "U" please leave a little note so that I know why. CB

Week 10(5a,d): You were able to maintain correct body mechanics this week while managing basic patient care such as bathing your patient and while ambulating with your patient in their room and hallway, great job! CB

Week 12(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

Objective																		
4. 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	S	N/A	S	N/A			NA	S
a. Utilize clinical judgment skills to develop a patient-centered plan of care (Responding).								FB		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 10(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 12(6a): You were able to develop a plan of care for your patient related to their priority problem, good job! CB

\* End-of-Program Student Learning Outcomes

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

<b>Objective</b>																		
5. 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					S	N/A			NA	S
a. Identify the action, rationale, dosage, side effects and the nursing implications of medications (Interpreting).								NA					S	N/A			NA	S
b. Recognize patient drug allergies (Interpreting).								NA					S	N/A			NA	S
c. Practice the 6 rights and 3 checks prior to medication administration (Responding).								NA					S	N/A			NA	S
d. Administer oral, intramuscular, subcutaneous, and intradermal medications using correct techniques (Responding).								NA					NS	N/A			NA	S
e. Review the patient record for time of last dose before giving PRN medication (Interpreting).								NA					S	N/A			NA	S
f. Assess the patient response to PRN medications (Responding).								NA					S	N/A			NA	S
g. Demonstrate medication administration documentation appropriately using BMV (Responding).								NA				N/A	S	N/A			NA	S
<b>*Week 11: BMV</b>								FB				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 12- I need improvement in giving the subcutaneous shot because it was a retractable and I had a difficult time retracting the needle. Abbi, you did a great job giving a subcutaneous injection. The prefilled retractable needles are difficult to push to get it to retract, even I had a hard time, so therefore I changed your “NI” for competency 7d to a “S”.

Week 12(7a-d, g): Abbi, 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**

3. 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	S	N/A	S	S			NA	S
a. Reflect on areas of strength** (Reflecting)						N/A	S	S		S	S	N/A	S	S			NA	S
b. Reflect on areas for self-growth with a plan for improvement. ** (Reflecting)						N/A	S	S		S	S	N/A	S	S			NA	S
c. Incorporate instructor feedback for improvement and growth (Reflecting).						N/A	S	S		S	S	N/A	S	N/A			NA	S
d. Follow the standards outlined in the FRMCSN policy, "Student Code of Conduct" (Responding).						N/A	S	S		S	S	N/A	S	N/A			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	NS S	S		S	S	N/A	S	N/A			NA	S
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect (Responding).						N/A	S	S		S	S	N/A	S	N/A			NA	S
g. Comply with patient's Bill of Rights (Responding).						N/A	S	S		S	S	N/A	S	N/A			NA	S
h. Respect the privacy of patient health and medical information as required by federal HIPAA regulations (Responding).						N/A	S	S		S	S	N/A	S	N/A			NA	S
i. Actively engage in self-reflection. (Reflecting)						N/A	S	S		S	S	N/A	S	N/A			NA	S
*						CB	FB	FB		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.**

Week 7 (8a): A- From my clinical strengths I did a really good job adjusting to the different vital sign technology and was able to take my vital signs without help or delay. **Great job sometimes half the battle is knowing how to use the equipment. FB**

Week 7 (8b) B- I had a difficult time remembering every step to the head-to-toe assessment and missed some things that I needed to document. To help me improve I am going to study the head-to-toe assessment over this weekend and practice on my brother four times before my next clinical. **Great ideas! Practice the head to toe assessment on several individuals using your check list as a guide. Remember to think of every body system as you move down the body. Think of every possible assessment, question, palpitation, or auscultation that needs to be completed at each level. FB**

**Midterm – Abigail, you are satisfactory in all related competencies at this point in the semester, great job! Review the comments throughout your tool, reflect on your strengths and weaknesses listed from your first clinical experience, and continue working hard to improve on areas of improvement. These clinical experiences are for growth and progression of learning. Keep up the great effort, we look forward to assisting you on your nursing journey!! FB**

Week 9-Strength- For my clinical strengths I think I did a good job communicating when I need help and communicating with the patient. I am always communicating with the patient before touching them and telling them what I'm doing. I am also good at knowing I need help with a task and asking someone for help. **Abbi, you did great communicating this week with your patient. You also were able to communicate needs to not only myself but your peers and the bedside RN. Great job! CB**

Weakness- For my clinical weakness I just felt lost because I have not had experience like others. So, when I struggled with bathing and some documenting, I was hard on myself. It was my first time ever bathing some using the bag bath method. Before my next clinical I'm going to watch the videos on bathing a patient again. **Abbi, you are being hard on yourself because I think you did a great job. I know this can feel overwhelming and intimidating, but you have a great plan in place to ensure that you feel more comfortable by your next clinical. CB**

