EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2025

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Brooke Schafer

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: **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 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)
2/14/2025	1hr	Late CDG post	2/14/2025 1hr

Faculty's Name	Initials
Kelly Ammanniti	KA
Stacia Atkins	SA
Monica Dunbar	MD
Rachel Haynes	RH
Heather Schwerer	HS
Nick Simonovich	NS
Dawn Wikel	DW

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

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

UNSATISFACTORY CLINICAL PERFORMANCE

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

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

OTHER

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

***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
1/25/25	Impaired Gas Exchange	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.

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
Competencies: a. Analyze the involved patho-physiology of the patient's disease process. (Interpreting)			S	S	NA	S	S	NA									
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			S	S	NA	S	S	NA									
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			S	S	NA	S	S	NA									
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			S	S	NA	S	S	NA									
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	S	NA	S	S	NA									
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			S	S	NA	S	S	NA									
g. Assess developmental stages of assigned patients. (Interpreting)			S	S	NA	S	S	NA									
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		S	S	NA	S	S	NA									
Indicate your clinical site as well as your patient's age and primary medical diagnosis in this box weekly.	Meditech, FSBS, IV Pump Sessions		3T and 85	4N and 76, thoracic myelopathy	NA	3T, age 77 and altered mental status	5T, 88 year old admitted for falls and a left hip fx.	NA									
Instructors Initials	**DW**		**KA**	**NS**	**DW**	**HS**	**SA**										

****Evaluate these competencies for the offsite clinicals:** **DH: 1h** **IC: 1a, b, e, h.** **ECSC: 1g, h**

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/SA/DW/HS

Week 3 – 1a, b, c, e– You did a nice job discussing on clinical your patient's disease process and what nursing was doing to help the patient. You were able to discuss symptoms we were monitoring and managing in your patient as well as pertinent labs for your patient diagnosis. You also set a goal for your patient and were able to discuss your patient's work towards meeting that goal. You did a nice job caring for your patient and relating to him throughout the day. KA
Week 3 – 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). KA

Week 4 1(a-h) – Good work this week discussing the alterations in your patient's health and correlating them to her current and past medical history. You were able to research and develop an understanding of thoracic myelopathy and the rationale behind the procedure performed. You discussed priority assessments following the procedure and the importance on monitoring bladder/bowel function and sensation of the lower extremities. During your clinical experience she was experiencing some delirium and significant hypertension. You were able to discuss and review potential causes which were linked to the anesthesia she received during the procedure. You identified contributing factors to her hypertension and identified nursing interventions aimed at improving the problem. Diagnostic studies were reviewed and discussed. You were able to correlate the medical procedure and prescribed medications to her current and past medical history, understanding the importance of medication compliance. You conducted independent research on your patient and answered my questions throughout the week, showing preparedness for the clinical experience. Well done! NS

Week 6 - (1 a, b, c, d, e)-Great job this week! This week you did a great job discussing your patient's pathophysiology of her illness, and her co-morbidities. You were also able to review the diagnostics and discuss how they correlated with the patient's diagnosis. You were able to discuss the importance of the medications that your patient was taking and how they impacted the plan of care. HS

Week 7 (1a-h)- This week you were able to correlate the patient's symptoms, diagnostic tests, pharmacotherapy, treatment, and nutritional needs based on their reason for being on the Rehab floor and their past medical history. Great job! SA

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
Competencies: a. Perform inspection, palpation, percussion, and auscultation in the physical assessment of assigned patient. (Noticing)			S	S	NA	S	S	NA									
b. Conduct a fall assessment and implement appropriate precautions. (Noticing)			S	S	NA	S	S	NA									
c. Conduct a skin assessment and implement appropriate precautions and care. (Noticing)			S	S	NA	S	S	NA									
d. Communicate physical assessment. (Responding)			S	S	NA	S	S	NA									
e. Analyze appropriate assessment skills for the patient's disease process. (Interpreting)			S	S	NA	S	S	NA									
f. Demonstrate skill in accessing electronic information and documenting patient care. (Responding)	S		S	S	NA	S	S	NA									
	DW		**KA**	**NS**	**DW**	**HS**	**SA**										

****Evaluate these competencies for the offsite clinicals:** **DH: N/A** **IC: 2f** **ECSC: N/A**

Comments:

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

Week 3 – 2a, d – You did a nice job thoroughly assessing you 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 3 – 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 4 2(a,c,d,e) – You did well with your assessments this week, noticing numerous deviations from normal. During your assessment, you noticed bloody drainage on her TED hose and identified a wound to her lower extremity that was not previously identified. Appropriate skin care measures were implemented with the use of the Firelands wound protocol for a skin tear. You were prompt in reporting your patient's confusion and elevated blood pressure. You interpreted your findings as abnormal for the patient situation and responded by re-taking the blood pressure in the opposite arm. You discussed signs and symptoms to assess for related to significant hypertension and

monitored her closely. You also prioritized focusing your assessment on her bladder/bowel function related to the procedure performed and the removal of the foley catheter before you assumed care. Good work analyzing appropriate assessments throughout the week. NS

