

**EVALUATION OF CLINICAL PERFORMANCE TOOL  
Medical Surgical Nursing – 2025**

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

**Student:**

**Final Grade:** Satisfactory/Unsatisfactory

**Semester:** Spring

**Date of Completion:**

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

**Faculty eSignature:**

**Teaching Assistant:** 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)
2/24/2025	1	Late vSim assignment	2/24/2025

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.

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

Date	Care Map Top Nursing Priority	Evaluation & Instructor Initials	Remediation & Instructor Initials	Remediation & Instructor Initials
2/8/2025	Impaired Physical Mobility	S SA	NA	NA

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

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**Objective**

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
<b>Competencies:</b>			S	S	S	S	S	N/A	S								
a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting)			S	S	S	S	S	N/A	S								
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			S	S	S	N/A	S	N/A	S								
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			S	S	S	N/A	S	N/A	S								
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			S	S	S	N/A	S	N/A	S								
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	S	S	S	S	N/A	S								
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			S	S	S	N/A	S	N/A	S								
g. Assess developmental stages of assigned patients. (Interpreting)			S	S	S	N/A	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	3T, 75, intoxication, humerus fracture, & subarachnoid hemorrhage	5T, 72, L Knee Hemarthrosis	5T, 50, Guillain-Barre Syndrome	DH and IC	4N, 63, Osteomyelitis, cellulitis	NA	MIDTERM								
Instructors Initials	MD	MD	HS	MD	SA	DW	NS	MD	MD								

\*\*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- (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 4** 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

Week 5 (1a-h)- Great job this week with the assessment of your patient and prioritizing their needs around their busy therapy schedule. SA

Week 7 1(a-h) – Good job this week making correlations between the alterations in your patient's health and the nursing care required. You were assigned a patient with a chronic foot wound that was non-healing, cellulitis, and subsequent osteomyelitis. You discussed the pathophysiology involved, including his history of diabetes, smoking, hypertension, and previous toe amputations. You correlated the signs and symptoms of redness to the foot, necrotic tissue to the toe, and pain/discomfort. You correlated the need for an MRI to determine the severity of the underlying infection. You discussed the findings of the foot xray leading to the need for MRI. You also discussed lab values to monitor for, such as white blood cells and ESR. You correlated the importance of monitoring his blood glucose levels and administering his insulin to prevent worsening complications. You also did well to correlate his aspirin, atorvastatin, enoxaparin, and gabapentin medications to his risk of vascular disease. You noted the scheduled procedure for debridement of the wound and possible toe amputation. You were able to observe the podiatrist and infection control physicians' discussions with your patient regarding the risk of further spread of osteomyelitis without the procedure. Nutritional needs were discussed, including the importance of following a diabetic diet, possible need to consult with the dietician, and the need for NPO status prior to the procedure. Overall you were active in our discussions aimed at improving clinical judgment. NS

**Objective**

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

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

\*\*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-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 4 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

Week 5 (2a-f)- Excellent job assessing your patient's mobility status and appropriately transferring patient using all safety measures. SA

Week 7 2(a,d,e) – Good job with your assessments this week, noticing numerous deviations from normal. You were able to notice his previous toe amputations, and correlated this with his risk factors. You also noticed redness to the effected foot, discussing the possibility of outlining the redness with a skin marker to determine

improvement or worsening of his condition. You noticed the dressing to his toe. You prioritized your assessment focusing on his musculoskeletal system and appropriately identified potential complications that could occur. NS

**Objective**

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

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

\*\*Evaluate these competencies for the offsite clinicals:

DH: 3a

IC: 3a, f, i

ECSC: 3a, j

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 3 (3h)- I put N/A because my patient had SCDs, but I had not started them. I assessed them and made sure they were working right but that is it. I changed this to an S because you reviewed the order and understood the plan for DVT prophylaxis, the patient then got up to the chair in which she would not have worn the SCD's while up. HS

Week 3 (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. HS

Week 4 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

Week 5 (3a-j)- Great job this week following safety and fall precautions with your patient. Successfully presented an EBP article for your CDG. SA

Week 7 3(b) – Several nursing measures were implemented throughout the week. You did well to demonstrate confidence and competence in your nursing skills. Great job with your insulin administration, IV tubing preparation, and maintenance of the IV site. Overall I thought you excelled in your nursing skills throughout the week. NS

