

**EVALUATION OF CLINICAL PERFORMANCE TOOL  
Medical Surgical Nursing – 2024**

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

**Student:**

**Final Grade:** Satisfactory/Unsatisfactory

**Semester:** Spring

**Date of Completion:**

**Faculty:** Dawn Wikel, MSN, RN, CNE; Rachel Haynes, MSN, RN; Kelly Ammanniti, MSN, RN, CHSE;  
Monica Dunbar, DNP, RN; Heather Schwerer, MSN, RN; Nick Simonovich, MSN, RN

**Faculty eSignature:**

**Teaching Assistant:** None

**DIRECTIONS FOR USE:**

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

**METHODS OF EVALUATION:**

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

**ABSENCE (Refer to Attendance Policy)**

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

Faculty’s Name	Initials
<b>Kelly Ammanniti</b>	<b>KA</b>
<b>Monica Dunbar</b>	<b>MD</b>
<b>Rachel Haynes</b>	<b>RH</b>
<b>Heather Schwerer</b>	<b>HS</b>
<b>Nick Simonovich</b>	<b>NS</b>
<b>Dawn Wikel</b>	<b>DW</b>

## PERFORMANCE CODE

### SATISFACTORY CLINICAL PERFORMANCE

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

### UNSATISFACTORY CLINICAL PERFORMANCE

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

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

### OTHER

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

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

Date	Care Map Top Nursing Priority	Evaluation & Instructor Initials	Remediation & Instructor Initials	Remediation & Instructor Initials
2/9/2024	Impaired Mobility	S/NS	NA	NA
2/21/24	Impaired Skin Integrity	S KA	NA	NA

Note: Students are required to submit two satisfactory care maps over the course of the semester. If the care map is not evaluated as satisfactory upon initial submission, the student must revise the care map based on instructor feedback/remediation and resubmit. A maximum of two remediation attempts will be provided for a single care map and if still unsatisfactory, the student will be required to start fresh and initiate a care map on a new patient. At least one care map must be submitted prior to midterm.

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**Objective**

1. Illustrate correlations to demonstrate the pathophysiological alterations in adult patients with medical-surgical problems. (2,3,4,5)\*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
<b>Competencies:</b>			N/A	S	S	N/A	S	N/A	S	N/A	S	S	S		N/A	N/A	
a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting)			N/A	S	S	N/A	S	N/A	S	N/A	S	S	S		N/A	N/A	
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			N/A	S	S	N/A	S	N/A	S	N/A	S	S	S		N/A	N/A	
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			N/A	S	S	N/A	S	N/A	S	N/A	S	S	S		N/A	N/A	
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			N/A	S	S	N/A	S	N/A	S	N/A	S	S	S		N/A	N/A	
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			N/A	S	S	N/A	S	N/A	S	N/A	S	S	S		N/A	N/A	
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			N/A	S	S	N/A	S	N/A	S	N/A	S	S	S		N/A	N/A	
g. Assess developmental stages of assigned patients. (Interpreting)			N/A	S	S	N/A	S	N/A	S	N/A	S	S	S		N/A	N/A	
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		N/A	S	S	S	NS	N/A	S	S	S	S	S		N/A	N/A	
	Indicate your clinical site as well as your patient's age and primary medical diagnosis in this box weekly.	Meditech, FSBS, IV Pump Sessions	N/A	Rehab, 39, Seizures	4N, 93, Weakness and AKI	Erie County Senior Center	65, 3T, UTI & Sepsis	N/A	Midterm	Digestive Health 1 <sup>st</sup> floor Infection Control 3 <sup>rd</sup> floor	3T, 54, Osteomyelitis	3T, 57, TIA	Rehab, 59, TIA		N/A	N/A	
Instructors Initials	NS	NS	DW	MD	NS	DW	HS	NS	NS	DW	KA	HS	MD				

**Comments:**

\*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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

Rehab Clinical Objective 1 B-E-This week you were able to identify symptoms, medical treatments, pharmacotherapy, and diagnostic tests that were a part of the patient's stay on the Rehab unit. You did a great job in correlating all of these with the patient's diagnosis. Great job! MD

Week 5 1(a-h) – Paige, you did a great job with patient care this week and discussing the alterations related to his disease processes. You cared for a patient admitted with an acute kidney injury, mechanical fall, and gallbladder sludge leading to abdominal discomfort, limited mobility, and hydration needs. You correlated his symptoms of right sided pain as a result of his fall and corresponding injury. You noted his low BMI and overall body weight as being related to his nutritional intake. You identified his abnormal BUN/Creat levels as being related to his kidney function through discussion. You also discussed his low hgb level and how his AKI may have contributed to his low blood counts. You identified his likely poor PO intake and nutritional status as a potential contributing factor to his AKI as a result of dehydration. As a result, you correlated his prescription for lactated ringers via continuous infusion to help manage the AKI and promote adequate fluid balance and hydration. Overall nice job in being willing to answer questions and develop your clinical judgment related to his disease processes. NS

Week 7 (H)- I had given myself an NI because there was some medications that I forgot to look up when giving to my patient. I forgot to look up the side effects when hanging magnesium because I was focused on why my patient was taking them. For next clinical I will focus on both the side effects as well as the reason my patient is taking something. Yes, it is imperative that we look up the medication and be aware of the potential side effects prior to administering to a patient.

Week 7 (1a-e)-Great job this week! You were able to identify the pathophysiology for your patient this week utilizing his history and the symptoms he was experiencing. You were also able to review the diagnostics that the patient had and discuss how they correlated with the patient's history. I am not sure why you gave yourself an NI for (1h) I changed this because from an instructor point of view you were prepared for clinical both days. HS

Week 10 – 1a, b, c, e– You did a nice job discussing on clinical your patient's disease process related to cellulitis of his toe and status postsurgical staple removal and what nursing was doing to help the patient. You were able to discuss symptoms we were monitoring and managing in your patient as well as pertinent labs for your patient diagnosis. You also set a goal for your patient and were able to discuss your patient's work towards meeting that goal. KA

Week 10 – 1d – You did a nice job reviewing all your medications before you administered them to the patient. You were able to discuss the reason why the patient was taking the medication as well as what we were monitoring the patient for. You also were able to discuss what information was needed to determine if the medication should be administered (i.e. blood pressure, pulse, pain). KA

Week 11(1a-e)-Great job this week! You were able to discuss the disease process for you patient and how the ordered diagnostic tests correlated with the disease. You were also able to discuss the importance of the ordered medications and the role that they played in the diagnosis. HS

## Objective

2. Perform physical assessments as a method for determining deviations from normal. (3,4,5)\*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
<b>Competencies:</b>			N/A	S	S	N/A	S	N/A	S	N/A	S	S	S		N/A	N/A	
a. Perform inspection, palpation, percussion, and auscultation in the physical assessment of assigned patient. (Noticing)			N/A	S	S	N/A	S	N/A	S	N/A	S	S	S		N/A	N/A	
b. Conduct a fall assessment and implement appropriate precautions. (Noticing)			N/A	S	S	N/A	S	N/A	S	N/A	S	S	S		N/A	N/A	
c. Conduct a skin assessment and implement appropriate precautions and care. (Noticing)			N/A	S	S	N/A	S	N/A	S	N/A	S	S	S		N/A	N/A	
d. Communicate physical assessment. (Responding)			N/A	S	S	N/A	S	N/A	S	N/A	S	S	S		N/A	N/A	
e. Analyze appropriate assessment skills for the patient's disease process. (Interpreting)			N/A	S	S	N/A	S	N/A	S	N/A	S	S	S		N/A	N/A	
f. Demonstrate skill in accessing electronic information and documenting patient care. (Responding)	S		N/A	S	S	N/A	S	N/A	S	N/A	S	S	S		N/A	N/A	
	NS	NS	DW	MD	NS	DW	HS	NS	NS	DW	KA	HS	MD				