Week 6 (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 your findings to the RN. You were also able to discuss your focused assessment and the reasoning behind your decision of focus. HS

Week 7 (2a-f)- Great job while you were on clinical you performed a satisfactory physical assessment, communicated abnormal assessments to myself and to the primary nurse, and you were able to satisfactorily document all information to Meditech documentation. SA

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

****Evaluate these competencies for the offsite clinicals:** **DH: 3a** **IC: 3a, f, i** **ECSC: 3a, j**

Comments:

Week 3 – 3b – You had the opportunity to care for a patient on droplet precautions. You ensured proper precautions were followed throughout the day until they were discontinued. You made sure proper signage was visible and that the necessary supplies were easily available for those entering the patient's room. You were also able to

observe a thoracentesis. You showed interested and enthusiasm and asked questions throughout the process. You were very receptive to the education the healthcare provided during the process and shared the experience with your classmates. KA

Week 4 3(b,c,d,e,j) – During your clinical experience your patient started developing significant hypertension with SBP in the 200s. You were prompt in reporting your findings after confirming your findings with a second blood pressure reading in the opposite arm. You prioritized her elevated blood pressure and confusion in the care provided throughout the week. You were prompted with questions aimed at identifying the underlying cause. You did well to discuss her NPO status and inability to take her BP medications the day before, anxiety, and pain as contributing factors in addition to an autonomic nervous system response to the anesthesia administered. You were able to collaborate with the assigned RN to determine the best course of action. (a,b) – this week you were able to perform a dressing change. You maintained asepsis throughout the procedure and did well handling the supplies to prevent contamination. Well done! NS

Week 6 (3 c, d, e)- You were able to prioritize your care for the day and adjust when necessary based on changes that occurred during the day. You were able to identify the changes in your assessment from day one to the second day. You identified the change in the patient's cognitive status and adjusted your care accordingly. You were available to help others when needed, and ask for assistance when needed. (3h)- you administered subcutaneous enoxaparin for DVT prophylaxis. HS

Week 7 (3a-j)- This week you cared for your patient and were able to identify all of the priority needs for them based on their condition and report you received from the night shift nurse. You were able to communicate your priority assessments for the day and what interventions needed to be completed during your shift. Great job! SA

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
Competencies: k. Administer PO, SQ, IM, or ID medications observing the rights of medication administration. (Responding)			S	S	NA	S	S	NA									
l. Ensure patient safety through proper use of EHR, IV flow sheet, and BMV. (Responding)			S	S	NA	S	S	NA									
m. Calculate medication doses accurately. (Responding)			S	S	NA	S	S	NA									
n. Administer IV therapy, piggybacks, IV push, and/or adding solution to a continuous infusion line. (Responding)			S	S	NA	S	S	NA									
o. Regulate IV flow rate. (Responding)	S		S	S	NA	S	S	NA									
p. Flush saline lock. (Responding)			S	S	NA	S	S	NA									
q. Monitor and/or discontinue an IV. (Noticing/Responding)			S	S	NA	S	S	NA									
r. Perform FSBS with appropriate interventions. (Responding)	S		NA	NA	NA	NA	NA	NA									
	DW		**KA**	**NS**	**DW**	**HS**	**SA**										

****Evaluate these competencies for the offsite clinicals:** **DH: N/A** **IC: N/A** **ECSC: N/A**

Comments:

Week 1 (3o)- 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
(3r)- 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. SA/DW

Week 3 – 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 PO, SQ, and IV medications this week. You performed the medication administration process with beginning dexterity. KA

Week 3 – 3n –You did a nice job priming your piggy back and connecting your patient to the medication for the first time. You performed all IV skills with beginning dexterity. You documented all medication administration and line care appropriately in the EMR. Nice job! KA
Week 3 – 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 3 – 3q – You did a nice job monitoring your patient's IV site this week and documenting your assessment in the EMR. You successfully DC'd an IV catheter with your nurse this week. Great job! You were able to discuss proper documentation of IV discontinuation in the EMR. KA