Week 7 3(h) – DVT prophylaxis was implemented through subcutaneous injection of enoxaparin. You used appropriate aseptic technique, safely administered the medication, and utilized the safety mechanism to prevent injury. Well done! NS

**Objective**

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

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

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

**Comments:**

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 3 (3k, l, m)- You did a nice job with medication administration this week! You were able to administer several PO medications that needed to be crushed. 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. (3q)- You monitored the IV site with the LR infusing during the shift. HS

Week 4 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

Week 5 (3k-r)- You administered medications per orders and navigated documentation in Meditech appropriately. You did great with all skills and successfully administered a subcutaneous injection medication without interventions needed. Great job! SA

Week 7 3(k-r) – You did a great job with medication administration this week! You were prepared to administer each medication by researching the implications, side effects, and nursing considerations for each. You observed the rights of medication administration and promoted safety, including the use of the BMV scanner. Appropriate dosage calculations were performed and accurate flow rates identified. You gained experience administering several PO medications, subcutaneous injections, and IV medications. You carefully assessed and maintained a continuous IV flow rate, monitoring for signs of complications. Experience was gained priming and initiating a secondary IV bag utilizing the piggyback method. You did well programming the IV pump to the prescribed rate. Overall job well done! NS

**Objective**

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
<b>Competencies:</b>			S	S	S	S	S	N/A	S								
a. Integrate professionally appropriate and therapeutic communication skills in interactions with patients, families, and significant others. (Responding)			S	S	S	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)			S	S	S	N/A	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)			S	S NI	S	S U	S	N/A	S								
f. Obtain report, from previous care giver, at the beginning of the clinical day. (Noticing)			S	S	S	N/A	S	N/A	S								
g. Provide a clear, organized hand-off report to your patient's next provider of care. (Responding)			S	S	S	N/A	S	N/A	S								
	MD	MD	HS	MD	SA	DW	NS	MD	MD								

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

**Comments:**

Week 3 (4e)-Nice job on your CDG this week! You were able to select an EBP article that pertained to the patient that you provided care for. You were able to turn in your CDG on time, have the adequate word count for both posts, and you were able to provide to the conversation with the information you gave! You also had a reference and an in-text citation for both your initial post and peer response. However, when including an in-text citation please refer to the APA formatting examples. You included an in-text citation however you did not format it correctly. Please let me know if you have questions. HS

Week 4 Rehab Clinical Objective 4 E: For clinical this week you provided an initial CDG that was satisfactory per the CDG rubric. In this CDG, you provided information that was interesting and detailed that related to your patient. The reference and in-text citation you provided were provided for the initial post, however you did not provide an in-text citation for your peer response leading to a needs improvement for this competency. Please see me if you have further questions! MD

Week 5 (4a-g)- Great job in recognizing your patient's medical history and how that can affect the patient's response. You navigated appropriately and utilized their feedback as resources as well on how to best approach your patient. Excellent job communicating and working with the primary nurses this week! You appropriately applied thorough content with your CDG discussion and EBP article as well. SA

Week 6 (4e)- According to the CDG Grading Rubric, you have earned an U for your participation in the Infection Control discussion this week. Your post was thoughtful; however, it was not supported by evidence (no in-text citation or reference included). In the future, please be sure to include your citation and reference using APA formatting for all CDG posts and replies. Additionally, please be sure to address this U in the comments below as to how you have or will improve in this area for week 7. Failure to do so will result in a continued evaluation of U. You've got this, Jordan! DW In the future, I will make sure to double check the instructions and follow the provided rubric. The directions seemed very clear until I read them again and noticed it said to use the rubric, which that meant to cite my sources and in-text citation. I did not make that connection this time, but I will be sure to read more carefully and make sure I have all elements I need to succeed. Thank you, Jordan! NS

Week 7 4(A) – Your therapeutic communication was a strength of yours this week. You cared for a patient that was increasingly frustrated with the physician related to the potential need to amputate part of his toe. He voiced his frustrations throughout the day, which you handled with professionalism. It was evident you made a connection with him during your care, as I noticed on numerous occasions him showing your pictures from his life. You also learned a lot about him personally through communication. Great job! NS

Week 7 4(e) – Nice work with your CDG this week focused on education. Descriptive details were provided. See my comments on your posts for further details. All criteria were met for a satisfactory evaluation. NS

