EVALUATION OF CLINICAL PERFORMANCE TOOL
Nursing Foundations – 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Morgan Leber

Final Grade: Satisfactory

Semester: **Fall**

Date of Completion: 12/2/2024

Faculty eSignature: Chandra Barnes, MSN, RN

Faculty: **Frances Brennan**, MSN, RN; **Amy Rockwell**, MSN, RN;
Chandra Barnes, MSN, RN; **Nick Simonovich,** MSN, RN
Heather Schwerer, MSN, RN; **Brittany Lombardi,** MSN, RN, CNE

Teaching Assistant: Stacia Atkins, BSN, RN

DIRECTIONS FOR USE:

Each week the students evaluate themselves based on the competencies using the performance code on page 2. The performance code includes the terms **Satisfactory (S), Needs Improvement (NI), Unsatisfactory (U), and Not Available (NA).** The faculty member will initial if in agreement with the student's evaluation. If there is a discrepancy in the performance code evaluation between the student and the faculty member, a note is written 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. **An unsatisfactory or needs improvement as a final evaluation in any single competency results in a clinical course grade of unsatisfactory; this is a failure of the course. Patterns of performance over the course of the semester will be utilized to determine the final competency evaluations. The terms Satisfactory and Unsatisfactory will be used in evaluating the final grade or clinical course performance.**

METHODS OF EVALUATION:

Skills Lab Checklists
Care Map Grading Rubric
Administration of Medications
Simulation Scenarios
Skills Demonstration
Evaluation of Clinical Performance Tool
Clinical Discussion Group Grading Rubric
Lasater Clinical Judgment Rubric
Faculty Feedback
Documentation
Clinical Reflection

ABSENCE (Refer to Attendance Policy)

Date	Number of Hours	Comments	Make Up (Date/Time)

Faculty's Name	Initials
Chandra Barnes	CB
Frances Brennan	FB
Amy Rockwell	AR
Nicholas Simonovich	NS
Heather Schwerer	HS
Brittany Lombardi	BL

Stacia Atkins	SA

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.**

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	Week 8	Mid-Term	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14 Make-Up	Final
Competencies: a. Identify spiritual needs of patient (Noticing).									NA	S	S	NA	S	NA	NA	S
b. Identify cultural factors that influence healthcare (Noticing).									NA	S	S	NA	S	NA	NA	S
c. Coordinate care based on respect for patient's preferences, values, and needs (Responding).						NA	S	NA	S	S	S	NA	S	NA	NA	S
d. Use Maslow's Hierarchy of needs to determine the care needs of the assigned patient (Interpreting).						NA	S	NA	S	S	S	NA	S	NA	NA	S
		NS				BL	CB	CB	CB	CB	CB	CB	CB	CB	CB	CB
Clinical Location; Patient age**		Meditech Orientation				No Clinical	3T 56	No Clinical	NA	4N 52	4N 73	No Clinical	4N 59	NA	No Clinical	

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, being able to recognize physiological needs of your patient when performing head to toe assessment. CB

Week 9(1d): Morgan, great job this week determining your patient's needs and using Maslow's to prioritize those needs. CB

Week 10(1c,d) – Morgan, 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,d): Great job this week ensuring that all spiritual and cultural factors were taken into account when caring for your patient. You did a nice job meeting the needs of your patient, using Maslow's. 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	Week 8	Mid-Term	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14 Make-Up	Final
Competencies: a. Perform head to toe assessment utilizing techniques of inspection, palpation and auscultation (Responding).						NA	S	NA	S	S	S	NA	S	NA	NA	**S**
b. Use correct technique for vital sign measurement (Responding).						NA	S	NA	S	S	S	NA	S	NA	NA	**S**
c. Conduct a fall/safety assessment and institute appropriate precautions (Responding).						NA	NA	NA	NA	S	S	NA	S	NA	NA	**S**
d. Conduct a skin risk assessment and institute appropriate precautions (Responding).									NA	S	S	NA	S	NA	NA	**S**
e. Collect the nutritional data of assigned patient (Noticing).									NA	~~NI~~ S	S	NA	S	NA	NA	**S**
f. Demonstrates appropriate insertion, maintenance, and/or removal of NG tube (Responding).									NA	NA	NA	NA	NA	NA	NA	**NA**
g. Describe the findings and the rationale for diagnostic studies with the nursing implications for assigned patient (Interpreting).									NA	S	S	NA	S	NA	NA	**S**
		NS				BL	CB	**CB**	CB	CB	CB	CB	CB	CB	CB	**CB**