### Comments:

Week 1 (2f)- By attending the Meditech clinical update & providing your full, undivided attention during the demonstration of documenting insulin, IV solutions, and the Meditech 2.2 upgrades, you are satisfactory for this competency. NS

Rehab Clinical Objective 2 A-This week you were able to perform a great head to toe assessment! You were able to translate all of your findings in documentation and while discussing your patient with me. You really did a great job putting the pieces together with the patient's assessment and what you would see with the diagnosis! MD

Week 5 2(a,b,e) – Good work with your assessments this week, noticing numerous deviations from normal associated with his disease processes. You were very thorough in your charting, painting a clear picture of the patient's assessment findings. You noted that your patient was a high-fall risk as a result of his fall before admission, unsteady gait, use of assistive device, functional incontinence, age, and connection to the IV line for continuous infusion. You ensured appropriate precautions were in place to maintain safety, educated on safe transfer, and closely monitored your patient during ambulation to prevent injury. Nice job prioritizing your assessment findings appropriately based on his priority problems and developing a care map associated with impaired mobility. NS

\*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 7 (2a-f)- You did a nice job with your assessment as well as documenting it within the electronic medical record. You also did a nice job communicating with your team members and your primary nurse. You were also able to discuss your focused assessment and the reasoning behind your decision of focus. HS

Week 10 – 2a, d – You did a nice job thoroughly assessing your patient and notifying your nurse of any pertinent information. You were able to identify the focused assessment needing to be completed for your patient related to their diagnosis and monitored abnormal assessment findings. KA

Week 10 – 2f – You utilized the EMR to research your patient and determine what care needed to be provided to your patient throughout the day. You also utilized the EMR to research your patient’s health history and information related to the patient’s current hospital visit. KA

Week 11 (2a-f) You did a nice job completing a thorough assessment on your patient each clinical day. You were then able to communicate your findings to your team leader and the primary nurse. You then successfully documented your findings within the EMR. HS

## Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
<b>Competencies:</b>	S		N/A	S	S	N/A	S	N/A	S	N/A	S	S	S		N/A	N/A	
a. Perform standard precautions. (Responding)	S		N/A	S	S	N/A	NI	N/A	S	N/A	S	S	S		N/A	N/A	
b. Demonstrate nursing measures skillfully and safely. (Responding)			N/A	S	S	N/A	S	N/A	S	N/A	S	S	S		N/A	N/A	
c. Demonstrate promptness and ability to organize nursing care effectively. (Responding)			N/A	S	S	N/A	S	N/A	S	N/A	S	S	S		N/A	N/A	
d. Appropriately prioritizes nursing care. (Responding)			N/A	S	S	N/A	S	N/A	S	N/A	S	S	S		N/A	N/A	
e. Recognize the need for assistance. (Reflecting)			N/A	S	S	S	S	N/A	S	N/A	S	S	S		N/A	N/A	
f. Apply the principles of asepsis where indicated. (Responding)	S		N/A	S	S	N/A	S	N/A	S	N/A	S	S	S		N/A	N/A	
g. Demonstrate appropriate skill with Foley catheter insertion, maintenance, & removal (Responding)			N/A	N/A	N/A	N/A	N/A	N/A	NA	N/A	N/A	S	N/A		N/A	N/A	
h. Implement DVT prophylaxis (early ambulation, SCDs, TED hose, administer enoxaparin or heparin) based on assessment and physicians' orders (Responding)			N/A	N/A	S	N/A	S	N/A	S	N/A	N/A	N/A	N/A		N/A	N/A	
i. Identify the role of evidence in determining best nursing practice. (Interpreting)	S		N/A	S	S	N/A	S	N/A	S	N/A	S	S	S		N/A	N/A	
j. Identify recommendations for change through team collaboration. (Reflecting)			N/A	S	S	N/A	S	N/A	S	N/A	S	S	S		N/A	N/A	
	NS	NS	DW	MD	NS	DW	HS	NS	NS	DW	KA	HS	MD				

### Comments:

Rehab Clinical Objective 3 D-You were able to identify the priority assessments with your patient and prioritize interventions that needed to be completed! MD

\*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 5 3(c,d) – You were prompt with your nursing care and assessments this week, allowing you time to review the prescribed medications and administer them in a timely manner. You stayed on task and prioritized your patient’s needs appropriately. NS

Week 5 3(b,d) – This week you gained experience with new nursing skills, such as monitoring an IV site with a continuous infusion, administering medications safely, and performing a subcutaneous injection for DVT prophylaxis. You safely administered the subQ injection despite the limited amount of body fat to utilize. Although you were nervous to perform this skill in front of the patient’s family members, you remained composed, educated the patient on the procedure, and safely administered the medication without harm to the patient. You did a great job! NS

Week 7 (B)- I had given myself an NI, because I moved the enoxaparin after administering it because I was having a really hard time pushing the plunger down as well as the insulin needle acting up. For next clinical, I will absolutely make sure that I try and at least use both hands to ensure I push the plunger down and not move the needle anywhere is not supposed to go and I will also ensure that I triple check the needle cap is thoroughly completely on and nothing is wrong with the insulin pen before administering insulin. Both were great learning experiences! The enoxaparin syringe can be a little tricky the first time you use it. You will want to make sure the safety is engaged as soon as possible and with only one hand. HS

Week 7 (3 c, d)- Nice job this week as team leader! You were able to prioritize the plan for the day and adjust when necessary based on changes that occurred during the day. You were able to identify when your team members needed assistance and jumped in to help out. HS

Week 10 – 3b – You did a terrific job caring for your patient and helping to managing his overall pain. You communicated with him empathetically and allowed him to share his unique story with you. KA

Week 11 (3 c, d)- You were able to prioritize your care for the day and adjust when necessary based on changes that occurred during the day. You were available to help others when needed. HS

**Objective**

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

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

**Comments:**

Week 1 (3o,r)- During the IV pump session, you actively participated in the programming and maintenance of the Alaris IV pump. Additionally, you accurately identified abnormal IV site assessment data with an IV site monitoring activity. HS

Week 1 (3s)- The student was able to satisfactorily perform a Quality Control check of the glucometer as well as demonstrate skills and knowledge required for proper fingerstick blood glucose measurement with the ACCU-CHEK Inform II glucometer. DW

\*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Rehab Clinical Objective 3 K-M-This week you were able to identify the rights of medication administration and you were able to accurately administer medications to your patient. You identified safe practice and performed really well with administering your patient's medications! MD

Week 5 3(k-r) – You were very thorough in reviewing and administering medications to your patient this week. You identified the 6 rights of medication administration and performed the 3 safety checks. You were able to administer PO and subQ medications. I appreciated the extent of research put into reviewing your medications, including the classification, indications, side effects, and nursing implications for each. All medication dosage calculations were performed accurately. You gained experience in monitoring an IV site for complications, maintaining continuous infusions to promote positive patient outcomes. BMV scanning was utilized to promote patient safety. Safe and appropriate technique was demonstrated in administering an injection for the first time on a real patient, Good work! NS

Week 7 (3k,l,m)- You did a nice job with medication administration this week! You followed the rights of medication administration and completed all checks prior to administering. HS