Week 4 3(k-q) – Great job this week with medication administration. You were able to identify the rights of medication administration and performed the three safety checks prior to administration. You were prepared to answer questions related to each medication, including the indication, side effects, and nursing implications for each. Several PO medications were administered safely. Experience was gained in withdrawing a medication from a vial and reconstituting for an IVP. Accurate dosage calculation was performed when prompted. The IV site was assessed for patency and complications for a continuous IV infusion. Compatibility was determined for the IVP medication and continuous infusion. Using the existing line, appropriate aseptic technique was performed and the IVP medication was administered at the prescribed rate. A saline flush was performed to ensure complete administration. You also gained experience with administering ophthalmic medications. You were able to assist your classmate with crushing, dissolving, and administering medications via an NG tube. Overall job well done! NS

Week 6 (3k,-q)- You did a nice job with medication administration this week! You were able to administer PO medications as well as an IV flush and connect the IV fluids. You followed the rights of medication administration and completed all checks prior to administering. You were able to research each medication and answer all questions related to the medications. HS

Week 7 (3n): I did not administer IV medications to my own patient, but I started IV fluids on another patient due to her passing out in the shower as her blood pressure dropped. The nurse offered to let a student hang the fluids. That is awesome, thank you for jumping in to help! SA
Week 7 (3k-r)- This week on you were able to identify the rights of medication administration appropriately and provided appropriate information of the medications you administered to your patient. Included in the analysis was the type of medication, side effects, and nursing implications for each medication. You assisted the staff nurse with IV administration to another paint appropriately as well SA

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
Competencies: a. Integrate professionally appropriate and therapeutic communication skills in interactions with patients, families, and significant others. (Responding)			S	S	NA	S	S	NA									
b. Communicate professionally and collaboratively with members of the healthcare team using hand-off communication techniques. (SBAR) (Responding)			S	S	NA	S	S	NA									
c. Report promptly and accurately any change in the status of the patient. (Responding)			S	S	NA	S	S	NA									
d. Maintain confidentiality of patient health and medical information. (Responding)			S	S	NA	S	S	NA									
e. Consistently and appropriately post comments in clinical discussion groups. (Reflecting)			S	S	NA	~~S~~ U	S	NA									
f. Obtain report, from previous care giver, at the beginning of the clinical day. (Noticing)			S	S	NA	S	S	NA									
g. Provide a clear, organized hand-off report to your patient's next provider of care. (Responding)			S	S	NA	S	S	NA									
			KA	**NS**	**DW**	**HS**	**SA**										

****Evaluate these competencies for the offsite clinicals:** **DH: 4a, b, d** **IC: 4b, d, e** **ECSC: 4a, b, d, e**

Comments:

Week 3 – 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. You also practiced your SBAR during debriefing and provided an accurate report to your classmates and faculty. KA

Week 3 – 4e – Brooke, you did a nice job choosing a relevant article to the patient you cared for this week and answering all the CDG questions on it. You were thorough and thoughtful with your original response as well as your response to your classmate. You also included a reference and in-text citation for both responses. In the future, remember only the first letter of the first word of the title and the first letter of the first word after a colon in the title are capitalized. Overall you did a very nice job! Keep up the wonderful work! KA

Week 4 4(e) – Overall good work with your CDG prompts this week. In the future, elaborate more on the results giving specific statistics that support the claims provided. All criteria were met for a satisfactory evaluation. See my comments on your posts for more details. A few tips for success on APA formatting moving forward: For your response post to Yasmin, be sure to use the author(s) last name and publishing year for the in-text citation. Correct APA in-text citation formatting would be (Venes, 2021). For your initial post in-text citation, you only need the author(s) last name(s) and publishing year. Also, when citing a resource with three or more authors, you will only include the first author's last name followed by et al and the publishing year. Correct APA formatting for your initial in-text citation would be (Welsh et al., 2023). For your initial post reference, be sure to use reputable resources to help with correct formatting. Purdue OWL for APA formatting is a great resource. You would want to include the entire article title. Also, the journal title should be italicized and should include the volume and edition if applicable. Correct APA formatting for your refernce is as follows:

Welsch , E., Vashisht , A., Stutzman , S. E., & Olson, D. M. (2023). Family presence may reduce postoperative delirium after spinal surgery. *Journal of Neuroscience Nursing*, *55*(3). DOI: 10.1097/JNN.0000000000000704

I hope these tips helps as you progress in your understanding of APA formatting. Keep up the hard work! NS

Week 6 (4e)- Your initial CDG post was submitted late, therefore it was changed to a U. You also did not provide an in-text citation for the initial post. HS
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. HS

Week 7 (4e): I am aware of my initial response being submitted at 2200 (10pm), which is the time we have until to submit the assignment. Due to this being submitted at 10, was because my first completion of my post did not upload and show up for me. I did not realize this issue until I went back in to check, which is when I had to redo the CDG. As far as my intext citation, I will be sure that I put that in the text somewhere in my post. I used Davis drug guide for all my medications and mistakenly did not add that into my post besides to the reference citation. This week, I will be sure to check all my assignments earlier to prevent this again.

