EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2025

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Lillian Osborn

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)

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
2/3/2025	Impaired skin integrity	S/HS	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)			N/A	S	S	S	S	N/A	S								
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			N/A	S	S	S	S	N/A	S								
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			N/A	S	N/A	S	S	N/A	S								
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			N/A	S	N/A	S	S	N/A	S								
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			N/A	S	S	S	S	N/A	S								
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			N/A	S	N/A	S	S	N/A	S								
g. Assess developmental stages of assigned patients. (Interpreting)			N/A	S	N/A	S	S	N/A	S								
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		S	S	S	S	S	N/A	S								
Indicate your clinical site as well as your patient's age and primary medical diagnosis in this box weekly.	Meditech, FSBS, IV Pump Sessions		Digestive Health	3T, 83, sacral ulcer with osteomyelitis	Infection Control	5T, 59, Right MCA, CVA, Takosubo Cardiomyopathy	5t, 85, Left temporal CVA	SIMULATION	Midterm								
Instructors Initials	NS		DW	HS	RH	SA	MD	NS	NS								

****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 4 - (1 a, b, c, d, e)-Great job this week! This week you did a great job discussing your patient's pathophysiology of their illness. 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 5: (1a, b, e, h) You were able to analyze the disease process and pathophysiology of a patient with C. Diff through your CDG this week. You also were able to discuss treatment and how to care for a patient with C. Diff without spreading it to others. Lastly, you showed up to clinical prepared and ready for the day with all materials. RH

Week 6 (1a-h)- This week you were able to correlate the patient's medications, treatment, and nutritional needs based on their reason for being on the Rehab floor and their past medical history. Great job! SA

Week 7 Rehab Clinical Objective 1 B-F: 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. You were able to bring these needs to light in your satisfactory care map of this patient as well. Great job! MD

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)			N/A	S	N/A	S	S	N/A	S								
b. Conduct a fall assessment and implement appropriate precautions. (Noticing)			N/A	S	N/A	S	S	N/A	S								
c. Conduct a skin assessment and implement appropriate precautions and care. (Noticing)			N/A	S	N/A	S	S	N/A	S								
d. Communicate physical assessment. (Responding)			N/A	S	N/A	S	S	N/A	S								
e. Analyze appropriate assessment skills for the patient's disease process. (Interpreting)			N/A	S	N/A	S	S	N/A	S								
f. Demonstrate skill in accessing electronic information and documenting patient care. (Responding)	S		N/A	S	S	S	S	N/A	S								
	NS		**DW**	**HS**	**RH**	**SA**	**MD**	**NS**	**NS**								

****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 4 (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 5: (2f) You were able to get into the charts that Sydney provided you so you were able to check the charting on the patient's isolation status was correct. RH

Week 6 (2a-f)- While you were on clinical you performed a satisfactory physical assessment, communicated to myself and to the primary nurse appropriately, and you were able to satisfactorily document all information to Meditech documentation. SA

Week 7 Rehab Clinical Objective 2 A, D, & F: 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. MD

*End-of-Program Student Learning Outcomes
Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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

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

Comments:

Week 4 (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 available to help others when needed, and ask for assistance when needed.
(3f)- You did a nice job with the wet to dry dressing change for your patient.
(3g)-You performed foley care and maintained the foley bag in the appropriate place on the bed. HS

*End-of-Program Student Learning Outcomes
Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 5: (3a, f, i) You performed standard precautions as well as monitored others to ensure they were following standard precautions during clinical this week. You also were able to apply the principles to asepsis during this clinical experience by monitoring the PPE carts and ensuring all staff were properly putting on/taking off PPE while entering those rooms. You were able to support evidence-based practices by knowing which PPE to wear for specific diseases and how to clean the rooms/clean hands based on your CDG. RH

Week 6 (3a-j)- You were able to identify all of the priority needs for your patient based on their condition. You were able to communicate your priority assessments for the day and accommodate them around the therapy schedule. SA