Comments

Week 7(2a,b): Morgan, you performed a systematic head to toe assessment and retrieved all vital signs within a timely manner. CB

Week 9 (2e): I am giving myself an NI for this box because I was giving my patient time to eat and rest per her request, and I wanted to respect that. When I was rounding on my patient, I noticed she ate most of her food, so I documented the feeding method in the chart. I was planning to document intake and output when I went in there last

to assist my patient with hygiene and perform my last couple assessment because she did not have output when I went in there to check her food tray. By the time I was finished with my assessments, assisting my patient with hygiene, and walking with her in the halls, the nurse came in to take a sample from her chest port. I had written my patient's output on the board in the room, but I never documented her intake and output and realized this once I left. Morgan, I changed competency 2e to a "S". You documented her breakfast consumption, and prioritized other needs of your patient. You collected the data and although not documented in Meditech, you did document it on the white board to be charted. CB

Week 9(2a,c,g): Great job this week performing your head to toe assessment and fall assessment on your patient. You were able to calculate your patient's John Hopkins Fall Risk score and ensure that the environment was clean and free of clutter, therefore reducing the risk of falls and injuries. You were also able to tie together your patient's priority problem and lab/diagnostic testing that would correlate. CB

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 see how that tied in with your priority problem as well. CB

Week 12(2a,d,g): Morgan, great job performing your head to toe assessment, being very thorough and detailed. Although you are unable to document a skin assessment, this was also performed during your head to toe. You did a nice job describing labs and diagnostic test that you patient had performed related to their 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	Week 8	Mid-Term	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14 Make-Up	Final
Competencies: a. Receive report at beginning of shift from assigned nurse (Noticing).						NA	S	NA	S	S	S	NA	S	NA	NA	**S**
b. Hand off (report) pertinent, current information to the next provider of care (Responding).						NA	NA	NA	NA	S	S	NA	S	NA	NA	**S**
c. Use appropriate medical terminology in verbal and written communication (Responding).						NA	S	NA	S	S	S	NA	S	NA	NA	**S**
d. Report promptly and accurately any change in the status of the patient (Responding).						NA	S	NA	S	S	S	NA	S	NA	NA	**S**
e. Communicate effectively with patients and families (Responding).						NA	S	NA	S	S	S	NA	S	NA	NA	S
f. Participate as an accountable health care team member in the provision of patient centered care (Responding).						NA	S	NA	S	S	S	NA	S	NA	NA	S
		NS				BL	CB	**CB**	CB	CB	CB	CB	CB	CB	CB	CB

Comments

Week 7(3a,c,d,e): Great job receiving hand off report on your patient. Good job using medical terminology while communicating with your patient, reporting abnormal findings, and communicating effectively with your staff RN. CB

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

Week 10(3e): Morgan, 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(3e): Excellent job this week communicating with your patients, families, peers, and floor staff. You did a nice job communicating during your medication pass, ensuring that your patient was aware of what meds they were receiving. 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	Week 8	Mid-Term	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14 Make-Up	Final
Competencies: a. Document vital signs and head to toe assessment according to policy (Responding).						NA	S	NA	S	S	S	NA	S	NA	NA	**S**
b. Document the patient response to nursing care provided (Responding).						NA	S	NA	S	S	S	NA	S	NA	NA	**S**
c. Access medical information of assigned patient in Electronic Medical Record (Responding).		S				NA	S	NA	S	S	S	NA	S	NA	NA	**S**
d. Demonstrate beginning skill in accessing patient education material on intranet (Responding).		S							S	S	S	NA	S	NA	NA	**S**
e. Provide basic patient education with accurate electronic documentation (Responding).									NA	S	S	NA	S	NA	NA	**S**
f. Consistently and appropriately post comments for clinical discussion groups on Edvance360 website (Reflection).						NA	S	NA	S	S	S	NA	S	NA	NA	**S**
*Week 2 –Meditech		NS				BL	CB	**CB**	CB	CB	CB	CB	CB	CB	CB	**CB**