Week 7 (3s)- Great job with the FSBS and determining insulin coverage per the sliding scale. HS

Week 10 – 3k – You did a nice job administering your medications this week. You observed the rights of medication administration and was able to answer all questions about your medications. You had the opportunity to pass IV medications this week. You performed the medication administration process with beginning dexterity. KA  
Week 10 – 3n & o –You did a nice job priming your piggy back and connecting your patient to the medication. You performed all IV skills with beginning dexterity. You documented all medication administration and line care appropriately in the EMR. Nice job! KA

Week 10 – 3p – You did a nice job flushing your patient's IV this week and ensuring patency of the IV line. You were able to document this appropriately in the EMR. KA

Week 10 – 3r – You did a nice job monitoring your patient's IV site this week and documenting your assessment in the EMR. KA

Week 10 – 3s – You demonstrated proper technique when completing FSBS on your patient. You reported the information to your nurse since the patient was NPO and going to surgery. You documented all information correctly in the EMR. KA

Week 11 (3k, l, m)- You did a nice job with medication administration this week! You had a lot of oral medications to administer and you followed the rights of medication administration and completed all checks prior to administering. HS

## Objective

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

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

### Comments:

Rehab Clinical Objective 4 E-You had a wonderful CDG this week with response! You were able to turn in your CDG on time, have the adequate word count for both posts, and you were able to provide to the conversation with the information you gave! This week your initial response had both an in-text citation and a reference and your peer response had a reference. However, your peer response did not have an in-text citation. For this reason, you are receiving a NI. Please remember this for the next CDG you turn in. This way you will receive a satisfactory. Let me know if you have any questions. MD

\*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

4e- I had received an NI last week for not meeting the CDG criteria and had missed putting in an in-text citation. For this week of clinicals and moving forward I will ensure that I put an in-text citation in my CDG response post behind my findings, as well as triple check that I have an in-text citation and a reference for my posts. **Thanks, Paige! NS**

Week 5 4(a) – I thought you did an excellent job this week with communication and forming a therapeutic connection with your patient and his family members. It was evident that your patient felt comfortable in your care and felt at ease communicating with you. This is what nursing is all about! It can be overwhelming to have family members present during interactions with your patient or while performing nursing skills. However, you overcame the nerves and administering an injection and helped the patient and his family feel at ease. It was great to see you in the room talking with him and learning more about his past during your care. **NS**

Week 5 4(e) – You did very well with your CDG requirements this week. You took the feedback from the previous week related to the in-text citation and ensured one was provided this week, nice job. Your selected article was pertinent to your patient situation this week and you provided a good summary of the study that was conducted. I thought you did well describing how it related to your patient and how he could benefit from an exercise program to help promote strength and independence. Your response to Ava provided additional insight to the conversation with the use of a reputable resource to support your discussion. All criteria were met for a satisfactory evaluation. Some tips for APA formatting in the future: when using a direct quote within your discussion, be sure to include the page number with your in-text citation. If you paraphrase the information rather than taking the direct quote, the page number is not needed. For your initial post, overall APA formatting looked good with one minor correction. The title of the journal (*International Journal of Environmental Research and Public Health*) should be italicized in the reference *International Journal of Environmental Research and Public Health*, 17(9). These are just tips for future success. Let me know if you have any questions. Great job! **NS**

Week 6 (4e)- According to the CDG Grading Rubric, you have earned an S for your participation in the Erie County Senior Center discussion this week. Your discussion was thoughtful and supported by evidence. I have a few suggestions for improvement with future APA formatting. 1. With scholarly writing, paraphrasing information is preferred over directly quoting. This would have been fairly easy to do with the information you used from Harding et al. 2. The reference was close. Be sure to include all of the authors. 3. The year of publication is 2023. 4. The only words that should start with a capital letter in the title are Lewis's and Assessment. The correct reference would be- Harding, M., Kwong, J., Hagler, D., & Reinisch, C. (2023). *Lewis's medical-surgical nursing: Assessment and management of clinical problems* (12th ed). St. Louis, MO: Elsevier, Inc. **DW**

Week 7 (4a, b, c, d)- You did a nice job communicating with your patient, team members and primary nurse. You identified and notified the appropriate individuals when necessary. **HS**

Week 7 (4e)-You had a great CDG this week! You were able to turn in your CDG on time, have the adequate word count, and you were able to provide to the conversation with the information you gave! You also included a reference and an in-text citation for your post. Nice job! **HS**

Week 9 (4e)- According to the CDG Grading Rubric, you have earned an S for your participation in the Infection Control discussion this week. Your discussion was thoughtful and supported by evidence. Also, nice job with your APA formatting. just one suggestion: scholarly writing utilizes paraphrasing of information whenever possible, as opposed to directly quoting. Please try to incorporate more paraphrasing with your citations in future writing. **DW**

Week 10 – 4b – You completed the SBAR worksheet and provided your RN with handoff communication related to your patient utilizing the SBAR you developed. You made sure all pertinent information and changes in patient status were communicated to your nurse during hand-off report. **KA**

Week 10 – 4e – Paige, you did a nice job responding to all the CDG questions on your patients admitting diagnosis, medical history, medications, treatments, and assessment findings. I know your patient had minimal treatments and history, but you did a nice job explaining his current condition and history well. You included an in-text citation and reference for both your posts. You were thoughtful with your response to your classmate and helped add to the discussion on their patient. Keep up the nice work! **KA**

Week 11 (4e)-You had a great CDG this week! You were able to turn in your CDG on time, have the adequate word count for both posts, and you were able to provide to the conversation with the information you gave! You also had a reference and an in-text citation for both your initial post and peer response. Nice job! **HS**

\*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting



## Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
<b>Competencies:</b>			N/A	S	S	N/A	S	N/A	S	N/A	S	S	S		N/A	N/A	
<b>a. Describe a teaching need of your patient.** (Reflecting)</b>																	
<b>b. Utilize appropriate terminology and resources (Lexicomp, UpToDate, Dynamic Health, Skyscape) when providing patient education. (Responding)</b>			N/A	NI S	S	N/A	S	N/A	S	N/A	S	S	S		N/A	N/A	
	NS	NS	DW	MD	NS	DW	HS	NS	NS	DW	KA	HS	MD				

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

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

### Comments:

Week 3 5a & b- Education on fall prevention (Not to stand or walk by himself, to get me or another nurse if he needed his phone, book, urinal, or even food menu was out of reach, to get me if he needed help repositing to prevent any accidents, utilizing his wheelchair when needing to go anywhere, besides in PT when he could have extra help with ambulating) This was provided to my patient through discussion, we used the teach back method a little bit, where he explained back to me what he needs to do and avoid doing. This was very necessary for his safety to prevent any injuries. This was due to his extreme weakness in his right lower extremity. weakness. I looked at skyscape for proper nursing intervention for falls, and verbally told my patient. The teach back was validated for learning, he had told me what he shouldn't do if a nurse or PCT was not with him. As in do not try and grab anything that's not in reach, do not try and get up without his wheelchair, call if he needs us to help reposition. **I am unsure about the reason for rating yourself a NI for 5B-you were able to use Skyscape as a resource for gaining knowledge to give to your patient. I am going to change this to a satisfactory. I think you did a great job with education this week! MD**

5a& 5b Week 4- I had given myself an NI because I had felt I could've done more patient education. For my clinical this week, and so forth I will work harder on provided more education to my patient on interventions they need, or just simple education. I will continue to do more research on their preventions and risk to provide even more useful education to my patients.