Week 7 Rehab Clinical Objective 3 C & D: While caring for your patient you were able to identify all of the priority needs for your patient 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! MD

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)			N/A	S	N/A	S	S	N/A	**S**								
l. Ensure patient safety through proper use of EHR, IV flow sheet, and BMV. (Responding)			N/A	S	N/A	S	S	N/A	**S**								
m. Calculate medication doses accurately. (Responding)			N/A	S	N/A	S	S	N/A	**S**								
n. Administer IV therapy, piggybacks, IV push, and/or adding solution to a continuous infusion line. (Responding)			N/A	S	N/A	N/A	N/A	N/A	**S**								
o. Regulate IV flow rate. (Responding)	S		N/A	S	N/A	N/A	N/A	N/A	**S**								
p. Flush saline lock. (Responding)			N/A	S	N/A	N/A	N/A	N/A	**S**								
q. Monitor and/or discontinue an IV. (Noticing/Responding)			N/A	S	N/A	N/A	N/A	N/A	**S**								
r. Perform FSBS with appropriate interventions. (Responding)	S		N/A	S	N/A	N/A	N/A	N/A	**S**								
	NS		**DW**	**HS**	**RH**	**SA**	**MD**	**NS**	**NS**								

****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

Week 1 (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 4 (3k, l, m, n, p, q, r)- You did a nice job with medication administration this week! You were able to administer PO, SQ and IV piggyback medications. 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. You did a good job flushing the IV and monitoring the site before during and after the administration of the medication. You were also able to perform a FSBS on your patient and determine the appropriate dose of sliding scale insulin ordered to be administered. HS

*End-of-Program Student Learning Outcomes
Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 6 (3k-r)- 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. SA

Week 7 Rehab Clinical Objective 3 K-L: This week on Rehab you were able to identify the rights of medication administration appropriately and provided a comprehensive analysis 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 were able to provide further information based on the medication you were administering that was included in the nursing implications you discussed. You also were able to identify safe practice for medication administration and performed them well. You also were able to use the BMV and document in the EHR appropriately. Awesome medication pass! MD

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	N/A	S	S	N/A	**S**								
b. Communicate professionally and collaboratively with members of the healthcare team using hand-off communication techniques. (SBAR) (Responding)			S	S	S	S	S	N/A	**S**								
c. Report promptly and accurately any change in the status of the patient. (Responding)			N/A	S	N/A	S	S	N/A	**S**								
d. Maintain confidentiality of patient health and medical information. (Responding)			S	S	S	S	S	N/A	**S**								
e. Consistently and appropriately post comments in clinical discussion groups. (Reflecting)			N/A	S	S	S	S	N/A	**S**								
f. Obtain report, from previous care giver, at the beginning of the clinical day. (Noticing)			N/A	S	N/A	S	S	N/A	**S**								
g. Provide a clear, organized hand-off report to your patient's next provider of care. (Responding)			N/A	S	N/A	S	S	N/A	**S**								
			DW	**HS**	**RH**	**SA**	**MD**	**NS**	**NS**								

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

Comments:

Week 4 (4e)- You answered all of the questions with a thorough explanation for each one. You also provided an in-text citation and a reference for the initial and peer response. Please review the APA formatting examples, when you have multiple authors and are providing an in-text citation it would be: (Yap et al., 2022) at the end of the sentence. Nice job! HS

*End-of-Program Student Learning Outcomes
Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 5: (4e) According to the CDG Grading Rubric, you are satisfactory for your CDG this week! You answered all questions appropriately, had the minimum requirement for the word count, and used both an in-text citation as well as a reference to support your post. Great job! RH

Week 6 (4a-g)- Great job with your CDG this week! You were able to find all medications that pertained to your patient and discuss the relevance. You successfully met all of the requirements on the rubric for your initial posting and the response to a peer. Great job! SA