Comments

Week 2(4c,d): Satisfactory for listening attentively and actively participating in the Meditech orientation clinical. You showed beginning competence in the ability to access a patient's EHR, document care in an intervention, and locate patient data. You were able to access Lexicomp to locate patient education materials. Additionally, nursing policies and procedures were located on the health system intranet. Great job! NS/CB

Week 7(4a,b,c,f): Satisfactory job with documentation of the head to toe assessment and vital signs of your patient. Make sure to note any areas you may have forgot to assess, so that assessments and documentation are thorough and accurate. You did a good job utilizing Meditech for documentation and to look up patient information. You completed your first cdg, meeting all requirements per the grading rubric, excellent job! CB

Week 9(4c,f): You did a good job accessing medical information on your patient in Meditech. Great job meeting all the requirements for your cdg this week. 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,f): You did a great job this week accessing your patient's information on the electronic medical record. You were able to verify medication and provide education related to medication taking. You did a great job on your cdg this week, meeting all requirements per the grading rubric. CB
* End-of-Program Student Learning Outcomes
Clinical judgment terminology embedded in each competency – noticing, interpreting, responding, reflecting

Objective

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

Comments

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

Week 7 (5h): There was a pull station behind the UC desk on 3T and there was a fire extinguisher located to the left of the UC desk on the wall in the hallway. Great job!
CB

Week 7(5a,b): Great job utilizing correct body mechanics and raising the bed while performing an assessment. You did a great job ensuring that you foamed in/out when entering/exiting patients' rooms. CB

Week 9(5d,e,f): Morgan, you did a great job managing the needs of your patient and organizing time to ensure her basic needs and hygiene needs were met. 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, transferring your patient to the chair, and while your patient was in bed, 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

5. 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	Week 8	Mid-Term	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14 Make-Up	Final
Competencies: a. Utilize clinical judgment skills to develop a patient-centered plan of care (Responding).									NA	S	S	NA	S	NA	S	**S**
		NS							CB	CB	CB	CB	CB	CB	CB	**CB**

Comments

Week 9(6a): Great job this week realizing what your patient's priority problem would be in order to develop a patient centered 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 this week in clinical, good job! In your cdg, you listed appropriate interventions you implement for your patient's priority problem. CB

Week 14(6a): Morgan, excellent job completing a Satisfactory care map for your patient with the priority problem of impaired skin integrity. I have completed the care map rubric below with detailed feedback! CB

* End-of-Program Student Learning Outcomes

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

Objective

6. 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	Week 8	Mid-Term	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14 Make-Up	Final
Competencies: a. Identify the action, rationale, dosage, side effects and the nursing implications of medications (Interpreting).									NA				S	NA	NA	**S**
b. Recognize patient drug allergies (Interpreting).									NA				S	NA	NA	**S**
c. Practice the 6 rights and 3 checks prior to medication administration (Responding).									NA				S	NA	NA	**S**
d. Administer oral, intra-muscular, subcutaneous, and intradermal medications using correct techniques (Responding).									NA				~~NI~~ S	NA	NA	**S**
e. Review the patient record for time of last dose before giving PRN medication (Interpreting).									NA				~~NA~~ S	NA	NA	**S**
f. Assess the patient response to PRN medications (Responding).									NA				~~NA~~ S	NA	NA	**S**
g. Demonstrate medication administration documentation appropriately using BMV (Responding).									NA			S	S	NA	NA	**S**
*Week 11: BMV		NS							CB			CB	CB	CB	CB	**CB**

Comments

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

Week 12 (7d): I put needs improvement for this one because I almost forgot to aspirate, add air, into the vial before pulling out medication, but I will improve on this (used this for my self-growth)!

Week 12(7a-d, g): Morgan, you did a great job with medication administration. I changed competency 7d to a "S" because this was your first med pass and you did a great job. Competency 7e,f was changed to a "S" because although you did not give a PRN medication, you did look at what time your patient was medicated and reassessed their pain. You were able to identify why your patient was receiving the medication, potential side effects, and appropriate patient education. You reassessed your patient after giving medications, ensuring their safety. You followed the 7 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

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

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

Week 7 (8a&b): A. I believe my area of strength during this clinical was communication because I was able to have effective communication with my patient during the assessment, but I was able to find out information about her life story that I was not able to find in the chart. You did a great job communicating with your patient this week! CB