Week 5 5a & 5b- Education related to medications (medication action, dose of medication, effectiveness for the medicine on him and route of administration) . This was provided to my patient through discussion and reassurance that he knew what medication he was taking and how he was taking it. This was necessary to provide to my patient because he needed to understand why he was taking 5 drugs orally as well as a subcu shot he was getting to have a full understanding on the medication effective towards him. It was also necessary to provide the route of each medication given so he could let me know if he does good with taking oral medications as well as how he preferred taking them (as in all at once or one at a time). I looked at Davis's Drug guide on Skyscape to ensure I had provided him the right teaching for the medications, as well as double checked my patients chart to ensure he could take pills whole as well as not need anything special to take them with besides water. The teach back method was effective in my opinion because the next day when I was administering his medications, he had told back to me why he was taking his meds, (as in, he told he was taking his anxiety med, his depression med, and his aspirin). **Very detailed response, Paige! That's great that you were able to use the teach back method and that he retained the information from the day before! Very important educational needs related to medication administration. NS**

\*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 7 5a &b- Education related to his diabetes (how much insulin he is going to be taking, what he is really taking the insulin for long acting or short acting for after or before meals, as well as education on his feet. This was provided for my patient through discussion when I was getting his blood sugar. This was necessary for my patient because he needed to know why he was getting two insulin's instead of his regular one dose. He also needed education on his feet because his feet were covered and wrapped up in the blanket and even though his room was toasty and his feet were warm to touch, they looked cold, especially walking around without socks. I advised him to put on socks and offered to go grab him a pair to cover up his feet because of diabetic sensory neuropathy. I utilized my Lewi's Medical Surgical nursing book in this aspect through discussion by telling him what I know and have learned about diabetic sensory neuropathy and as to why I am suggesting him to be wearing socks or his slippers while walking around or even lying in bed with his foot hanging out a bit. We had used the teach back method to ensure he understood what I was saying and he had told me he would put socks on if his wife would bring him his own. **Great job educating your patient! HS**

Week 10 5a & b: Education related to his infected wound (wound care, medication administration that's needed, proper nutrition, and pain management). This was provided to my patient through discussion while I was doing my assessment the day after surgery, as well and when I was telling him about his medications that he was getting before surgery. This was important for my patient because he needed to know why he was getting the IV medication as well as why he needed to ensure he was eating the right things and monitor his pain and wound just as much as well are to prevent complications and promote healing. . I utilized my Lewi's Medical Surgical nursing book in this aspect through discussion by telling him what I have learned about wounds and medications and to why I am letting him know the importance of this stuff. **Great job providing the necessary education related to management of your patient's disease process through antibiotics. KA**

Week 11 5a & b: Education related to the need for ambulation. This was provided through discussion with the patient. This was important for my patient because he was needing to get up and ambulate to prevent complications that could occur, as well as try and get back to doing regular things as soon as he could. I utilized my knowledge I learned from Lewi's tech book as well as in class to educate him on the importance of ambulation, even if it is just to go to the bathroom. **Did you discuss the complications that could potentially occur from not ambulating? HS**

Week 12 5a & b: Education related to the need to use assistive devices for safety. This was important for my patient because she kept wanting to ambulate on her own. I did understand her need for independence, but her safety was most important. She did ambulate good with her walker as a standby assistance, but she was still weak on her left side a bit. This was important because she had to use her walker for safety. I utilized my knowledge from Lewi's medical book, as well as in class education to let her know the importance of the need to utilize her walker for her safety. **MD**

## Objective

6. Implement patient-centered plans of care utilizing the nursing process, clinical judgment, and consideration for cultural, ethnic, and social diversity. (2,3,4,5)\*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
a. Develop and implement a priority care map utilizing the nursing process and clinical judgment. (Noticing, Interpreting, Responding, Reflecting)			N/A	N/A	S	N/A	N/A	N/A	S	N/A	S	N/A	N/A		N/A	N/A	
b. <b>Identify factors associated with Social Determinants of Health (SDOH) &amp;/or cultural elements that have the potential to influence patient care.**</b> (Noticing, Interpreting, Responding, Reflecting)			N/A	S	S	S	S	N/A	S	S	S	S	S		N/A	N/A	
	NS	NS	DW	MD	NS	DW	HS	NS	NS	DW	KA	HS	MD				

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

See Care Map Grading Rubrics below.

### Comments:

Week 4 6b: A factor associated with his social determines of health would be his health insurance and where he lives. He had stated to me his insurance covers a lot but not some necessary things, like some dental care that he needed done and some surgeries that he couldn't get. He also stated that his home is not equipped for his right lower extremity weakness. He has a big tub/ shower that is hard to step into, he has stairs he has to go up to get into his bedroom and he has 2 dogs that he could trip over. **These are very important SDOH to consider! MD**

Week 5 6b: A factor associated with his social determines of health would be his transportation. He can no longer safely drive, and he relies on his wife to drive him anywhere he needs to go. This includes doctors' appointments, hospitals, and grocery stores. Since his wife is his only means of transportation it is a big factor in his social determinants of health because if she is unavailable or not home, he is secluded to his home with no way of going anywhere. **Very good! You identified a social aspect that could potentially negatively impact his health. This was a tough situation, as he is 93 years old and wants things to stay the way that they are. However, this puts a big strain on his wife who is also an older adult and may not be able to provide the same level of care. We talked about him not wanting to go to a nursing facility for rehab and strengthening because he is comfortable in his home environment. As nurses we assess the home environment upon discharge to ensure the safety of our patients. Good thoughts! NS**

Week 6 6b: A factor associated with some of the clients in the Erie County Senior Center would be that they cannot drive on their own. About 5 people took the bus to get to the senior center because they can't drive. They is a factor because they did eat lunch there, but if they need to get to doctors appointments or even to the hospital in emergencies they cannot get there themselves and will have to get on the bus or call someone for help. **Great observation and reflection on SDOH for the older adult population in the community. DW**

Week 7 6b: A factor associated with my patients' social determinates of health would be that his social and community help. He had told me he only had his wife to help him whatever he needed. He has a HCP, but he really doesn't want any at home help. With, he has muscle twitching and diabetes that could be better managed with some help. Although he his wife, his son and two daughters moved away, and he had stated to me that he really doesn't get out and isn't in a church community group or much because he doesn't like too but his wife is. He does not have much social or community help so that is a factor in his social determinates of health. **Great example! HS**

Week 9 6B: A factor associated with some patients 'social determents of health during Digestive Health clinical would be that they either did not have many people that support them, or people were not available to pick them up or take them there. A patient had told us that they had to call a taxi to take them to the hospital and take them home from the colonoscopy they were having. This is a factor because after being under sedation you cannot operate an vehicles, and you will have to stay longer going in a taxi because you are impaired and must ensure you know where you're going to get back home and getting into a car with someone you don't know. A factor associated with some patients' social determinates of health during Infection Control clinical could be due to their cultural beliefs. We never had or talked to one patient specifically, but there were a few Covid 19 and Flu patients in isolation. This could possibly be because of their beliefs or wishes about vaccinations. If this was is the case, they could be more at risk for getting these sicknesses. **Excellent reflection here, Paige! DW**

Week 10 6b: A factor associated with his social determinates of health that could affect his care would be that he had told me he has very very bad insurance because he is self-employed. He had expressed to me that he was worried about the expense of his hospital stay because his insurance was not going to cover much. This could majorly affect his health because since he has insurance that doesn't cover much so he might not take the proper precautions as in follow up appointments or even medications because they might be a bit out of his price range and he may not want to spend that money or may not have that money, unfortunately. **Yes this is a major concern that can hopefully be addressed during his hospital stay. I hope case management was involved in his care and might be able to help him locate cost effective resources and other assistance to help him manage his care after discharge. KA**