Week 7 (4a-g)- Great job on your CDG initial and peer response. You provided thoughtful content and were professional. SA

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
Competencies: **a. Describe a teaching need of your patient.**** (Reflecting)			S	S	NA	S	S	NA									
b. Utilize appropriate termino-logy and resources (Lexicomp, UpToDate, Dynamic Health, Skyscape) when providing patient education. (Responding)			S	S	NA	S	S	NA									
			KA	**NS**	**DW**	**HS**	**SA**										

****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 related to the importance of ambulation (to maintain or increase strength and function of body, decrease the incidence of complications and facilitate early recovery of the lungs due to pneumonia). This education was provided through discussion and physically helping the patient. This was necessary to my patient as he did not really have a desire to get out of bed. With my patient having pneumonia, ambulation helps mobilization of secretions. Along with this my patient was having issues having a bowel movement, ambulation helps to get the bowels moving. Skyscape was used to support education to the patient. Demonstration/teach back method was used to validate learning, along with improved ambulation through the clinical. Great job! KA

5a & b (week 4): I had the same patient for both Wednesday and Thursday. Both days I felt as there was quite a bit of education to my patient, she was alert but very confused as well. It is hard to just kind of pick one thing I educated on. However, she was a post-op patient, so I educated on the importance of early ambulation and her nutrition to aid in healing. She would try to skip lunch or breakfast; however, I educated her that to heal she needs food. She was in pain throughout the day, but I explained to her that staying in one spot is not going to help her heal. Due to her being confused there was times that she seemed unsure of where she was and that she had to stay in her room. I explained to her that she is in a hospital and what we do there to help them. She was very anxious, so just trying to educate her on as much as I could to try to control her anxiety. I would say I utilized skyscape or the hospital protocol to support educating the patient. Validation of learning was her improvement in mobility and eating all meals. Good reflection on education needed and provided this week, Brooke! Her underlying mental state certainly made this a challenging experience. However, I am happy to read that you were able to encourage her mobility and nutritional intake through education! It can be easy to accept the patient's disinterest in eating following a procedure, but taking the time to help them understand the importance in relation to healing goes a long way. Nutrition and mobility can also help to improve her confusion and can lead to better outcomes. Great job! NS

Week 6:

A. Due to my patient being extremely confused I felt like it was hard to educate on anything as she really did not have much of an understanding. Whenever I would ask any question of some sort or tried to explain to her what I was doing, she did not understand and repeated "she didn't know what I want out of her." However, I explained everything to her the best I could in hopes of her understanding something. I was able to educate her on the importance of hygiene, both clinical days I assisted her with a bag bath, brushing her teeth and hair, applying lip moisturizer changing her gown, along with her bedding. When providing that care she told me she didn't understand why I had to do so. I explained that it is important to stay on top of hygiene as it allows for our bodies to heal, for us to feel better and overall, it's something we should be doing every day. Although she may not have understood everything, I tried my best to make her feel a little more comfortable and understand why we do what we do to provide care**. B.** Hospitals policy could be used to educate my patient on, as it is required to be providing hygiene care to each patient. Validation of the education would be her following commands on me instructing her to wash certain parts of her body. I would agree, it was difficult to provide education to your patient regarding her lack of ability to comprehend. She also did not have any family visit her during either of the clinical days making education challenging. HS

Week 7 (5a & b):

A. My patient was up in rehab due to a fall that caused a hip fracture. She was prescribed several medications along with having a port, and she has leukopenia. When performing my head-to-toe assessment, she expressed that she had GI upset and experience nausea. Throughout clinical she expressed several times that she felt nauseas; I provided education on the side effects of all her medications. Along with the importance of taking most of her medications with food. The night shift on 2/18/25 administered her oral chemotherapy and it is known to have side effects from that especially with additional medications. Throughout the night on 2/19/25 her nausea had seemed to get worse, and she experienced heartburn according to the patient. She has a history of GERD as well, so it may be affecting her on top of medications. She is voiding appropriately and there were no indications of further illness associated with the nausea/vomiting. I educated her of how medications can affect how you break down and process food in your stomach or bowels, along with affecting chemicals in your brain. I also provided her with extra crackers to keep in her room, in case she felt as if she needed something to eat with her medications. SA

B. I used skyscape to support my evidence, when looking up medications I really tried to focus in on the ones that cause the most GI upset. Which is mostly all of them. I also provided her with a packet from "UpToDate" that I utilized in my education that gave her information on how medications can cause GI side effects, and what she could do to help with that. I knew the education was effective when she explained to me what she knew about the medications she was taking and that she is aware of them causing GI upsets. Along with that she asked me different questions to get a better understanding of certain things, she also said that she feels like her glasses could be causing her some nausea as she has not been able to make it to the eye doctor recently. This is going to help your patient so much with her on going chemotherapy treatment. Great job! SA

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)			~~NA~~ S	NA	NA	NA	NA	NA									
b. **Identify factors associated with Social Determinants of Health (SDOH) &/or cultural elements that have the potential to influence patient care.**** (Noticing, Interpreting, Responding, Reflecting)			S	S	NA	S	S	NA									
			KA	**NS**	**DW**	**HS**	**SA**										

****6b- You must address this competency in the comments below for all clinicals on 3T, 4N, or Rehab. Refer to CMS Social Determinates of Health Screening Tool in the Resources folder for the course.**

Comments:

See Care Map Grading Rubrics below.