B. My area of self-growth is to not forget to ask questions throughout my assessment, I forgot to ask about numbness and tingling during my assessment. To improve this before the next clinical, I will practice and review a full head to toe assessment five times to ensure that I do not forget anymore questions. Morgan, you have a great plan in place to make sure that your assessments are thorough. You did a great job on your first head-to-toe assessment, and remember it will get easier every time you do an assessment. CB

Week 7(8d,f,h): Excellent job following the student code of conduct, exhibiting professionalism while in the clinical setting, and ensuring that patient privacy was respected. CB

Week 9 (8a): My area of strength for this clinical would be showing special empathy to my patient, she had pancreatic cancer, so she had a chest port for her chemo along with other medications. I took note of this and during my assessment my patient had mentioned that ever since she started chemo that she was becoming forgetful and blamed it on "chemo brain." I was able to relate to this because my mom went through chemo, and she experiences "chemo brain" quite often. I shared this with my patient to provide a comforting presence and that she knew it was a safe space to talk about her feelings if she needed, to which she did. This felt nice because I want to have a calming presence for patients, so I am able to provide adequate care based on their needs. This also brought me more motivation because I would love to pursue a career in oncology and provide supportive care for people who need it most in the most difficult times. Morgan, this makes my heart happy that you got to experience this time with your patient, and that it motivates you to pursue your dreams. These moments are few and far between in the busy nursing world, but it is so rewarding when they do happen. Thank you for sharing! CB

Week 9 (8b): My area of self-growth is to pay close attention to detail and what we must document, like previously mentioned, I forgot to document my patient's intake and output when I went in for my focused assessment. I had written my patient's output on the board in the room but with having to do vitals, a focused assessment, a pain assessment, along with providing her with hygiene care and walking the halls, I forgot to document the intake and output. To improve this, I will look over what we must document the night before my clinicals along with bringing the paper with what we must document and put it on my clipboard. I will also triple check before leaving each clinical to ensure that I documented everything I needed to. Morgan, you have a great plan in place to ensure all documentation is complete. I don't want you to be to harsh on yourself, because you prioritized the care that you were providing and documented the intake on the board. CB

Week 10 (8a): My area of strength for this clinical was providing patient education, I was able to answer my patient's questions about fall safety by providing education as to why he needed a yellow wristband on along with the fall precautions signs. My patient was also asking questions about his diet, and I was able to provide education as to why protein is essential in his diet especially after having invasive abdominal surgery and having five wounds. Great job educating your patient on information that he inquired about related to safety and diet. CB

Week 10 (8b): My area of self-growth is to be more of a patient advocate, the second day my patient and his wife had mentioned that he has not used his cpap machine throughout his whole stay and no one from respiratory had come to see him after one of his nurses had mentioned she would call respiratory for him. I told my patient that I would investigate why respiratory had not come to see him even though he has been okay without it, and he was being discharged later that day. I ended up not getting to ask about it and I feel as though I could have been a better patient advocate than I already was. To improve this, I will ensure that my patient's expectations are met every clinical by asking what more I can do for them before leaving for the day. Morgan, you will find sometimes there are many things that get missed while a patient is hospitalized. Great job seeing that being the "voice" of your patient is important, and you have a plan in place to ensure that. CB

Week 12 (8a): My area of strength for this clinical was identifying changes in my patient during assessments, the first day I noticed that my patient was somewhat out of it, but the second day of clinical my patient appeared in a daze almost and was extremely tried to where she would fall asleep while I was talking to her and I would have to ask her questions multiple times. I reported this change to the nurse and the reason she could be like this could be her ammonia levels, receiving the pain medication, or withdrawing from drugs that were on her toxic screen. I also informed the nurse about my patients' blood pressure before giving her HTN medication because her blood pressure was low, and I rechecked her blood pressure and was able to give her HTN medication eventually. Morgan, you did a great job recognizing changes in your patient's condition, informing the bedside nurse of the changes with continued monitoring. This is why thorough assessments are essential to your patient's safety and plan of care. CB

Week 12 (8b): My area of self-growth would be medication administration because I almost forgot to inject air, aspirate, into the vial before pulling out the correct medication dose. To improve this, I will review proper medication administration using a vial three times before my simulations to ensure I have proper medication administration technique. Morgan, don't be so hard on yourself, this was the first time you ever passed medication to a real patient. With more experience, you won't even have to think about it, but you have a great plan in place to improve. CB