## Objective

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

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

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

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

### Comments:

Week (5a&b)- My patient needed education on substance dependence and alcohol intoxication. This can be taught by recommending support groups, therapy's, other treatment options available, and having family actively participate in this intervention. This was necessary for the patient's safety and for the safety of others, so much can me caused or effect people from being intoxicated. My patient came in with a fall due to her drinking habits and what is had done, she then went through withdraw right before being discharged, and her mental status changed which made her stay awhile longer. Proper education and teachings were given to her from Skyscape and I had her teach back to me and nod to know she understood. **That was definitely an appropriate teaching need for her. Outpatient resources will definitely be important as well as family support. HS**

Week 4 (5a&b)- My patient needed education on reducing the swelling in her legs, minimizing the pain, and increasing her ROM. This can be taught by PT, OT, everyone on her clinical team, and her support person which is her husband. She is strongly encouraged and determined to get all her abilities back at a reasonable pace. So far, she is making great progress in the little time she's been on the Rehab floor. Skyscape was used to help guide me in the right direction to educate her to help her progress her ADLS. I taught her to keep her leg elevated as much as possible and to ice it if needed. Before I left, I had suggested we put a pillow under her knee to see if that would aid in her pain and swelling. The doctor recommend she put ACE wrap on it to help reduce the inflammation and swelling, and she really seemed to enjoy and love everything we were doing to help. I knew that she understood because she would repeat back to me what had been said and would actively ask me questions. **Great job! MD**

Week 5 (5a&b)- My patient needed education on the use of his incentive spirometer and increasing his physical mobility. This should be taught by the doctors, nurses, PCTs, PT, and OT because anyone can encourage getting up to the chair, walking to the bathroom, performing ADLS, and taking deep breaths to increase lung expansion. He was given the incentive spirometer but told me that nobody heavily encouraged it. I had asked him if he's been using it and he responded, "nobody has ever asked me that but you", and said he has not been using it. With Guillain-Barre, he should be using it as much as possible because his lungs could potentially stop from it and or from the meds he is on. I used skyscape and the information that was provided in class when taught that content. He should be using it every 1-2 hours, 10-15 times a day while

awake. I knew he understood and thought about it when he said he should be using it but wasn't reminded. I could see that he knew and understood what I was saying to him about it. **Awesome! SA**

Week 7 (5a&b)- The education my patient needed was to maintain use of SCDs to prevent blood clots and many other circulation issues that could occur from being bed bound. It will also be important for after his surgical debridement of his foot. These devices are not the only thing, but they are one of the biggest while in the hospital along with medications like Lovenox or Heparin. He also has diabetes, so it makes healing ten times harder and arthritis that affects his overall movement. Physical activity is also important for him and to benefit his circulation. The resource that aided me to this teaching was my overall knowledge learned in class and from Skyscape. **Very good, Jordan! With his risk factors and history of vascular problems, this is especially important. The last thing he wants to deal with while hospitalized is a DVT. He certainly could benefit from PT/OT while in the hospital, considering his order to be non-weight bearing on the effected foot to prevent worsening complications. Good education provided! NS**

**Objective**

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

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

**\*\*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)- Based on my patient’s health and what had potentially caused her to get how she did, would be economic stability. I say this because in her history and what has been said in report, she drinks about a bottle of wine per night. Wine is not the cheap, so with her addiction to wine the cost of things will add up and potentially be a cause of why she can’t or won’t get the patient care she needs. After her fall, she had told her husband not to call the ambulance even with what had been broken because of it. **Yes, economic stability could be a concern for her regarding her being able to afford her medications or co-pays for provider visits. HS**

Week 4 (6b)- My patient came into the ER because her left knee started hurting suddenly when she went to get out of bed. She could not move so she had her husband call 911. During therapy, she had complaints about her right knee giving out and how she felt multiple times because of it. So, for her, I would say housing and the ability to perform ADLs without falling or stumbling would be relevant to her care. It is very important for her to rehabilitate her knees enough so she can get back to doing what she normally does at home. **Great job identifying SDOH! MD**