Week 7 Rehab Clinical Objective 4 E: For clinical this week you provided a CDG that was satisfactory per the CDG rubric. In this CDG, you provided information on bowel medications such as Colace and lactulose that was interesting and detailed regarding your patient. The reference and in-text citation you provided were satisfactorily completed. Please see me if you have further questions! MD

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)			N/A	S	N/A	S	S	N/A	**S**								
b. Utilize appropriate termino-logy and resources (Lexicomp, UpToDate, Dynamic Health, Skyscape) when providing patient education. (Responding)			N/A	S	N/A	S	S	N/A	**S**								
			DW	**HS**	**RH**	**SA**	**MD**	**NS**	**NS**								

****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: I was on digestive health clinical. DW

Week 4:
5a: I educated my patient on all of her medications prior to administering them to my patient. HS
5b. I used skyscape on providing the information to the patient on what each medication does as well as what it was called. HS

Week 5 5 a & b: I was on infection control clinical. RH

Week 6:
5a: I taught my patient that it was important to use the medical cream on her coccyx ulcer. SA
5b: I used the doctors notes, following skyscape to show her the importance of healing it. SA

Week 7L
5a: I taught my patient about different stool softener that would make her able to have a bowel movement. MD
5b. I used skyscape and Monica to help me come up with all the information to inform her on which medication would be the best. You did a great job using the information to educate your patient! MD

*End-of-Program Student Learning Outcomes
Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective																	
6. Implement patient-centered plans of care utilizing the nursing process, clinical judgment, and consideration for cultural, ethnic, and social diversity. (2,3,4,5)*																	
Weeks of the Course	1	2	3	4	5	6	7	8	**Midterm**	9	10	11	12	13	**Make Up**	**Make Up**	**Final**
a. Develop and implement a priority care map utilizing the nursing process and clinical judgment. (Noticing, Interpreting, Responding, Reflecting)			N/A	S	N/A	N/A	N/A	N/A	**S**								
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)			N/A	S	N/A	S	S	N/A	**S**								
			DW	**HS**	**RH**	**SA**	**MD**	**NS**	**NS**								

****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: I had digestive health clinical DW
Week 4: Things that affect my patients social determinants is mainly that she lives in a nursing home. This is because staying at a nursing home can be hard especially with sacral ulcer that is stage 4. With being in a nursing home it takes you away from your home and family and within in both those days her family had not visited which can be very sad for the patient. HS
Week 4 (6a)- You satisfactorily completed care map #1 for MSN. Please review the attached rubric at the end of the tool. HS
Week 5 6b: I was on infection control clinical. RH
Week 6b: What affects my patients social determinants would be her living on her own in an apartment complex. This is because she has no one to help her with her left sided weakness. She stated that she does not go to the grocery store because it is to far of a walk, however I do not know how she gets groceries. I also feel that she has a hard time with her family being alcohol and drug abusers that can have a major impact on her health. What are some resources you could encourage her to look into for this kind of help they need? Good job recognizing their SDOH. SA
Week 7 b: The big issue my patient had with social determinist this week was that she had a lot of family drama that increased her stress and higher her blood pressure. She was very stress which impaired and brought everything higher and all she could talk about was her cats and daughter causing more issues to arise. This is very true! What types of interventions could you utilize to assister with this issue? MD

*End-of-Program Student Learning Outcomes
Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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	S	S	S	N/A	S								
b. Reflect on an area for improvement and set a goal to meet this need.** (Reflecting)	S		S	S	S	S	S	N/A	S								
c. Demonstrate evidence of growth, initiative, and self-confidence. (Responding)	S		S	S	S	S	S	N/A	S								
d. Follow the standards outlined in the FRMCSN Student Code of Conduct Policy. (Responding)	S		S	S	S	S	S	N/A	S								
e. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions. (Responding)	S		S	S	S	S	S	N/A	S								
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (Responding)	S		S	S	S	S	~~S~~ U	N/A	S								
g. Demonstrate the ability to give and receive constructive feedback. (Responding)	S		S	S	S	S	S	N/A	S								
h. Actively engage in self-reflection. (Reflecting)	S		S	S	S	S	S	N/A	S								
	NS		DW	HS	RH	SA	MD	NS	NS								