**Week 10 – 6a – You satisfactorily completed your care map on your patient this week. Please see comments on the rubric at the end of the tool for details. KA**

Week 11 6b: A factor associated with his social determinates of health would be not having anyone there for him. Support helps someone out emotional, and even physically. Im not exactly sure his home life situation, but he did tell me the whole time he has been in the hospital no one has come to visit him. This could potentially affect his health, because he could get sad and not want to get better, or even he could not want to get better to stay in the hospital to just be around people. It could also affect him because it is easier to deal with being in the hospital when you are not alone and have someone there to even just talk too. **Yes, support is the key to healing and also preventing further complications. Often times if individuals do not have support outside the hospital they may not keep up with their appointments or even take their medications as prescribed. HS**

Week 12 6b: A factor associated with her social determinates of health would be that she has a good family and husband around her. This would positively affect her patient care because at times when she needs an advocate for herself, her family or husband will do it for her to get the best care possible for her. She has a good support system around her which make help her in her healing process and give her even more strength and encouragement to get better. **Great SDOH! MD**

**Objective**

7. Illustrate professional conduct including self-examination, responsibility for learning, and goal setting. (7)\*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
a. Reflect on an area of strength. ** (Reflecting)	S		N/A	S	S	S	S	N/A	S	S	S	S	S		N/A	N/A	
b. Reflect on an area for improvement and set a goal to meet this need. ** (Reflecting)	S		N/A	S	S	S	S	N/A	S	S	S	S	S		N/A	N/A	
c. Demonstrate evidence of growth, initiative, and self-confidence. (Responding)	S		N/A	S	S	S	S	N/A	S	S	S	S	S		N/A	N/A	
d. Follow the standards outlined in the FRMCSN Student Code of Conduct Policy. (Responding)	S		N/A	S	S	S	S	N/A	S	S	S	S	S		N/A	N/A	
e. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions. (Responding)	S		N/A	S	S	S	S	N/A	S	S	S	S	S		N/A	N/A	
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (Responding)	S U	S	N/A	S	S	S	S	N/A	S	S	S	S U	S		N/A	N/A	
g. Demonstrate the ability to give and receive constructive feedback. (Responding)	S		N/A	S	S	S	S	N/A	S	S	S	S	S		N/A	N/A	
h. Actively engage in self-reflection. (Reflecting)	S		N/A	S	S	S	S	N/A	S	S	S	S	S		N/A	N/A	
	NS	NS	DW	MD	NS	DW	HS	NS	NS	DW	KA	HS	MD				

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

**Comments:**

Week 1- 7a: An area of strength this week was coming prepared to class by watching all the videos needed, as well as all doing all the lessons that were given to us beforehand. **Very good! Being prepared allows you to practice more meaningfully to help apply to the clinical setting. Nice job. NS**

7b: An area of weakness this week was forgetting steps in our skills during skills lab. I had watched the videos beforehand but doing it from memory was a little bit harder than I had thought. By not forgetting any steps from here on out, I will watch the videos more than once as well as look over my red folder more than once before demonstrating a skill. **Good reflection and plan to help you master the skills learned in foundations. Keep up the hard work! NS**

\*End-of-Program Student Learning Outcomes

Week 1 7(f) – This competency was changed to a “U” due to late submission of the clinical tool for week 1. The submission was due 1/13/24 at 2200 and was submitted on 1/15/2024. Remember, the clinical tool is due each Saturday at 2200. Be sure to set a reoccurring reminder to avoid late submission moving forward. As a reminder from the directions at the beginning of this document, a student who submits the clinical evaluation tool late will be rated as “U” in the appropriate competency(s) for that clinical week. Whenever a student receives a “U” in a competency, it must be addressed with a comment as to why it is no longer a “U”. If the student does not state why the “U” is corrected, it will be another “U” until the student addresses it. Let me know if you have any questions. NS

Week 2 7(f)- Moving forward I will ensure that I am thoroughly checking the syllabus for upcoming assignments that are due as well as set reminders on my computer and my phone to ensure that I submit my clinical tool in a timely manner with it done. NS

Week 3- 7a: N/A, 7b: N/A

Week 4- 7a: An area of strength this clinical would be assessing for pain throughout my day with him, to ensure his medication was still working and to ensure his chest pain had not gotten worse during PT and OT. **Awesome! MD**

7b: An area of weakness this clinical would-be time management. Rehab mornings were fast past with med pass, full head to toe, vitals and ensuring he was ready to go to OT/ PT. For next clinical on rehab, I will ensure I prioritize my time evenly. I will look up my medications faster and more effectively, so I am prepared to go through them with my clinical instructor, as well as watch the time on the clock routinely so I am managing my time, so I have everything done by the time they need to go to PT or OT. I will also manage my time to ensure I have adequate time to get all my documentation done appropriately and in a timely manner. **This is a great goal to strive for! I think this will help you in all clinical areas not just rehab! MD**

Week 5- 7a- An area of strength this clinical would be using my clinical judgment to determine what was best for my patient. My patient was started on Heparin because he had impaired mobility due to his generalized mild weakness. I reviewed his labs before I administered his medication and found he had low platelet count, which told me that his blood was not clotting the best. Because Heparin is a blood thinner and stops clotting, I made a clinical to decide to not give him the Heparin to eliminate anything from happening in case he was to start bleeding or was already bleeding from somewhere already. **Awesome!! His low platelets in addition to low hgb and hct made this something to consider. While we don't want him to develop a DVT during his care, we also don't want him to bleed excessively with his risk for injury. You discussed the fact that your patient was ambulating in the room, sitting in the chair, and the alternatives of SCDs if heparin poses a risk. I thought you did a nice job of thinking this through and using your nursing judgement! NS**

7b- An area of weakness this clinical would be pulling the saline flush syringe a little bit too hard. During IV lab I had pulled it a little harder because it was a little bit tough to pull back to get the air out. In this case, it turned out to be a lot easier to pull back than the other syringe. For next clinical, I will ensure that I do not pull on the plunger as hard, so the plunger does not come out and all the saline does not spill on the floor, again. **Silly mistakes like that make for a good learning experience. You did nothing that could cause harm to the patient and identified what to do differently. A true no harm, no foul scenario. We learn best from mistakes – I bet in the future you will remember the plunger coming out and will laugh as you find yourself more comfortable with handling the syringe. Keep up the hard work! NS**

Week 6- 7a: My strength this clinical was communicating effective and creating professional relationships amongst the folks at the Erie County Senior Center. **Love it! Just to help reflect a little more deeply- where do you think this comfort level came from...past experiences with other older adults, maybe? DW**

7b: My weakness this clinical was picking an easier activity to do with them. My group and I picked crossword puzzles to do with them. Although they enjoyed it, some of them told me they wished it was a little harder. In the future, I will pick an activity that is more fun and also a bit more challenging for them. **Or to compromise and come prepared with both easy and more difficult puzzles that each individual can select for themselves. DW**

Week 7-7a: My strength this clinical was looking at my patients' chart before administering meds. I had checked and seen that the platelets had dropped from the previous day which could indicate that he is a higher risk not to clot blood. I then had an order to administer enoxaparin which is an anticoagulant. Although we did more research to find that this wasn't detrimental to administering the medication, but the I established the platelets will need to be monitored from now on. **Great job! You correlated the information that you found when looking up your medications directly to your patient. You did a great job correlating the medication directly to the patient and the side effects to monitor for.HS**