Week 3: 6b- social determinants that led to my patient being admitted into hospital:
-Housing: my patient was an 85-year-old who lives alone with decreased mobility, trying taking care of himself and his home.
-Family and community support: my patient stated that his children help him with as much as he can, however he still lives alone taking care of himself.
-Physical activity- my patient had no desire to get out of bed to do physical activity, he stated to me "he would rather stay in bed to urinate in urinal and eat meals, because it's just easier"
-Education- lack of education on the importance of mobility, his health, staying on top of his health (doctor appointments, medications, etc.)
-Mental health- He was alert and oriented x3, however he has some confusion. He repeated the same thing to me multiple times within a 15–20-minute span, and kept forgetting different things throughout the day. What a thorough assessment of factors that should be assessed before the patient is discharged to ensure that his health is managed as well as possible when the patient is not in the hospital. KA
Week 3 – 6q – 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 4: 6B- social determinants that led to my patient being admitted:
Education: lack of knowledge on the importance of nutrition, mobility and overall health.
Financial support: could cause her to have a lack of medical help.
Family support: decrease in mobility due to not having the support at home to work with her to improve.
Transportation: my patient stated to me that she does not drive much, which could lead to issues in health as she may not be making it to appointments or such.
Food: not much access to nutritious food.

Housing: Both my patient and her husband's mobility did not seem great, could cause their home to not be cared for properly. Good thoughts on SDOH that can impact your patient! In regards to social context, did she mention anyone else (friends or family) other then her husband? I know she was fixated on his whereabouts and well-being and stated he was 86. This makes you wonder how much she relies on him for support, transportation, etc. This would certainly be a cause for concern for her outcomes upon discharge. Home health might be a good option to inspect their home environment and identify resources to help. NS

Week 6:
B-

- Family support: Nothing was known of any family members, only two friends of hers were known. This could be a causative to her depression and anxiety.
- Physical activity: My patient had a history of falls and was scored a HIGH fall risk, she had abnormal gait and generalized weakness, before admission she had fallen on 2/10/25 and hit her head.
- Mental health: My patient had a history of depression and anxiety; I witnessed this throughout my clinical. During hygiene care I noticed it the most.
- Cognitive disorder: I found that my patient is on the autism spectrum, along with severe confusion. She was admitted for altered mental status, which she has had however after her fall it progressed. Nice job determining several SDOH factors that have the potential to impact the patients care. HS

Week 7 (6B):

- Family support: My patient told me that she has children and sisters that help her with all that they can to improve her health. Her daughter sorts her medications, making it easier for her to know what pills she must take every day. Her children also help her organize any appointments she needs to attend. She stated, "my son is a health freak so he tries to help me in whatever way he can to make sure I stay healthy." This a positive social determinant as this keeps her from declining quickly.
- Living situation: She is an 88 year who lives at home alone, though her children and sisters take good care of her she has some health issues that could make it difficult for her to perform ADLs and keeping her home steady. I asked her if she had grab bars in places like the bathroom, coming into and out of the house, etc. She stated that she does not have grab bars in her bathroom but does coming into/out of the house.
- Transportation: She still drives herself around and gets from point A to point B safely. However, I can see this as being somewhat of an issue as she is known to have frequent falls and partially limited vision. She does have glasses but told me that due to being in the hospital she missed her appointment and she's been having issues with her glasses.
- Financial: This did not seem to be an issue she faces, so I am using this as a positive social determinant. Some people around her age struggle financially and that decreases their likeness to reach out for help. With my patient she said several different things that allowed me to understand that she is not worried about finances. One of those statements being "she will do whatever it takes and go the extra mile to keep her as healthy as she can."
- Physical activity: Due to my patient having frequent falls and being admitted for a fall/fracture, she has poor physical activity. While on rehab she was a x1 with minimum assistance and a toe-touch-weight bearing. She had muscle weakness and abnormal gait due to the fracture and weight bearing order. However, just in the two days of having her as my patient I did notice an improvement in her mobility and her ability to perform the

toe-touch-weight bearing. I also had the opportunity to go with her to occupational and physical therapy and she gave great effort in all the exercises they had her perform. This is a great analysis of the SDOH potential problems for you patient! What kinds of resources could you use to assist her with her home? SA