Week 5 (6b)- My patient came into the ER from being discharged from Fisher-Titus, with weakness, functional decline, and back pain. After diagnostic testing, he was diagnosed with Guillain-Barre syndrome, which is an autoimmune disorder that attacks the peripheral nervous system. For the SDOH, I would say socioeconomic stability due to the availability for care and therapy because he lives near Wakeman/New London area. Living that far is what makes it hard for the care further given for follow ups

and visitation from his family while still in the hospital. This could fall into the healthcare aspect because it is very limited from where he lives. Also, his ability to perform ADLs from the recent diagnoses could further complicate things depending on how well he recovers. His ability to get himself ready, drive, and work could be significantly impacted without proper therapy and determination. That could then lead to financial stability if he can't perform well for work from not having all his capabilities back, and that could further lead to slow money flow depending on his wife but that would still be limited with travel and medical expenses. **Great point of recognition! Environment to which a patient lives in can not only affect their access to care, but also may have lack of accessibility accommodations if they are in a wheelchair. SA Week 5 (6a,b)- Care Map was Satisfactory. Refer to the feedback written on the Care Map Rubric below. Many issues can occur with a patient that has impaired physical mobility. All body systems can be affected, especially if they have a chronic issue that is the cause. SA**

WEEK 7 (6b)- Based on the health and the information I had gathered while being with him the last two days, I would say that health care access, economic stability, and age. These determinants of health are based off subjective and objective findings. Healthcare access is not a huge deal because he lives a little down from the hospital, but it doesn't always mean he will go to follow-ups or what not; it also goes hand in hand with economic stability. He is retired, lives alone, and his children are all grown and living in their own homes. He does have a big support system but is not always around them. His sister had gone in half each on a new car, so maybe him and his sister live near each other. Age is also another factor because as he ages things will become much more serious and may need more attention than they do right now. **Good thoughts! In regards to his economic stability, did you happen to hear what he was telling me when you were preparing medications? He stated that he went to school to be an STNA, and was in the process of going to nursing school when he had to go on disability. I didn't catch the reason why. He also was talking about other financial stressors while we were in there, so his economic stability is certainly a concern. Now that he was undergoing another amputation, we are concerned for his ability to manage his disease processes in the home setting. Good thoughts! NS**

## 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. <b>Reflect on an area of strength. ** (Reflecting)</b>	S U		S	S	S	S	S	N/A	S								
b. <b>Reflect on an area for improvement and set a goal to meet this need.** (Reflecting)</b>	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	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								
	<b>MD</b>	<b>MD</b>	<b>HS</b>	<b>MD</b>	<b>SA</b>	<b>DW</b>	<b>NS</b>	<b>MD</b>	<b>MD</b>								

\*\*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&2 (7a and 7b): This week, I had trouble in remembering steps during our skills lab the first week of class since we have been on break. In the future, I will look over every checkoff and resources needed to help me succeed moving forward. **This is a great area of improvement and goal. You are receiving an unsatisfactory due to not providing a strength for 7A. Please respond to this with a strength and how you will be sure to address 7A in the future. MD**

Week 1&2 (7A) My strength was performing a basic head-to-toe assessment satisfactorily after just coming back from break. HS

Week 3 (7a&7b)- This week, a strength of mine was performing and documenting my assessments in a timely manner. HS A weakness that I would have to say is finding fetal (pedal?) pulses because it was very hard for me to find the pulses without using a doppler. I need to try harder to find the weak pulses to better myself as a student nurse and nurse in the future. A goal of mine in doing so, is to practice finding pulses on my family and anyone willing to allow me to. Yes, it can be challenging finding pedal pulses. That is a great plan to practice on family members, however you can always use the doppler when you are uncertain. HS

Week 4 (7a & 7b) An area of strength would be forming a caring and respectful bond with my patient. She was very pleased with how attentive I was and enjoyed the company while in therapy and in the room. We would talk about events happening in her life every time I would go in there and she would always ask questions for me to answer. An area of improvement would be to increase my involvement with the therapy my patient is involved in and not just sitting there looking helpless. A goal for that is to make sure I put myself out there and to help in any way I can, no matter the location. Awesome! You absolutely developed a wonderful caring and respectful bond with your patient! I also think your area of improvement is great too! MD

Week 5 (7a&7b)- A strength this week would be learning more and being active in my patient along with his therapy. We played soccer and basketball like games to see how well he can move his legs and how well his reflexes are. An area of improvement would be time management and being more open/useful when there is more free time than expected. I am normally adamant about answering call lights and restocking what is needed to be. On the floor, it seemed like there wasn't much to be done if you weren't in the patient's room. In the future, I will try to make myself useful by asking the nurses and getting more familiar with the staff along with the floor. Yes, there is always something to do or someone who needs help! SA