Week 10- Strength- For my clinical strength this week I felt as if I wasn't second guessing myself on my patient care. It led to me being more independent on the patients care which helped me learn more about I feel. **Abbi, you did a great job this week in clinical. Be confident in your knowledge, if you were to ever need anything or have questions, I am there to assist you. CB**

Weakness- My weakness has been that I have not tried to use the report see yet while getting a hand off report. For the future I want to be comfortable with filling out the sheet and it will keep more organized. I will overlook the report sheet three times before the next clinical to have more of an idea where to put stuff. **Abbi, I know that getting used to the hand off report sheet is an overwhelming task. The more that you use the report sheet and look it over the better you will feel about it. You have a great plan in place. CB**

Week 12- Strength- I was confident of being able to find everything around the hospital that my patient needed throughout the day and communicating with my nurse. **Abbi, you did a great job caring for your patient this week. You were confident and caring in all the care you provided for your patient this week. CB**

Weakness- My weakness this week was giving a bag bath. The bath tipped over and water spilled. Next time I will find something sturdy to put the towels in so there will be no more spills. **Abbi, its things like this happening that keep us on our toes. Having a good plan in place to ensure that nothing happens like this again, is good. Don't be so hard on yourself, these are the easy things to fix. CB**

**Final comment: Abbi, 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 wound, 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>Abigail Foote</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 noticing all abnormal assessment findings, labs/diagnostic testing, and risk factors related to your patient. The only suggestion that I have for this section of your caremap is to include history for different risk factors. Example history of Covid-19, history of pulmonary embolism, etc.
	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	3	Abbi, you did a great job interpreting the assessment findings and risk factors to create nursing priorities and identifying the priority problem of Impaired Gas Exchange. For potential complications, respiratory arrest should be listed as the potential complications with the others as s/sx of that.
	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	When listing interventions for your patient, make sure that you always assess, do, educate. Each intervention should include a frequency, and they need to be individualized and realistic for your patient. Also, make sure that all interventions are prioritized in the order in which they would be performed.
	9. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	1	
	10. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	1	
	11. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	2	
	12. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	

<b>Reflecting</b>	13. List all of the highlighted reassessment findings for the top nursing priority.	<b>&gt;75% complete</b>	<b>50-75% complete</b>	<b>&lt;50% complete</b>	<b>0% complete</b>	<b>3</b>	You did a great job reflecting on your reassessment findings. Good job including that the plan of care would be continued.
	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: Abbi, 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></p>						<p><b>Total Points:</b>  <span style="color: red;">36/42</span></p> <hr/> <p><b>Faculty/Teaching Assistant Initials:</b>  <span style="color: red;">CB</span></p>	

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

Student Name: Abigail Foote

<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> 8/31/2023	<b>Date:</b> 9/7/2023	<b>Date:</b> 9/15/2023	<b>Date:</b> 9/21/2023	<b>Date:</b> 9/28/2023	<b>Date:</b> 10/2/2023	<b>Date:</b> 10/9/2023 10/12/2023	<b>Date:</b> 10/19/2023	<b>Date:</b> 10/24/2023	<b>Date:</b> 10/31/2023
Performance Codes: S: Satisfactory U: Unsatisfactory											
Evaluation:	S	S	S	S	S	S	S	S	S	S	S
Faculty Initials	AR	AR	AR	AR	AR	NS	AR	AR	AR	NS/AR	AR
<b>Remediation: Date/Evaluation/Initials</b>	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
<b>Remediation: Date/Evaluation/Initials</b>	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

**\*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

**Week 3 (Vital Signs):**

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Great job 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 out of three blood pressure results on the Vital Sim manikin. You were able to verbally discuss the following measurements: axillary and rectal temperature (excellent detail) along with orthostatic vital signs. Two prompts were needed throughout the observation: Perform hand hygiene and put on gloves after entering the room and before providing patient care, and to use the arm with the highest systolic blood pressure for the orthostatic vital sign measurement. Remember to always raise the bed and lower the side rail while providing care; this will protect you from injuring your back. Your Meditech documentation related to vital signs was accurate and complete. Keep up the great work!! AR

**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. AR

**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 did require 2 prompts related to assessing accommodation and breathing pattern/chest symptoms. You demonstrated friendly, professional, and informative communication. You identified the lung sounds as rhonchi; they were actually crackles. Discussion was held regarding the differences between rhonchi and crackles. Great job! 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 and omitted. Please review each area of documentation within the next two weeks so you can examine areas that were omitted. I want you to feel comfortable and confident with Meditech documentation.