Objective

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

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

****Evaluate these competencies for the offsite clinicals:** **DH: All** **IC: All** **ECSC: All**

****7a and 7b: You must address these competencies in the comments section after each clinical experience. 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 was being able to pick up on the IV math quickly. The different equations and what they are used for, were overwhelming but after more practice I felt confident in being able to solve the problems. This allowed me to better understand programming and starting new bags of medications as well. Great reflection here, Brooke! DW

7B: An area that I felt weakness/needs improvement is priming the tubing and spiking the bags. I also found programming to be a little difficult as well, with more practice this was better understood. I found these to be difficult, as I was worried of doing it wrong/messing something up. Before clinical I will refresh myself on how to do these things to be prepared to do them on the floor. I will review the videos/resources given to us in the first week lessons. Excellent goal! I like that you are continuing to prep yourself for the clinical setting. How many times will you review the videos before clinical? Keep in mind that for future goals, you should include what you will do, how often you will do it and when you will do it by (see green highlights above in the directions). Also, just for good measure, if you are interested in practicing it a couple times, hands-on in the lab, let me know and I will be happy to pull all of the supplies for you. Please know that while we have a few open lab days scheduled, you are always welcome to request time in the lab when you think you need it. Keep up the great work! DW

Week 3, 7A: An area of strength I experienced in myself was jumping to any opportunity I could. Different skills and such can become very nerve racking, but I am determined to learn and see as much as I can while in clinical. I had the opportunity to help alongside a nurse and doctor with a thoracentesis. This experience for me was so cool. While in the room, the physician was asking me questions about the procedure and why it was being done. Although, I did not know the answer to every question I learned a lot just in the time of being there for the procedure. I found myself being very focused on what the physician was doing and how the patient was responding, during the procedure I placed the pulse ox on the patient as I felt like it was appropriate to check the patient's oxygen saturations. I am glad this was such a great learning experience for you! KA

7B: An area that I felt weakness/needs improvement was feeling timid/nervous for medication administration. Due to only administering a few medications once or twice to an actual patient I found myself struggling to find confidence when doing so. I felt as I was forgetting something the whole time and was worried of doing something wrong. I had the opportunity to hang two IV bags, give a subcutaneous injection and give two PO meds. I found myself overwhelmed with trying to find all the right information in skyscape for each medication. I know until I do more of it, it will be nerve racking each time until I become comfortable. However, to ease some of the anxiety I will be sure to give myself enough time to look up the medications and plan on administering them. I will watch videos before each clinical to refresh myself just to ease nerves. Also having any chance, I can pass medications will only help me grow more knowledge and confidence. So, to improve this weakness, before passing meds for each clinical I will review materials to refresh myself, I will manage my time to allow for better prep before giving medications and I will be sure that I find the best information to make it easier for passing the medication. Great reflection and plan. I felt you did a nice job with your med pass consider as you stated you have only administered medications a few times. You were knowledgable and able to answer my questions. I agree you will master this skill with continued practice! KA

Week 4: 7a- An area where I felt strength for this clinical was my patience, my patient was somewhat difficult to work with. She liked to talk a lot, which is great but can make it difficult when trying to provide care and being distracted. Along with that my patient had confusion and anxiety causing her to not really understand things very well, she became demanding and rude in some ways. I was doing my best to provide the best care for her, however at times she would not really allow me to. I stayed calm and patient through each clinical day, I provided education to try calm her down and realize that she is in good hands. I am not sure she quite felt that way, due to the way she expressed different things which made it very difficult to stay patient. My patient was very different and interesting. It was a learning experience for me as I never know what kind of patient or scenario I am going to come across. I learned how to handle the situation calmly. This certainly was an interesting learning experience. I am glad that you were able to find the benefit in learning from the experience and reflecting on it. Showing stress or frustration could escalate her anxiety and lead to confrontation. This was the case with whatever happened the previous night. As we discussed, sometimes we can only do so much to help the situation. This is when we can potentially get the patient advocate involved to help address her concerns. Overall, I thought you remained patient and handled it well! NS

7B- A weakness I felt this week was frustration. As stated above my patient was difficult, while I was able to contain my frustration and remained patient it was hard. Each time I went into my patient's room I was easily in there for 10-20 minutes. It was hard to catch up on documenting or findings in the chart about my patient. Along with that, different things my patient did or said made it very easy to feel frustrated. Now that I have witnessed a patient like this in the nurse's roll, I know how to handle things for the future. Any time I experience a patient like this I will remember this and continue to stay calm and patient as I don't know what it is like to be in their position and that everyone experiences things differently. I am sorry that you had a frustrating experience. However, every opportunity is a learning experience. This will allow you to reflect on similar situations in the future to help you develop the best plan in providing care. Sometimes we have to put ourselves in their shoes to provide empathy. While we can't change personalities, we can have an understanding of the anxiety that patients may experience, especially when they are not thinking clearly due to medicaitons. Good reflection! NS