Week 12(8i): Morgan, thank you for reflecting on your first medication pass in your cdg! As you experience passing medications in future clinicals, you will gain confidence and education on more medications. CB

* End-of-Program Student Learning Outcomes

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

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

Date	Care Map Top Nursing Priority	Evaluation & Instructor Initials	Remediation & Instructor Initials
11/18/2024	Impaired Skin Integrity	*S/CB	*NA

Note: Students are required to submit one satisfactory care map by 11/18/2024 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 by 11/25/2024 at 0800 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: Morgan Leber				**Course Objective:**	Develop patient-centered plans of care utilizing the nursing process. (3,4,5,6,7)		
Date or Clinical Week: 11/18/2024							
	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	Great job providing specific abnormal patient data including assessment findings and diagnostic/lab findings. You listed appropriate risk factors for your patient, I would also include the abdominal surgery to risk factors.
	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 great job listing nursing priorities. The only suggestion I would have is to include risk for constipation due to having abdominal surgery. You did a great job highlighting abnormal findings that correlated with your top nursing priority of impaired skin integrity. Potential complications were listed and you were able to also list signs and symptoms related to each of them, excellent job!
	5. State the goal for the top nursing priority.	**Complete**			**Not complete**	3	
	6. 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	
	7. Identify all potential complications for the top nursing priority problem.	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**	3	
	8. Identify signs and symptoms to monitor for each complication.	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**	3	
Responding	9. List all nursing interventions relevant to the top nursing priority.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	You did a great job listing realistic interventions that were related to your patient, that were prioritized. You provided a rationale for each intervention that was pertinent to your patient, and each intervention included a frequency. The only suggestion I have for an intervention
	10. Interventions are prioritized	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	11. All interventions include a frequency	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	12. All interventions are individualized and realistic	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	

	13. An appropriate rationale is included for each intervention	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	is monitoring lab values daily and PRN to obtain baseline findings and watch for increased WBC or decreased Hbg considering the patient had surgery.
Criteria		**3**	**2**	**1**	**0**	**Points Earned**	**Comments**
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	**>75% complete**	**50-75% complete**	**<50% complete**	**0% complete**	3	Morgan, good job reassessing highlighted abnormal assessment and lab/diagnostic findings. Great job including to continue the plan of care for your patient.
	15. Evaluation includes one of the following statements: • Continue plan of care • Modify plan of care • Terminate plan of care	**Complete**			**Not complete**	3	

Reference

An in-text citation and reference are required.
The care map will be graded "needs improvement" if missing either the in-text citation or reference, but not both.
The care map will be graded "unsatisfactory" if both in-text citation and reference are not included.

Total Possible Points= 45 points
45-35 points = Satisfactory
34-23 points = Needs Improvement*
< 23 points = Unsatisfactory*
***Total points adding up to less than or equal to 34 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.**

*****Students that are not satisfactory after 2 attempts will be required to meet with course faculty for remediation. *****

Faculty/Teaching Assistant Comments: **Morgan, excellent job on your first nursing care map. You were very detailed and thorough on this clinical assignment. Always remember when completing an assignment with guidelines and a rubric, have them both available to reference. CB**

Total Points:
45/45

Faculty/Teaching Assistant Initials:
CB

Simulation Evaluations

Simulation Evaluation Performance Codes: **S**: Satisfactory **U**: Unsatisfactory	Simulation #1 (2,3,5,8) *	Simulation #2 (2,3,5,7,8) *
	Date: 11/5/2024 or 11/12/2024	**Date: 11/25/2024 or 11/26/2024**
Evaluation (See Simulation Rubric)	S	S
Faculty Initials	CB	CB
Remediation: Date/Evaluation/Initials	NA	NA

* Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Rylee Bollenbacher (A), Jennifer Collins (O), Morgan Leber (M), Seth Linder (O)
GROUP #: 6
SCENARIO: NF #1
OBSERVATION DATE/TIME(S): 11/12/2024 0800-0900