****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: The strength that I had this was remembering my head to toe without any prompts, as well as keeping up with the workload. **These were a very busy first couple weeks that included several new skills to learn and practice. Great job completing your head to toe assessment efficiently, recalling information learned from the previous semester. This will help you feel more comfortable in clinical in the coming week. Keep up the hard work! NS**

*End-of-Program Student Learning Outcomes
Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 2 7b: My weakness was the IV lab, how to spike the bag and counting the drips in the chamber, I can practice this 2 times before going to clinical by asking an instructor. This is a hands-on skill that will take practice to get down the dexterity. I think your plan for improvement will allow you to feel more comfortable when we perform this in the clinical setting. If you need any supplies to practice don't hesitate to reach out! NS

Week 3 7a: This week my strength was building more confidence with talking to people, for example with the doctors I always get nervous but in the procedure room I talked to the doctor and had him explain the procedure to me. Excellent! DW
7b: My weakness was this week was not knowing some of the terminology that they used which I can practice by reviewing the terms in my medsurg book at least 3 times before my next clinical. Interesting! Med term is so important in healthcare. Any words in particular? DW

Week 4 7a: My strength this week was doing a wet to dry dressing and remembering the steps while figuring it out with Heathers help this week. You did a great job with the dressing change! HS
7b: My weakness this week was my charting which I can just take my time and go through thoroughly. As well as overwhelmed with all my medications and I will go through and look over medication at least a couple times things. You will increase your confidence with medication administration with each experience you get. HS

Week 5 7a: My strength this week was knowing all of the infection control precautions that was needed to know with whatever disease the patient had. That's great! RH
7b: My weakness this week was looking through the charting and seeing whether the charting is good with whoever the nurse is. I fixed this already by asking the infection control lady as well as every time I'm at clinical I can look through and familiarize myself with it. This can be a difficulty thing to learn quickly and as you practice more with each clinical it does get easier. Please refer to the green highlighted area above for requirements for how to write a goal for the future. RH

Week 6: 7a: My strength is my communication with my patient, I felt I made a very good impression with her. Every time that we would go back to the room after therapy she would tell me exactly how she felt than she gave me a big hug when I went to leave and told me good luck in school. That is awesome you were able to connect with your patient. SA
7b: My need for improvement would be in medications, I just need to make sure I am reading the label thoroughly. I can practice this by rereading my pharmacology at least 3x before next clinical. Arranging time for medication review can be hard while on the Rehab unit. Utilize time wisely to get all of the list together before administration is essential so that you have an understanding of what you are providing your patient! SA

Week 7: 7a: My strength this week was communication with my patient I felt that she was very talkative and it made it easy to talk to. You did awesome with communication! MD
7b: I need to improve by going slower for medication administration making sure I take my time. I will improve this by practicing going slow over medications and talking it out 3 times a week. This is a great goal! You will have more practice in the second half of the semester as well! MD

Week 7 Rehab Clinical Objective 7 F: This week you turned in your clinical tool on 2/24 at 1300. Clinical tools are due Saturdays at 2200. Due to this late submission, you are unsatisfactory for professionalism. Please respond with how you will prevent this from occurring in the future. MD
I will prevent this by happening again by making a reminder in my phone and making sure that it fully gets turned in. Thank you! NS