Week 5 (7f)- Brooke, I can see that you created and modified the version of the tool you just submitted before the deadline of tool submission; therefore, you will not receive an unsatisfactory for professionalism (related to a blank week 5 tool). We know technology is not perfect. With that said, please be sure to double check that you submit the correct version and that everything uploads as you are expecting. Future issues with faculty receiving the wrong version will result in a U. DW

Week 6:
A: A strength I felt this week was medication administration. Although I was still nervous, I can feel myself becoming more comfortable. With my patient being disoriented and confused it was best to place the medications in her mouth opposed to giving them to her. This was somewhat uncomfortable as I haven't placed the pills in the patients mouth before. Within the medication room, MAR and handling the medications I felt comfortable. Also, I felt more confident when hanging an IV fluid and programming the pump. The feeling of growth in myself from clinical to clinical, makes me realize that it all comes with time. **Great job! Yes, your confidence will continue to increase with each experience. HS**

B: An area that I could improve on is to always bring any papers from the first day of clinical to the second day. I was told before leaving clinical on Tuesday that my patient was going to be leaving 20 minutes after I was. However, she was not discharged due to a change in her behaviors. She became even more confused than before and there was an order to get an MRI of her head, but she was not medicated therefore they did not do the MRI while I was there. Due to being told that my patient from the first day was going to be discharged, I brought blank papers thinking of having a new patient. From here on out I will be sure to always save the papers from the first day, even if I am told I won't have that patient the next day. Anything can change, and I could end up with the same patient. Being prepared and organized is an important factor in nursing because of the many unpredicted events that may occur. HS

Week 6 (7f)- Due to the CDG post being submitted late, this competency was changed to a U for lack of professionalism.
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. HS

Week 7 (a,b):

- A strength I felt this week was an improvement on medication administration. My patient had a lot of medications and this clinical was the most medications I have passed in clinical so far. I was able to give my patient all her medications within the appropriate timeframe and earlier than the extended hour from 0900. The longest part is looking up the medications on skyscape and being sure that I have all the information I need to know about each medication. I felt more confident this time in giving medications. I was also able to give a subcutaneous injection in the abdomen, I have done this before on clinical, but the extra practice is always helpful. I also jumped into the opportunity of hanging iv fluids on another patient that needed them and felt less nervous through the process of priming the tube, programming the medication and connecting it to the patients IV. Great job! SA
- An area that I felt that I could use improvement is being more confident when providing education to the patient. I always worry too much of sounding like I don't know what I am talking about or even getting asked a question and not being able to answer it. I found myself wanting to provide more education to the patient but was not confident in myself. I will improve this by trying to realize that I know more than I think I know, and to continue to educate any patient whenever I can. I will only gain more confidence in myself by practicing educating the patient. The more you review your education pieces, and talk with your patients it will get easier. You will always learn something new even after you graduate, and it is ok to not know all of the answers right away. You did a great job this week! SA

Student Name: Brooke Schafer				**Course Objective:** 6			
Date or Clinical Week: 3							
	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 nice job completed the assessment findings, lab/diagnostics, and risk factor sections 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 listed relevant nursing priorities and highlighted the highest priority. You included an appropriate goal related to your priority. You highlighted relevant data in the noticing section. Since his heart rate, blood pressure, respiratory rate, and temperature were WNL I am not sure they are relevant to the priority of impaired gas exchange. You listed 3 complications for your nursing priority. Two of your complications included 3 signs and symptoms the nurse should assess the patient for. One complication only included 2 signs and symptoms. KA
	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)**	2	
Responding	9. List all nursing interventions relevant to the top nursing priority.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	2	You did a nice job writing relevant nursing interventions that are prioritized, individualized, realistic, and included rationale. All interventions but 1 were timed. You could educate on admission, before discharge, daily, or prn. You would want to make sure that all highlighted data in the noticing section has a related nursing intervention. You would want to add a nursing intervention for assessing the patient's LOC, assessing the patient's fatigue, and assessing the patient's edema. You would also want to make you monitor WBCs, a monitor labs and chest x-ray to included your highlighted diagnostics. KA
	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	