7b: My weakness this clinical was the med pass. The second insulin pen not working how I expected it to like the first insulin pen. I tried not to think about it and focus on what needed to be done next, but it kind of threw me way off and had me discombobulated throughout the day after that. For my next clinical I will think about whatever

unexpected things happen for a second and then let it go and prepare myself for whatever else is next to ensure I am in the right head space as well as calm my nerves so nothing else unexpected throws me off. Additionally I will sit back and let my nerves calm down before I go back out on the floor to reprepare myself. **You did a great job at clinical! In the healthcare field we are constantly experiencing things that don't go as planned or suddenly change and we must adapt and move forward. You will see this begin to get easier the more situations that you are exposed to. HS**

Week 8 7a: N/A DW

7b: N/A DW

Midterm Comment – Paige, great job throughout the first half of the medical-surgical nursing semester. It appears that you have had the opportunity to perform numerous skills, enhance your clinical judgement, provide patient care, and reflect on your experiences. You are satisfactory in all competencies at this point of the semester, awesome work! Continue to seek out opportunities for the competencies presented in objective 3 related to medication administration, specifically IV therapy, regulating a IV flow rate, and flushing an IV. Also, be sure to notify faculty regarding limited experience with caring for a patient with a foley catheter so that they can seek out opportunities for you. The more experience you can get the better! You have satisfactorily completed one of the required care maps for the semester. Be sure to identify a good learning opportunity in the second half of the semester to complete a care map and enhance your clinical judgment. Continue to work hard as we enter the second half of the semester, you are doing a great job! NS

Week 9 7a:

My strength for my Infection Control clinical would be noticing if people were foaming in and out. I had stood back and watching as many people walked in and out of rooms without hand hygiene at all. There were a different variety of people that I had noticed that skipped hand hygiene as in physicians, RNs, and PCT's. **How did this experience impact you and your future practice? DW**

My strength for my Digestive Health clinical would be coming very prepared for it. I had done the research and figured out what an EDG is before going into clinical as in say in the syllabus, but because I had done so it gave me such a better understanding on why the patient was getting it and how it is done. **Doing your research before going into a new experience is so helpful! I hope you continue this practice! DW**

My weakness for Infection Control would be that I did not know some of the isolation protocols off the top of my head. I did have to look at my badge multiple times to ensure that they were doing the right precautions. I will review this by using my nursing foundations book as well as look over my badge once a day to get more familiar with the isolation precautions off the top of my head for the next clinical. **I appreciate the interest in wanting to know this information right off the top of your head and you will definitely get there. With that said, this is the whole reason why nursing has the badge backer anyway...for a quick reference and not having to memorize everything. Why not use this to your advantage. DW**

My weakness for Digestive Health would be not asking as many questions as I would like too. I did not ask many questions because I had felt like the physician didn't talk much and I did not want to distract him. I will push myself to ask more questions, so I fully understand what I was looking at when something abnormal came up. Every clinical after this week, I will ask as many questions as possible to expand my knowledge no matter what. **It can be a tricky thing to know when it's appropriate to ask questions, but I think you'll find that many other healthcare professionals welcome this and it often shows them that you are interested and engaged. In the future, if you don't think it's the right time during, be sure to ask after. Keep up the good work, Paige! DW**

Week 10 7A: My area of strength this clinical was having really good communication with patient. I felt that any time I had an update or did an assessment I made sure to communicate with him what was going. I told him ahead of time that he will be getting an infection medication and why he was needing as well as having him feel comfortable enough to tell me when he was having pain at any rating even though he had a high pain tolerance because I educated him on the importance of pain management. **Great job communicating with him and developing a rapport with him. You could tell he appreciated all the care he received from you. KA**

An area of weakness would be still being new to doing IV stuff as in starting a primary line, hanging IV meds and the IV pump. I have had only one experience priming tubing and starting a new line so I did forget one thing like unclamping the patients IV to flush it. For next clinical experience with hanging IV medications, I will ensure I unclamp everything including the tubing and the patients IV. I will also work on IV tubing, and IV pumps if any open labs occur. **Practice makes perfect. Overall you should be proud of your process. You primed the tubing with minimal bubbles and programed the pump with minimal assistance. You did a great job! KA**

Week 11 7a: My area of strength this clinical would be doing new skills. I had gotten to discontinue a foley catheter and take it out. This was a strength because I am continuing to build my skills and perform skills that I have learned. It went smoothly and the patient was in no pain it was just uncomfortable for her. She handled it very well and I got to experience new skills. **Great job! HS**

\*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

My weakness this clinical would be not being able to discontinue an IV. Although neither of my patients got to go home while I was taking care of them, I still did want to discontinue an IV. For next clinical, I will actively seek out opportunities to D/C an IV. I will look two or more times during my next clinical experience for other patients by asking the nurses if anyone plans to go home soon and I will offer up my abilities. **Hopefully you will find one this week, however you don't have much control of this.**  
HS

**Week 11 (7f) This competency was changed to a "U" due to late submission of the clinical tool for week 11. The submission was due 3/30/24 at 2200 and was submitted on 3/31/2024. Remember, the clinical tool is due each Saturday at 2200. As a reminder from the directions at the beginning of this document, a student who submits the clinical evaluation tool late will be rated as "U" in the appropriate competency(s) for that clinical week. Whenever a student receives a "U" in a competency, it must be addressed with a comment as to why it is no longer a "U". If the student does not state why the "U" is corrected, it will be another "U" until the student addresses it. Let me know if you have any questions.** HS

Week 12 7f: Week 11 clinical for I had gotten a U for late submission. This is no longer a U because I will ensure every time that my clinical tool is turned in. I will ensure for the future moving forward that everything is turned in. I will prevent this by looking twice or even three times to ensure everything is turned in by Saturday at 2200.

Week 12 7a: My strength this clinical would be giving my patient constant encouragement that made her keep wanting to do better. She had struggled with tying her shoes the day before I got there, and it made her really upset not to be able to do simple things. While I was taking care of her, she put on her shoes and even double knotted them. I gave her encouragements and a ton of congratulations that made her excited and feel accomplished. **You did great with your patient this week! MD**

7b: My weakness this clinical would be finding a way to step away to keep my documentation done. Although I got it done, there were a few corrections I needed to make because I was a bit distracted. For next semester, and any clinical moving forward, I will focus on ways to politely step away from my patient at 8 am, 10am and noon if they were still talking to me to be able to prioritize focusing on documentation correctly and not missing anything. **This is a great goal! It may take a little time to find what works for you! MD**