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

Student Name: Lily Osborn				**Course Objective:** 6a			
Date or Clinical Week: Week 4							
	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 provided a nice list which included all of the patients abnormal assessment, lab findings, and risk factors. You could also consider adding her pain in the assessment findings. HS
	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 provided a list of 6 nursing priorities for the patient, an additional one to consider would be chronic pain. You included an appropriate goal, another goal to consider would be; the patient will not develop any additional pressure injuries during hospitalization. You highlighted the pertinent assessment findings you could also consider including the blackened 2nd left toe and the low BP. You were able to identify 3 potential complications and list symptoms to monitor the patient for. When monitoring for sepsis you would see an increase in temperature. Be sure to use medical terminology as weel when listing signs and symptoms. HS
	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**	3	You provided a nice list of nursing interventions that are specific to the patient, they are prioritized and include a frequency and rationale for each one. HS
	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 reassessed all of the highlighted findings and determined that the plan of care should be continued. HS
	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: Lily, nice job on your care map this week! You were able to identify the abnormal assessment and lab findings as well as the risk factors for the patient. You identified several nursing priorities and selected the appropriate top priority. You came up with a nice list of nursing interventions specific to the patient that were individualized. You then reassessed the abnormal findings to identify that the plan of care should be continued. Great job! HS

Total Points:44/45

Faculty/Teaching Assistant Initials: HS

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: Lillian Osborn								
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:** 1/15/25	**Date:** 1/16/25	**Date:** 3/10 or 3/11/25
Evaluation:	S	S	S	S	S	S	S	
Faculty/Teaching Assistant Initials	MD	KA/RH	KA/DW/HS	NS/MD	NS	DW	KA/SA	
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 1/8/25. 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. NS

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/SA

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

Simulation Evaluation Performance Codes: **S**: Satisfactory **U**: Unsatisfactory	**Student Name: Lillian Osborn**							
	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: 2/26/25**	**Date: 4/9 or 4/10/25**	**Date: 4/14/25**	**Date: 4/24/25**	**Date: 4/25/25**
Evaluation	S	S	S	S				
Faculty/Teaching Assistant Initials	DW	RH	MD	NS/HS				
Remediation: Date/Evaluation/Initials	NA	N/A	NA	NA				

* Course Objectives

Comments:

Simulation #1 – Satisfactory completion of all components. Please review the comments placed on the simulation scoring sheet below. In addition, review the individual faculty feedback placed within the Simulation #1 Prebrief and Reflection Journal dropboxes. NS

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Lillian Osborn (A) Lexi Bores (M)
GROUP #: 1
SCENARIO: MSN Scenario #1 – Musculoskeletal/Respiratory – Part 2
OBSERVATION DATE/TIME(S): 2/26/2025 0800-1000

CLINICAL JUDGMENT COMPONENTS	OBSERVATION NOTES
NOTICING: (2) *	**Focused Observation**
• Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B	Full focused pain assessment performed Focused assessment on non-surgical extremity. Noticed redness, noticed warmth, noticed edema Focused assessment on surgical extremity. 6 P assessment performed. Vital signs obtained (remember to assess temperature, especially post-op) Focused respiratory assessment performed prior to and after respiratory distress Observed appropriate pronouns. Consider exploring social diversity with the patient (what are your preferred pronouns, what name do you prefer, etc.) **Recognizing Deviations from Expected Patterns** Noticed patient non-compliance with home medications (aspirin/coumadin) Noticed non-compliance with mobility, physical therapy, SCDs Noticed pain in opposite extremity. Recognized change. Noticed reddened calf, noticed edema, noticed warmth to touch, tenderness. Noticed shortness of breath, cough, and chest pain Noticed tachycardia (HR 120s), tachypnea (RR 28), Spo2 85% on RA. **Information Seeking** Sought additional information related to pain (radiating pain, aggravating factors, alleviating factors, rating, duration). Discussed post-operative non-compliance, but did not explore why the patient has been refusing. Allergies assessed prior to medication administration. Consider asking patient about allergies to iodine/shellfish/contrast dye prior to CT scan. Discuss during debriefing. Consider asking the patient their preferred pronouns to develop rapport
INTERPRETING: (1) *	**Prioritizing Data**
• Prioritizing Data: E A D B • Making Sense of Data: E A D B	Prioritized focused assessment of surgical extremity initially, then prioritized focused assessment on non-surgical extremity and respiratory status. Relevant details prioritized. Prioritized pain relief with IM injection over PO medications appropriately. Once stabilized, prioritized education on SCDs and mobility Prioritized medication administration appropriately. Provided pain relief first, then prioritized enoxaparin administration once order was received. Prioritized data collection prior to contacting the health care provider. Prioritized notifying the health care provider of lab/diagnostic results. **Making Sense of Data** Recognized DVT in the non-surgical extremity. Made sense of causative factors. Discussed lab/diagnostic results during debriefing. As a group, correctly interpreted ABGs at respiratory alkalosis. Made sense of IM morphine to be administered over PO Percocet. Made sense of dosage calculation for morphine. 4mg (2ml) administered. 2mg (1ml) appropriately wasted with a witness. Made sense of dosage calculation for enoxaparin. 1.5mg/kg ordered, identified dose of 142.5mg (0.95ml). Remember to round up to a whole number in this situation. Otherwise, well done. Made sense of post-op complications arising from non-compliance.