- Vital signs: accurate and complete.
- Pain: omitted the comment related to physician being aware of the patient's pain.
- Safety: accurate and complete.
- Physical Re-Assessment- You documented two different times for this intervention. For the future, be sure to document the entire intervention under one entry. Other than the areas noted below, the remainder of the documentation was accurate and complete:
  - HEENT: documented "yes" for visual field defects- should have been "no"; all eye documentation should have been under "bilateral eyes", not only left eye; omitted all ear documentation; omitted "WNL" for gum condition; omitted "diminished" for sense of taste.
  - Respiratory: omitted all lung sounds documentation; omitted all documentation for symptoms, cough, and sputum.
  - Cardiovascular: omitted right upper extremity documentation.
  - Neurological: omitted strength documentation for both legs.
  - Musculoskeletal: be careful with spelling (misspelled "dislocation"); omitted musculoskeletal comment "Limited movement to left arm and shoulder, sling intact.
  - Integumentary: omitted "no" for wounds; omitted all left should documentation.
  - Gastrointestinal: omitted "constipated" for bowel pattern and "daily" for frequency BM aids used; omitted all gastrointestinal symptoms documentation.
  - Male Reproductive Parameters: omitted "yes". AR

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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. AR

**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

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

Great job this week in lab demonstrating competence for Nasogastric Tube Insertion, Irrigation, and Removal through 1:1 observation. You are satisfactory in all NG skills. During insertion, you required one prompt related to checking the position of the tube in the back of the throat with a penlight following insertion. No prompts were needed during irrigation or removal. Excellent patient education provided! Great job! You were able to verbalize understanding of the difference between irrigation and flushing. 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! AR

**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. One prompt was needed during removal related to emptying of the urine from the tubing and reservoir bag prior to removing the StatLock. You maintained the sterile field throughout the Foley insertion, did not contaminate the catheter or your gloves at any point, and had very good communication with your "patient". Great job! You correctly verbalized the differences in catheter insertion for a male patient. You actively participated in the Intake and Output stations, and completed Meditech documentation related to Urinary Catheter Management and Intake & Output. Keep up the great work!!! AR  
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 did require two prompts related to the following: remember to assess for undermining when measuring/assessing the wound; when putting on your sterile gloves you contaminated one glove by touching the edge of the package and did not recognize this at the time. Your communication with the patient was excellent. 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. Great job this week! AR

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**Week 10 (Safety; Infection Control; Prioritization; Weight; Pressure Ulcer Prevention; Soft Restraints; Doppler BP):**

Satisfactory participation with the following stations: Prioritization, Patient Weight, Restraints, Doppler BP, Meditech documentation, and Patient Scenario involving Safety, Infection Control, and Pressure Ulcer Prevention. Keep up the hard work! AR

**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>Date: 11/7/2023 or 11/14/2023</b>	<b>Date: 11/27/2023 or 11/28/2023</b>
Performance Codes:		
S: Satisfactory		
U: Unsatisfactory		
Evaluation (See Simulation Rubric)	S	S
Faculty Initials	CB	CB
<b>Remediation: Date/Evaluation/Initials</b>	NA	NA

\* 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. Strength- I was able to use the MAR to administer the right medication at the right time. I also used my judgment on the PRN medication to not give it to the patient because its only used for nonproductive cough and according to the tissues in the patient's hand showed she's been having a productive cough. I also was able to make sure the medication was given to the right patient.
- B. Weakness- My weakness for handing out medication in Sim lab was not being prepared on the education and information of the medication. Next time I want to make sure I have a good understanding of the meds before giving them so I can answer the questions the patients have for me.

Faculty comments: Great job on your reflection of simulation #1. You used this as a learning tool to ensure that you are always prepared with knowledge of mediations that you are giving, great job! CB

Simulation #2:

- A. Strength- I was able to do a thorough head to toes assignment without forgetting any major parts of it while put under pressure. I was also able to educate the patient on things to do that are productive to the reason from being admitted.
- B. Weakness- While I was doing the head-to-toe assessment the patient was giving me sighs of pain so I assessed her pain but instead of giving pain medication right then I finished my head to toe assessment. I should've stopped and took the pain as an indication the head to toe wasn't more important and should've treated that first.