CLINICAL JUDGMENT COMPONENTS					OBSERVATION NOTES
NOTICING: (1,2,4,6,7) *					Assessment nurse introduced self and role. Identified patient with name and date of birth when entering the room for patient safety. Noticed temp 99.2, HR 81, RR 20, B/P 130/74. SpO2 of 91% RA. Did not notice low SpO2 (91%) as abnormal (discussed in debriefing). Noticed B/P 130/74, asked patient what was normal for them. Pain assessment performed. Noticed cough. Asked patient about sputum, consistency, and color. Recognized lung sounds as normal (discussed in debriefing-crackles). Noticed redness to heels when patient complained of pain (discussed in debriefing). Medication nurse introduced self and role when entering the room. Performed 7 rights of medication administration by using the BMV scanning system for patient safety. Accurately identified patient name and date of birth. Information obtain from patient about how medications are taken. Remember to ask about allergies. Noticed indications for atorvastatin and multivitamin. Noticed potential adverse reactions and side effects. Noticed tissues in patient's bed. Noticed yellow sputum in the tissues.
• Focused Observation:	E	A	D	B	
• Recognizing Deviations from Expected Patterns:	E	A	D	B	
• Information Seeking:	E	A	D	B	
INTERPRETING: (1,2,4,6,7) *					Prioritized vital signs before completing a full head to toe assessment. Interpreted low SpO2 of 91% as requiring oxygen per physician's order. Prioritized medication safety practicing 7 rights of medication administration. Interpreted guaifenesin medication PRN for nonproductive/persistent cough. Interpreted side effects of medications appropriately.
• Prioritizing Data:	E	A	D	B	
• Making Sense of Data:	E	A	D	B	
RESPONDING: (1,2,3,4,5,6,7) *					Practiced standard precautions with hand hygiene before entering the room. Promptly performed a thorough head-to-toe assessment. Elevated HOB when shortness of breath was noticed.
• Calm, Confident Manner:	E	A	D	B	
• Clear Communication:	E	A	D	B	

• Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B	Collaborative communication between assessment and medication nurse. Communicated with patient about interventions being performed, with questions answered appropriately. Responded to low SpO2 of 91% by raising the head of the bed and applying oxygen at 2L per nasal cannula as per physician's orders. Responded to the patient's complaints of pain to bilateral heels by initiating a pillow to offload pressure. Reassessed respiratory status after oxygen applied. Good body mechanics by raising the bed and lowering the side rails. Communicated am medications with patient. Education provided to patient on medication and side effects. Utilized BMV scanner for medication administration.
REFLECTING: (1,2,4,5,6,8) * • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	Observers provided good insight during debriefing. Noticed the good infection control measures. Discussed initiating O2 via nasal cannula for low Spo2 per orders. Discussed strengths of both the assessment nurse and medication nurse. Constructive feedback was provided. Identified potentially having the patient sit up in bed to improve lung expansions to improve Spo2 levels. Observers discussed potential educational needs related to the scenario. Noticed the implementation of the seven medication rights. Identified positive communication between team members and with the patient. Everyone participated well in debriefing. Each member of the team reflected on the experience and asked appropriate questions. Members of the team noticed areas for improvement and discussed ways to make improvements in the future. Good discussions amongst all members of the team. Nice job!
SUMMARY COMMENTS: * = Course Objectives **Satisfactory completion of the simulation scenario is a score of "Developing" or higher in all areas of the rubric.** **E= Exemplary** **A= Accomplished** **D= Developing** **B= Beginning**	Lasater Clinical Judgement Rubric Comments: Noticing: 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. Actively seeks subjective information about the patient's situation from the patient and family to support planning interventions; occasionally does not pursue important leads. Interpreting: Makes an effort to prioritize data and focus on the most important, but also attends to less relevant or useful 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

Scenario Objectives: • Demonstrate collaborative communication with patients and healthcare team members (1,3,8) * • Execute accurate and complete head to toe assessment (1,5,6,8) * • Select and administer prescribed oral medications following the six rights (1,4,5,7) * • Identify and provide accurate patient education (1,2,3,4,5,7) *	rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse. Responding: Is tentative in the leader role; reassures patients and families in routine and relatively simple situations, but becomes stressed and disorganized easily. 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. Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses. **Satisfactory Completion of NF Scenario #1.**

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Seth Linder (A), Jennifer Collins (M), Rylee Bollenbacher (O), Morgan Leber (O)
GROUP #: 6
SCENARIO: NF #2
OBSERVATION DATE/TIME(S): 11/26/2024 0800-0900