Week 13 & make up: 7a: N/A, 7b: N/A

Student Name: Paige Knupke		Course Objective: 6a					
Date or Clinical Week: Week 5							
Criteria		3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)	3	A thorough list of all abnormal assessment findings based on the care provided were listed. A total of 16 assessment findings were listed. Most abnormal diagnostic findings were obtained from the chart and listed. Be sure to list his abnormal CT and ultrasound findings. Although they didn't directly correlate with the priority problem, its important to list all abnormal diagnostic to help identify the priority problem. A thorough list of risk factors were listed based on the patient's past medical and social history.
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)	3	
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	2	Three nursing priorities were listed. There are numerous additional priorities to consider, such as skin integrity, pain, knowledge deficit related to his self care, anxiety, fatigue, urinary elimination (related to his functional incontinence), to name a few.  Most relevant data were appropriately highlighted pertaining to the top priority problem of impaired mobility. Consider including his functional incontinence, acute pain, use of glasses, bruising from falls, and use of 1 person assist for ambulation as supportive findings related to your priority problem. Potential complications were identified, with specific signs and symptoms of each to monitor for.
	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	2	
	6. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	3	
	7. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	3	
Responding	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	Nice work with your intervention list. A list of 15 nursing interventions were listed, each pertinent to the patient situation. Interventions were prioritized appropriately with assessments taking highest priority. An appropriate frequency was provided for each intervention, rationale was described, and each listed intervention contained specific patient information to make them individualized,
	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	
	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	including medication dosages that were prescribed and relevant to the priority problem.
<b>Reflecting</b>	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	An evaluation was performed in which reassessment findings were listed based on the last patient assessment. Due to your patient's weakness and risk for falls, it was appropriately determined to continue the plan of care upon discharge to acute inpatient rehab.
	14. Evaluation includes one of the following statements: <ul style="list-style-type: none"> <li>Continue plan of care</li> <li>Modify plan of care</li> <li>Terminate plan of care</li> </ul>	Complete			Not complete	3	
<p>Total Possible Points= 42 points  42-33 points = Satisfactory  32-21 points = Needs Improvement*  &lt; 21 points = Unsatisfactory*</p> <p><b>*Total points adding up to less than or equal to 32 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.</b></p> <p><b>Faculty/Teaching Assistant Comments: Paige, you did a nice job with your care map submission related to impaired mobility. You provided good detail throughout and demonstrated developing clinical judgment. You received 40/42 points for a satisfactory evaluation. Review the comments provided for continued success. You have now completed one of the two required care map submissions for the semester with a satisfactory evaluation. You have met the requirement of completing one prior to midterm. You only need to complete one more satisfactory care map for the semester. Great job! Keep up the hard work. NS</b></p>							<p><b>Total Points: 40/42 - Satisfactory</b></p> <p><b>Faculty/Teaching Assistant Initials: NS</b></p>

Student Name: Paige Knupke		Course Objective: 6a					
Date or Clinical Week: 10							
Criteria		3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)	3	You did a great job including all the pertinent assessment findings, labs/diagnostics, and risk factors for your patient this week. KA
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)	3	
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	You did a nice job listing the patient's nursing priorities and highlighting the top priority you focused on. You highlighted the related information in the noticing section. You did a nice job listing 3 complications related to your top nursing priority and signs and symptoms the nurse should monitor for each. KA
	5. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	6. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	3	
	7. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	3	
Responding	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	You did a nice job listing relevant nursing interventions for your nursing priority and ensuring they were prioritized, had frequencies, were individualized, were realistic, and had rationales. Your education interventions were not timed. You could make them before discharge, on admission, or daily and reinforce prn. Also I would add an intervention to monitor your patient's blood cultures. You would make it a separate one or add it to the WBC intervention. KA
	9. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	10. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	2	
	11. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	12. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
Refl	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	Overall you did a nice job reassessing your patient's highlighted findings supporting your nursing priority.

ecting	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	Remember to reassess everything your highlighted in the assessment and lab and diagnostic sections. There was no reassessment of the patient's serosanguinous drainage. All other findings assessed. KA
<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: Great job you satisfactorily completed your second care map! Congratulations! See comments above on areas you can improve on in the future when you are creating your care maps. KA</b></p>							<p><b>Total Points: 41/42</b></p>
							<p><b>Faculty/Teaching Assistant Initials: KA</b></p>

Firelands Regional Medical Center School of Nursing  
**Medical Surgical Nursing 2024**  
**Skills Lab Competency Tool**

Student name: Paige Knupke								
<b>Skills Lab Competency Evaluation</b>	<b>Lab Skills</b>							
	<b>Week 1</b>	<b>Week 1</b>	<b>Week 1</b>	<b>Week 1</b>	<b>Week 1</b>	<b>Week 2</b>	<b>Week 2</b>	<b>Week 9</b>
	<b>Insulin</b> (2,3,5,7)*	<b>Assessment</b> (2,3,4,5,7)*	<b>IV Math Application</b> (3,7)*	<b>Lab Day</b> (1,2,3,4,5,6,7)*	<b>IV Skills</b> (2,3,5,7)*	<b>Trach</b> (1,2,3,4,5,6,7)*	<b>EBP</b> (3,7)*	<b>Lab Day</b> (1,2,3,4,5,6,7)*
Performance Codes:  S: Satisfactory  U:Unsatisfactory	<b>Date:</b> 1/9/24	<b>Date:</b> 1/9/24	<b>Date:</b> 1/11/24	<b>Date:</b> 1/11/24	<b>Date:</b> 1/12/24	<b>Date:</b> 1/17/24	<b>Date:</b> 1/18/24	<b>Date:</b> 3/11 or 3/12/24
Evaluation:	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>
Faculty/Teaching Assistant Initials	<b>NS</b>	<b>NS</b>	<b>NS</b>	<b>NS</b>	<b>NS</b>	<b>NS</b>	<b>NS</b>	<b>DW</b>
<b>Remediation:</b> <b>Date/Evaluation/Initials</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>

\*Course Objectives

**Comments:**

**Week 1**

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

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

(IV Math)-You satisfactorily participated in the IV Math learning session on 1/9/24 as well as the assigned IV Math practice questions and the IV Math Application lab on 1/11/24. KA/DW

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

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

**Week 2**

(Trach Care & Suctioning 1/17/2024) - During this lab, you satisfactorily demonstrated competence with tracheal airway suctioning and tracheostomy care. You did a nice job of explaining the procedure to your patient and promoting comfort throughout the procedure with strong communication. Great job maintaining your sterile field and applying sterile gloves throughout both procedures. It was evident that you were cognizant of the importance of maintaining sterility. You answered my questions

appropriately demonstrating knowledge and competence of each procedure. No prompts were required for either skill. You were thorough in your approach and clearly well prepared. Keep up the hard work! NS

(EBP Lab 1/18/2024)- You actively participated in the online searching process for evidence-based practice literature, as well as reviewing example articles to determine appropriate selection and information needed when summarizing a research article. KA/LK

Week 9

(Lab Day- Skills Review)- You satisfactorily participated in lab on 3/11/2024 by practicing NG skills and navigating the IV pump. DW

Firelands Regional Medical Center School of Nursing  
 Medical Surgical Nursing 2024  
 Simulation Evaluations

<b><u>Simulation Evaluation</u></b>	<b>Student Name: Paige Knupke</b>							
	<b>vSim- Vincent Brody</b> (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	<b>vSim- Juan Carlos</b> (Pharmacology) (*1, 2, 3, 4, 5, 6)	<b>vSim- Marilyn Hughes</b> (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	<b>Simulation #1</b> (Musculoskeletal & Resp) (*1, 2, 3, 4, 5, 6, 7)	<b>Simulation #2</b> (GI & Endocrine) (*1, 2, 3, 4, 5, 6, 7)	<b>vSim- Stan Checketts</b> (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	<b>vSim- Harry Hadley</b> (Pharmacology) (*1, 2, 3, 4, 5, 6)	<b>vSim- Yoa Li</b> (Pharmacology) (*1, 2, 3, 4, 5, 6)
Performance Codes:  <b>S:</b> Satisfactory  <b>U:</b> Unsatisfactory								
	<b>Date:</b> 1/29/24	<b>Date:</b> 2/12/24	<b>Date:</b> 2/26/24	<b>Date:</b> 2/28/24	<b>Date:</b> 4/10 or 4/11/24	<b>Date:</b> 4/15/24	<b>Date:</b> 4/25/24	<b>Date:</b> 4/29/24
Evaluation	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>				
Faculty/Teaching Assistant Initials	<b>MD</b>	<b>NS</b>	<b>HS</b>	<b>NS</b>				
<b>Remediation:</b> Date/Evaluation/Initials	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>				