Faculty comments: Great job on your simulation #2 reflection. You learned during this simulation and will take this with you on your journey to ensure that you focus your attention on the priority at the time. CB

## Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Abigail Foote (M), Kyle Guerra (O), Caitlin Gresh (A), Hannah Castro (O)

GROUP #: 10

SCENARIO: NF #1

OBSERVATION DATE/TIME(S): 11/14/2023 1400-1500

CLINICAL JUDGMENT COMPONENTS						OBSERVATION NOTES
<b>NOTICING: (1,2,4,6,7) *</b>						<p>Focused observation on name and date of birth when entering the room for safety. Explained role of the nurses in the room.</p> <p>Noticed patient's cough when entering the room</p> <p>Noticed provider order to maintain Spo2 &gt;93%</p> <p>Focused observation on respiratory status</p> <p>Noticed Spo2 at 90%, noticed RR of 18, HR 82, Noticed BP 130/74, temp of 99.2.</p> <p>Noticed "lung sounds that are not normal" upon auscultation. Identified crackles during debriefing.</p> <p>Noticed tissues with yellow sputum.</p> <p>Prompted by patient to observe feet. Remember to focus observation on the feet to notice reddened heels. Eventually noticed reddened heels.</p> <p>Noticed appropriate medication orders on the MAR.</p> <p>Sought information related to allergies prior to medication administration.</p>
• Focused Observation:	E	A	D	B		
• Recognizing Deviations from Expected Patterns:	E	A	D	B		
• Information Seeking:	E	A	D	B		
<b>INTERPRETING: (1,2,4,6,7) *</b>						<p>Prioritized oxygenation by elevating the HOB due to cough</p> <p>Prioritized vital signs when entering the room</p> <p>Made sense of provider order to maintain Spo2.</p> <p>Prioritized administering oxygen for low Spo2.</p> <p>Prioritized focused respiratory assessment</p> <p>Made sense of adventitious lung sounds related to pneumonia</p> <p>Prioritized placement of pillow to reduce pressure. Made sense of redness</p>
• Prioritizing Data:	E	A	D	B		
• Making Sense of Data:	E	A	D	B		

	<p>from dependent position.</p> <p>Made sense of potential side effects of atorvastatin.</p> <p>Review the indications for multivitamin administration.</p> <p>Prioritized education on incentive spirometer related to comprised oxygenation.</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>Responded to patient’s cough by raising the HOB.</p> <p>Hand hygiene performed for infection control.</p> <p>Focused respiratory assessment performed related to cough and low spo2</p> <p>Remember to auscultate lung sounds skin to skin not over the gown.</p> <p>Observed, auscultated, then palpated abdomen.</p> <p>Palpated pulses bilaterally. Checked for capillary refill. Remember to do a skin assessment.</p> <p>Omitted neuro assessment (PERRLA, orientation, numbness/tingling, etc).</p> <p>Placed feet on pillows to reduce pressure due to reddened heels.</p> <p>Medication nurse explained role when entering the room.</p> <p>Verified name and DOB for medication administration for safety. Used BMV scanner to confirm.</p> <p>Assessed for allergies prior to med administration.</p> <p>Provided water for safe medication administration.</p> <p>Three safety checks completed.</p> <p>Remember to tell the patient what medications you are going to be administering. Provide education related to indications and side effects. Don’t leave the pills at the bedside when leaving the room.</p> <p>Good teamwork and communication.</p> <p>Calm demeanor throughout the scenario.</p> <p>Education provided related to smoking with oxygen. Education provided on smoking cessation using open-ended questioning. Educated on smoking with COPD diagnosis.</p> <p>Education provided on the use of incentive spirometry. Review proper use of the 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> </ul>	<p>Observers did a great job actively paying attention to detail throughout scenario. Constructive feedback was provided during debriefing. Observers provided good insight on safe medication administration, including the six rights of medication</p>

<ul style="list-style-type: none"> <li>• Commitment to Improvement: E      A      D      B</li> </ul>	<p>administration. Observers also praised students for initiating O2 via nasal cannula for low Spo2 per orders while also discussing the need for prompt intervention. Constructive feedback was provided related to areas for improvement. Good discussion and support amongst those performing in the scenario and the observers.</p> <p>Everyone participated in debriefing. Required a lot of prompting to explore decision making and thought processes. Each member of the team reflected on the experience. Members of the team noticed areas for improvement and discussed ways to make improvements in the future. The assessment nurse and medication nurse demonstrated collaborative communication between the team members and the patient. In the future, try to be more active in debriefing with less prompting.</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>• Execute accurate and complete head to toe assessment (1,5,6,8) *</li> <li>• Select and administer prescribed oral medications following the six rights (1,4,5,7) *</li> <li>• Identify and provide accurate patient education (1,2,3,4,5,7) *</li> </ul>	<p><b>Lasater Clinical Judgement Rubric Comments:</b></p> <p><b>Noticing:</b> 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><b>Interpreting:</b> 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><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. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments . Is hesitant or ineffective in using some nursing skills.</p> <p><b>Reflecting:</b> Even when prompted, briefly verbalizes the most obvious evaluations; has difficulty imagining alternative choices; is self-protective in evaluating personal choices. 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 Scenario #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): Kyle Guerra(M), Abigail Foote(A)