RESPONDING: (2,3,4,5,6) * • 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** Roles were clearly defined between medication nurse and assessment nurse Remained calm in stressful, emergent situation Pay close attention to facial expressions with new/unexpected findings. Calm, confident communication with the patient when providing update on condition and plan of care. Continuously re-assured and communicated with the patient throughout. Utilized teamwork and collaboration appropriately when unsure. **Clear Communication** Closed-loop communication when updating team member about new assessment findings. Updated patient during the scenario with clear communication Most often explained interventions to be performed Called health care provider due to change in patient status. SBAR provided, assessment details provided. Had provider read back orders for confirmation. Remember to read orders back to the provider. No route was given for injection, called back to clarify. SBAR provided to lab with new orders received. SBAR provided to radiology. Appropriate pronouns used in communication. Handled conflict with off-going shift professionally. Discussed methods to address conflict during debriefing. **Well-Planned Intervention/Flexibility** Performed focused respiratory assessment due to respiratory distress. Interventions performed (elevated HOB, applied O2) Performed focused assessment based on new patient complaints. Consider re-assessing full set of vital signs after interventions performed. Educated patient on the use of incentive spirometry once the patient was stabilized. Educated patient on the use of SCDs, mobility Re-assessed respiratory status after interventions performed. Consider incorporating culturally competent care related to social diversity. Discussed during debriefing. BMV scanner utilized for patient safety during medication administration Radiology/lab notified of STAT orders to be performed. Notified health care provider of diagnostic testing results. Re-assessed patient after pain medication was administered. **Being Skillful** Accurate focused assessments performed. Accurate dosage calculation performed for IM morphine. Appropriate needle size selected. Good technique with IM injection. Needle safety observed. Accurate dosage calculation performed for subQ enoxaparin. 0.95ml administered (remember to round to whole number, discussed during debriefing) Educated patient on enoxaparin. Administered subcutaneously with correct needle size using correct technique. Good needle safety. Accurate education provided related to incentive spirometer SCDs, DVT, and PE. Remember to read orders back to the provider in addition to having them repeat orders for clarification. Utilized return demonstration/verbalized understanding for incentive spirometry education..
REFLECTING: (7) * • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating performance
SUMMARY COMMENTS: * = Course Objectives **Satisfactory completion of the simulation scenario is a score of**	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

"Developing" or higher in all areas of the rubric. **E= Exemplary** **A= Accomplished** **D= Developing** **B= Beginning** **Scenario Objectives:** 1. Select focused physical assessment priorities based on individual patient needs. (2)* 2. Implement appropriate nursing interventions based on patient's assessment. (1,3,6)* 3. Communicate appropriately with the patient, family, team members, and healthcare providers incorporating elements of clinical judgment and conflict resolution. (4,7)* 4. Provide patient-centered care with consideration to cultural, ethnic, and social diversity. (2,3,6)* 5. Provide appropriate patient education based on diagnosis. (5)* * Course Objectives	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. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. Displays proficiency in the use of most nursing skills; could improve speed or accuracy. 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 MSN Scenario #1.**

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:

-

11/21/24