CLINICAL JUDGMENT COMPONENTS	OBSERVATION NOTES
NOTICING: (1,2,4,6,7) * • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B	**Focused observation** Focused observation on pain Focused observation on patient's vital signs Focused observation on respiratory status due to shortness of breath Focused observation on patient's cough **Recognizing deviations** Noticed BP 138/80, HR 88, RR 18, temp 99.5., Spo2 88% on RA Noticed patient's pain when entering the room. Noticed cough, yellow sputum/tissues Noticed adventitious lung sounds. Noticed reddened heels. Noticed history of smoking. **Information seeking** Confirmed name and DOB when entering the room and prior to medication administration. Compared with wrist band. Sought information on how patient is feeling when entering the room. Sought information on mental status/orientation Sought information on sputum production Sought information on pain (7/10, radiating pain, duration, location, looked at the site, aggravating factors). Remember to assess allergies prior to medication administration.
INTERPRETING: (1,2,4,6,7) * • Prioritizing Data: E A D B • Making Sense of Data: E A D B	**Prioritizing Data** Prioritized asking patient about pain. Prioritized focused pain assessment. Prioritized focused respiratory assessment. Prioritized vital signs. Prioritized oxygen administration. Prioritized interventions for oxygenation. Prioritized pain medication administration quickly. Prioritized smoking cessation education. **Making Sense of Data** Made sense of adventitious lung sounds related to pneumonia. Identified rhonchi, set as crackles. Made sense of reddened heels.

	Made sense of provider orders to maintain Spo2 >93%. Med nurse prioritized pain medication administration due to increased pain. Prioritized interventions for oxygenation. Made sense of dosage calculation for morphine administration. Prioritized smoking cessation education.
RESPONDING: (1,2,3,4,5,6,7) * • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B	**Calm, Confident Manner** Introduced self and role when entering the room. Med nurse introduced self and role when entering the room. Managed the situation well. Did not show signs of stress/anxiety. Kept patient informed. Worked well as a team. **Clear Communication** Introduced self and role when entering the room. Med nurse introduced self and role when entering the room. Good teamwork and communication to prioritize care and complete interventions in a timely manner. Good communication with the patient regarding interventions to be performed. Educated on splinting with a pillow when coughing. Pillow provided. Education provided on the use of incentive spirometry. Good communication among team members to verify correct dosage to be administered. Educated patient about route of medication administration, could ask preferred injection location. Educated on splinting with a pillow when coughing. Pillow provided. **Well-Planned Intervention/Flexibility** Applied O2 via nasal cannula at 2L for Spo2 of 88% on RA. Elevated HOB. Performed full focused pain assessment due to complaints. Performed focused respiratory assessment. Elevated HOB for cough/SOB Educated on side effects of morphine administration (BP, dizziness, respirations). Implemented safety precautions. Returned to perform full assessment after prioritizing the problem. Re-assessed pain after medication administration. Sought further information related to pain (5/10). Re-assessed vital signs. Considered nicotine patch during smoking cessation. education. Educated on smoking cessation. Educated on fluid intake for sputum. **Being Skillful** Used BMV scanner for patient safety. Safety checks performed for medication administration. Correct needle size selected for IM injection.