GROUP #: 9

SCENARIO: NF simulation #2

OBSERVATION DATE/TIME(S): 11/28/2023 1200-1300

CLINICAL JUDGMENT COMPONENTS	OBSERVATION NOTES
<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>Introduced self and role. Did not identify patient's name or date of birth. Remember to verify your patient for safety.</p> <p>Prompted by patient moaning and coughing to raise the head of bed and apply O2 at 2L per nasal cannula. Did take vital signs but did not notice the low SpO2 and increased respiratory rate (remediated in debriefing).</p> <p>Noticed tissues in bed with yellow sputum.</p> <p>Noticed patient moaning and sought information related to pain (rating, location, type).</p> <p>Noticed lung sounds as coarse (remediated in debriefing that lung sounds were crackles and to always listen on direct skin, not through the gown).</p> <p>Medication nurse noticed PRN pain medication ordered in MAR.</p> <p>Medication nurse identified self and role. Remember to verify patient's name and date of birth against identification bad and MAR for safety prior to administering medications. Remember to ask patient about allergies.</p> <p>Medication nurse noticed possible need for breathing treatment if pain medication was not effective.</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>Prioritized head to toe assessment and not focused respiratory and pain assessment (remediated in debriefing).</p> <p>Prioritized education on incentive spirometer to improve respiratory status.</p> <p>Prioritized education on coughing and deep breathing to improve respiratory status.</p> <p>Prioritized education on ambulating and getting out of bed for meals to improve respiratory status and pain.</p>

	<p>Medication nurse prioritized morphine over Percocet administration based on physician orders.</p> <p>Medication nurse made sense of the morphine order, correctly wasting excess medication and prioritizing needing a witness for the waste.</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>Communicated interventions to be performed.</p> <p>Communicated pertinent information to medication nurse.</p> <p>Remember to prioritize a thorough, focused respiratory assessment, a full set of vital signs, and a full pain assessment due to the patient's complaints.</p> <p>Responded to complaints of difficulty breathing by raising the head of the bed.</p> <p>Medication nurse responded to pain rating 7/10 by administering prn pain medication.</p> <p>Medication nurse selected proper medication and dose. Remember to always verify patient's name, date of birth, and allergies against wristband and MAR. Before giving medications properly scan them using the BMV. Prepped site and used 90-degree angle. Remember to aspirate to ensure that you are in the appropriate spot. Provided patient education on medication related to effects/side effects. Used appropriate IM injection needle (22gx1") and appropriately engaged the safety cap using the table.</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 participated well in debriefing. Each member of the team reflected on the experience and asked appropriate questions. Members of the team noticed areas of strength and areas for improvement including, performing a focused assessment vs. a full head to toe assessment, performing a full pain assessment, education related to patient's condition, proper technique when performing an IM injection, and reassessment of a full set of vitals after administration of a narcotic. Each member of the team reflected on clinical judgement and critical thinking. Emotions, thoughts and feelings were explored. Each member of the team 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> Attempts to monitor a variety of subjective and objective data but is overwhelmed by the array of data; focuses on the most obvious data, missing some important information. Identifies obvious patterns and deviations, missing some important information; unsure how to continue the assessment. 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><b>Interpreting:</b> Makes an effort to prioritize data and focus on the most important, but also attends to less relevant or useful data. In simple, common, or familiar situations, is able to compare the patient’s data patterns with those known and to develop or explain intervention plans; has difficulty, however, with even moderately difficult data or situations that are within the expectations of students; inappropriately requires advice or assistance.</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. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Develops interventions on the basis of the most obvious data; monitors progress but is unable to make adjustments as indicated by the patient’s response. Displays proficiency in the use of most nursing skills; could improve speed or accuracy.</p> <p><b>Reflecting:</b> Even when prompted, briefly verbalizes the most obvious evaluations; has difficulty imagining alternative choices; is self-protective in evaluating personal choices. Demonstrates awareness of the need for ongoing improvement and makes some effort to learn from experience and improve performance but tends to state the obvious and needs external evaluation.</p> <p><b>Satisfactory Completion of NF Simulation #2.</b></p>
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**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 feel like clinical and the sim labs have helped me understand how to put my education into use in real life situations.

Student eSignature & Date: \_\_\_\_Abigail Foote 12/5/23\_\_\_\_