Criteria		3	2	1	0	Points Earned	Comments
	13. An appropriate rationale is included for each intervention	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	**>75% complete**	**50-75% complete**	**<50% complete**	**0% complete**	3	You did a nice job reassessing your highlighted information. Remember to reassess all highlighted data in the assessment and lab/diagnostic sections. If there is no change or no new data state that. All data reassessed except fatigue, Co2, and chest x-ray. Also when assessing confusion use alert and oriented x __. Also, when stating SpO2 make sure to list whether it is on oxygen or room air. You included you would continue the plan of care. KA
	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: **You satisfactorily completed your care map. Please see comments above for things to consider in the future when completing your care maps. KA**

Total Points: **43/45**

Faculty/Teaching Assistant Initials: KA

Student Name:	Course Objective:
Date or Clinical Week:	

	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)**		
	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. 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)**		
Interpreting	4. List all nursing priorities and highlight the top priority problem.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**		
	5. State the goal for the top nursing priority.	**Complete**			**Not complete**		
	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**		
	7. Identify all potential complications for the top nursing priority problem.	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**		
	8. Identify signs and symptoms to monitor for each complication.	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**		
Responding	9. List all nursing interventions relevant to the top nursing priority.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**		
	10. Interventions are prioritized	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**		
	11. All interventions include a frequency	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**		
	12. All interventions are individualized and realistic	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**		

Criteria	3	2	1	0	Points Earned	Comments

	13. An appropriate rationale is included for each intervention	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**		
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	**>75% complete**	**50-75% complete**	**<50% complete**	**0% complete**		
	15. Evaluation includes one of the following statements: • Continue plan of care • Modify plan of care • Terminate plan of care	**Complete**			**Not complete**		

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:**	**Total Points:** **Faculty/Teaching Assistant Initials:**

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

Student name: Brooke Schafer								
Skills Lab Competency Evaluation Performance Codes: **S**: Satisfactory **U**:Unsatisfactory	**Lab Skills**							
	Week 1	**Week 1**	**Week 1**	**Week 1**	**Week 1**	**Week 2**	**Week 2**	**Week 9**
	Insulin (2,3,5,7)*	**Assessment** (2,3,4,5,7)*	**IV Math Application** (3,7)*	**Lab Day** (1,2,3,4,5,6,7)*	**IV Skills** (2,3,5,7)*	**Trach** (1,2,3,4,5,6,7)*	**EBP** (3,7)*	**Lab Day** (1,2,3,4,5,6,7)*
	Date: 1/7/25	**Date:** 1/7/25	**Date:** 1/9/25	**Date:** 1/9/25	**Date:** 1/10/25	**Date:** 1/16/25	**Date:** 1/15/25	**Date:** 3/10 or 3/11/25
Evaluation:	S	S	S	S	S	S	S	
Faculty/Teaching Assistant Initials	MD	KA/RH	DW	NS	SA	DW	KA	
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	

*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 1/7/25 as well as the assigned IV Math practice questions and the IV Math Application lab on 1/9/25. KA/DW/HS/SA
(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 removal, patient mobility and hygiene, use of PPE for Contact Isolation, wound care, foley insertion and removal, development of nursing notes, and providing SBAR hand-off report. NS/MD/RH
(IV Skills)- You have satisfactorily completed IV lab including a saline flush, IV push medication administration with reconstitution, priming and hanging a primary and secondary IV solution, adjusting a flow rate to run by gravity, discontinuing IV therapy, and monitoring the IV site for infiltration and signs of complications. DW

Week 2
(Trach Care & Suctioning) - During this lab, you satisfactorily demonstrate competence with tracheostomy care and tracheostomy suctioning. DW/RH/NS/SA

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

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

Simulation Evaluation Performance Codes: **S**: Satisfactory **U**: Unsatisfactory	**Student Name: Brooke Schafer**							
	vSim- Vincent Brody (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	**vSim**- Juan Carlos (Pharmacology) (*1, 2, 3, 4, 5, 6)	**vSim**- Marilyn Hughes (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	Simulation #1 (Musculoskeletal & Resp) (*1, 2, 3, 4, 5, 6, 7)	Simulation #2 (GI & Endocrine) (*1, 2, 3, 4, 5, 6, 7)	**vSim**- Stan Checketts (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	**vSim**- Harry Hadley (Pharmacology) (*1, 2, 3, 4, 5, 6)	**vSim**- Yoa Li (Pharmacology) (*1, 2, 3, 4, 5, 6)
	Date: 1/27/25	**Date: 2/10/25**	**Date: 2/24/25**	**Date: 2/26 or 2/27/25**	**Date: 4/9 or 4/10/25**	**Date: 4/14/25**	**Date: 4/24/25**	**Date: 4/25/25**
Evaluation	S	S	S					
Faculty/Teaching Assistant Initials	RH	DW	SA					
Remediation: Date/Evaluation/Initials	NA	NA	N/A					

* Course Objectives

Comments:

EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2025

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:
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11/21/24