	Remember to aspirate prior to injecting medication to assess for potential blood return (alters route of administration). Good needle safety. Dosage calculation performed accurately. Excess dose waste witnessed. Good teamwork and collaboration. 4mg to be administered.
REFLECTING: (1,2,4,5,6,8) * • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	Each member actively participated in debriefing. Each member of the team reflected on the experience and asked appropriate questions. Members of the team noticed areas for improvement related to prioritization and IM injections and discussed ways to make improvements in the future. Observers provided good insight on med safety and communication amongst team members and with the patient. Identified educational opportunities that were presented in the scenario. Reflected on clinical judgement and critical thinking that required. Emotions, thoughts and feelings were explored. Each member demonstrated a desire to improve nursing performance.
SUMMARY COMMENTS: * = Course Objectives **Satisfactory completion of the simulation scenario is a score of "Developing" or higher in all areas of the rubric.** **E= Exemplary** **A= Accomplished** **D= Developing** **B= Beginning** **Scenario Objectives:** • Demonstrate collaborative communication with patients and healthcare team members (1,3,8) * • Differentiate between need for complete head to toe versus focused assessment and execute accordingly (1,5,6,8) * • Select and administer prescribed oral and intramuscular medications following the six rights (1,4,5,7) * • Identify and provide accurate patient education (1,2,3,4,5,7) * • Recognize patient oxygenation and pain control needs and provide appropriate interventions (2,4,5,6,7) *	Lasater Clinical Judgement Rubric Comments: Noticing: Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful information. 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. Interpreting: Focuses on the most relevant and important data useful for explaining the patient's condition. Even when facing complex, conflicting, or confusing data, is able to (a) note and make sense of patterns in the patient's data, (b) compare these with known patterns (from the nursing knowledge base, research, personal experience, and intuition), and (c) develop plans for interventions that can be justified in terms of their likelihood of success. Responding: Assumes responsibility; delegates team assignments; assesses patients and reassures them and their families. Communicates effectively; explains interventions; calms and reassures patients and families; directs and involves team members, explaining and giving directions; checks for understanding. Interventions are tailored for the individual patient; monitors patient progress closely and is able to adjust treatment as indicated by patient response. Displays proficiency in the use of most nursing skills; could improve speed or accuracy. Reflecting: Independently evaluates and analyzes personal clinical performance, noting decision points, elaborating alternatives, and accurately evaluating choices against alternatives. Demonstrates commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops specific plans to eliminate weaknesses. **Satisfactory completion of NF simulation #2**

Student Name: Morgan Leber

Skills Lab Competency Evaluation Performance Codes: **S**: Satisfactory **U**:Unsatisfactory		**Lab Skills**									
	Week 1 (4)*	**Week 2 (2,3,5,8)***	**Week 3 (2,3,4,5,8)***	**Week 4 (2,3,4,5,8)***	**Week 5 (2,3,4,5,8)***	**Week 6 (1,2,3,4,5,8)***	**Week 7 (2,3,4,5,8)***	**Week 8 (2,3,4,5,8)***	**Week 9 (2,3,4,5,8)***	**Week 10 (2,3,4,5,6,8)***	**Week 11 (2,5,7)***
	Date: 8/19/2024	**Date:** 8/28/2024	**Date:** 9/5/2024	**Date:** 9/10/2024	**Date:** 9/17/2024	**Date:** 9/24/2024	**Date:** 10/1/2024	**Date:** 10/8/2024 10/10/2024	**Date:** 10/15/2024	**Date:** 10/22/2024	**Date:** 10/29/2024
Evaluation:	**S**	**S**	**S**	**S**	**S**	**S**	**S**	**S**	**S**	**S**	**S**
Faculty Initials	HS	HS	AR	AR	HS	AR	HS	HS	HS	AR	AR
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Remediation: Date/Evaluation/Initials	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. HS

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! HS

Week 3 (Vital Signs):

Excellent work in the lab this week! You satisfactorily completed the vital sign check off during 1:1 observation, including oral temperature, radial pulse, respiratory rate, pulse oximetry, and blood pressure measurement. During the blood pressure measurement, you accurately obtained two out of three blood pressure results on the Vital Sim manikin. The first blood pressure measurement was set at 158/74 and you identified it as 176/52 which was not in the established parameter. The second measurement was set at 110/62 and you interpreted it as 112/60. The third measurement was set at 128/72 and you interpreted it as 128/70. You did seem to struggle with reading the manometer accurately so I suggest you practice this frequently to become more comfortable and adept at reading it. You were able to verbally discuss the following measurements: axillary and rectal temperature along with orthostatic vital sign assessments. One prompt was needed during completion of your 1:1 observation related to orthostatic vital signs, and the need to obtain the heart rate/pulse along with the blood pressure. You provided accurate detail in your communication with the "patient". Your Meditech documentation 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, Lexicomp/Intranet navigation activity, and the assessment/safety activity utilizing your clinical judgment skills. Great job! 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 1 prompt related to asking about the patient about pain (rating, location, type, duration, associated symptoms, and aggravating factors). You demonstrated friendly, professional, and informative communication. Great job!

EVALUATION OF CLINICAL PERFORMANCE TOOL
Nursing Foundations – 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 & Date: Morgan Leber 12/2/2024