\* Course Objectives

**Comments:**

Simulation # 1 – Satisfactory in completing the pre-brief, scenario, and reflection journal. See attached scoring sheet below. NS

# Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Dylan Wilson (M) and Paige Knupke (A)

GROUP #: 2

SCENARIO: MSN Scenario #1 – Musculoskeletal/Respiratory

OBSERVATION DATE/TIME(S): 2/28/2024 1230-1430

CLINICAL JUDGMENT COMPONENTS						<u>OBSERVATION NOTES</u>
<p><b>NOTICING: (2) *</b></p> <ul style="list-style-type: none"> <li>• Focused Observation:           E        <b>A</b>        D        B</li> <li>• Recognizing Deviations from Expected Patterns:           E        <b>A</b>        D        B</li> <li>• Information Seeking:           E        <b>A</b>        D        B</li> </ul>						<p><b><u>Focused observation:</u></b>            Focused observation on patient’s pain. Partial pain assessment performed.            Focused observation on vital signs when entering the room. Full set obtained.            Focused assessment performed on bilateral lower extremities for comparison of findings.            Focused respiratory assessment performed based on new patient complaints.            Did not focus on preferred pronouns or social diversity with the patient. Used appropriate pronouns in communication.</p> <p><b><u>Recognizing deviations from expected patterns:</u></b>            Noticed abnormal vital signs (tachycardia, hypoxia, tachypnea, hypertension).            Noticed respiratory distress.            Noticed immobility post-op and home medication coumadin. Noticed non-compliance.            Noticed warmth of the right lower extremity. Noticed redness.            Noticed abnormal diagnostic results.</p> <p><b><u>Information seeking:</u></b>            Sought information related to medications already administered. Sought information regarding last pain medication administration.            Sought additional information related to pain.            Consider asking about patient allergies prior to medication administration. Consider asking about allergies to shellfish/iodine prior to CT scan.            Sought additional information related to non-compliance.            Consider asking the patient about preferred pronouns.</p>
<p><b>INTERPRETING: (1) *</b></p> <ul style="list-style-type: none"> <li>• Prioritizing Data:           E        <b>A</b>        D        B</li> <li>• Making Sense of Data:       E        <b>A</b>        D        B</li> </ul>						<p><b><u>Prioritizing data:</u></b>            Prioritized vital sign assessment.            Prioritized focused assessment of bilateral lower extremities due to complaints of pain.            Prioritized Percocet for pain relief.            Prioritized focused respiratory assessment.            Prioritized education on side effects of enoxaparin.            Consider prioritizing education on non-compliance.            Prioritized contacting the health care provider when complications arose. Consider prioritizing full data collection for complete SBAR (background and situation).            Prioritized administration of enoxaparin.            Prioritized notifying the provider with diagnostic results.</p>

	<p><b><u>Making sense of data:</u></b>  Did not make sense of abnormal assessment findings being related to DVT. Made sense of PE complication.  Prioritized contacting the provider for emergent situation.  Made sense of diagnostic findings and need to update the healthcare provider.  Made sense of non-compliance being related to complications.  Made sense of enoxaparin order. Did not make sense of dosage calculation to be performed (assistance provided during scenario).</p>
<p><b>RESPONDING: (2,3,4,5,6) *</b></p> <ul style="list-style-type: none"> <li>• Calm, Confident Manner:        E        A        D        B</li> <li>• Clear Communication:            E        A        D        B</li> <li>• Well-Planned Intervention/ Flexibility:                            E        A        D        B</li> <li>• Being Skillful:                    E        A        D        B</li> </ul>	<p><b><u>Calm, confident manner:</u></b>  Roles clearly defined between medication nurse and assessment nurse.  Approach was calm during emergent situation. Communication with the patient regarding interventions to be performed.  Confident demeanor in interactions with health care team members.</p> <p><b><u>Clear Communication:</u></b>  Good communication with the patient regarding pain relief measures.  Use of appropriate pronouns. Did not ask the patient.  Confirmed vital signs with assessment nurse prior to narcotic administration.  Review SBAR communication. Be sure to provide full background of the patient. Communicated new assessment findings, recommended potential embolism. Be sure to read orders back to the provider.  Updated the patient regarding PE as a post-op complication.  Good teamwork and collaboration with SBAR communication after diagnostic results received.  Recommended blood thinners.  Communicated with lab for STAT orders.  Communicated diagnostic findings with the provider (CT results). Remember to read orders back to the provider for enoxaparin.</p> <p><b><u>Well-planned intervention/flexibility:</u></b>  Focused assessments performed based on situation presented.  Elevated HOB and applied O2 for respiratory distress.  Re-assessed vital signs. Re-assessed right lower extremity after medication administration.  Consider focusing on post-op compliance education.  Physician notified about new diagnostic results.  Accurate dosage calculation for enoxaparin (142.5mg). Confusion with quantity in mL to give.  Assistance needed for dosage calc.  Education provided regarding bleeding risk with enoxaparin.</p> <p><b><u>Being Skillful:</u></b>  Mostly accurate focused assessments performed.  Some confusion with quantity related to dosage calc. Accurate dose in mg identified.  Be sure to read all orders back to the provider for confirmation.  Name and DOB prior to med administration. BMV scanner used.  SubQ injection performed accurately, good needle safety.</p>

<p><b>REFLECTING: (7) *</b></p> <ul style="list-style-type: none"> <li>• Evaluation/Self-Analysis: E      A      D      B</li> <li>• Commitment to Improvement: E      A      D      B</li> </ul>	<p>Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Scenario discussed in regards to complications that occurred and interventions performed. Focused discussion on prioritizing focused assessment vs. full head to toe assessment based on situation. SBAR communication highlighted and discussed held on gathering all pertinent data, providing full background and situation to the provider, and reading back orders.</p> <p>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>SUMMARY COMMENTS: * = Course Objectives</b></p> <p><b>Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric.</b></p> <p><b>E= Exemplary</b></p> <p><b>A= Accomplished</b></p> <p><b>D= Developing</b></p> <p><b>B= Beginning</b></p> <p><b>Scenario Objectives:</b></p> <ol style="list-style-type: none"> <li>1. Select focused physical assessment priorities based on individual patient needs. (2)*</li> <li>2. Implement appropriate nursing interventions based on patient’s assessment. (1,3,6)*</li> <li>3. Communicate appropriately with the patient, family, team members, and healthcare providers incorporating elements of clinical judgment and conflict resolution. (4,7)*</li> <li>4. Provide patient-centered care with consideration to cultural, ethnic, and social diversity. (2,3,6)*</li> <li>5. Provide appropriate patient education based on diagnosis. (5)*</li> </ol> <p>* Course Objectives</p>	<p>Lasater Clinical Judgement Rubric Comments:</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 subtle patterns and deviations from expected patterns in data and uses these to guide the assessment. Actively seeks subjective information about the patient’s situation from the patient and family to support planning interventions; occasionally does not pursue important leads.</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 some nursing skills</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>

**EVALUATION OF CLINICAL PERFORMANCE TOOL**  
**Medical Surgical Nursing – 2024**

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

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

Student eSignature and Date:

12/27/2023