Week 6 (7a&7b)- A strength this week would be showing up on time and being prepared. This clinical we had to have papers for our preceptors to sign and a scavenger hunt paper. DW An area of improvement would be not filling my day up with only studying and forgetting to turn in my assignments related to clinical this week. A goal to meet this need, is writing out a schedule and sticking to it. You can do this, Jordan! Please let me know if I can help in any way. DW

Week 7 (7a&7b)- An area of strength this week was being able to administer IV fluids and navigating the IV pump. It was very fun diluting and antibiotic and then being able to hang it for the first time. I would also say, getting meds and charting done in a reasonable time was a success as well. Awesome strength to note! I did not realize in the moment that this was your first time performing the IV skills in the clinical setting. The reason I say this is because I thought you demonstrated great proficiency in what you were doing. You were confident, asked appropriate questions, and were independent in your actions. Great job! NS

An area of improvement would be doing better with pharmacology and learning how to pick out the key differences of each medication. This is for the classroom as well as getting familiar in the clinical setting. To meet this need, I will incorporate more pharmacology in my studying and will start making lists of medications I have been in contact with to stay familiar. Good reflection and plan for improvement. Keep up the hard work! NS

MIDTERM- Great job in the first half of the semester Jordan! Be sure to be proactive in caring for patients with Foley catheters and practicing all of the skills you have learned! MD

Student Name: Jordan Lugtig		Course 6					
Date or Clinical Week: 2/8/2025		Objective:					
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	1. Appropriately listed abnormal assessment findings.  2. Appropriately listed abnormal lab/diagnostic tests. (Should highlight the MRI that resulted in abnormal findings).  3. Appropriately listed risk factors.
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)	3	
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	2	4. Listed nursing priorities with highlighting top priority. However, missing several such as, high risk falls, skin impairment/breakdown, sensory impairment, urinary retention, and speaking and swallowing difficulties. 5/10 priorities is 50% completion).  5. Completed an appropriate goal statement.  6. Correctly highlighted all relevant data. 9/11 highlighted id 82%, 0/10 pain is not necessary, but highlight the MRI. 7. Potential complications listed appropriately.  8. DVT: "Decreased O2 saturation is not a s/s for DVT, did you mean PE?"
	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	9. Interventions listed for the top priority is appropriate. Be sure to watch for spelling and punctuation marks. "Perform", not "preform". 10. Interventions are prioritized. 11. All interventions have a frequency. Watch medications closely, some doses may have different dosing times, ie; Enoxaparin has different dosing timeframe with different administration routes. 12. All interventions are realistic.
	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	13. Rationales are appropriate. Again, watch punctuation.
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	14. Temperature marked to be re-evaluated, but was not highlighted as an abnormal assessment finding. Lumbar puncture would not be repeated if there were no changes.
	15. Evaluation includes one of the following statements: <ul style="list-style-type: none"> <li>Continue plan of care</li> <li>Modify plan of care</li> <li>Terminate plan of care</li> </ul>	Complete			Not complete	3	15. Evaluation statement appropriate.

**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.

In-text citation and reference included but the title of the book needs italicized.

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.**

**Total Points:**  
43/45 Satisfactory

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

**Faculty/Teaching Assistant Initials:**

SA

**Faculty/Teaching Assistant Comments:**

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
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	13. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete		
<b>Reflecting</b>	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: <ul style="list-style-type: none"> <li>• Continue plan of care</li> <li>• Modify plan of care</li> <li>• Terminate plan of care</li> </ul>	Complete			Not complete		

**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: Jordan Lugtig								
<b>Skills Lab Competency Evaluation</b>	<b>Lab Skills</b>							
	<b>Week 1</b>	<b>Week 1</b>	<b>Week 1</b>	<b>Week 1</b>	<b>Week 1</b>	<b>Week 2</b>	<b>Week 2</b>	<b>Week 9</b>
	<b>Insulin</b> (2,3,5,7)*	<b>Assessment</b> (2,3,4,5,7)*	<b>IV Math Application</b> (3,7)*	<b>Lab Day</b> (1,2,3,4,5,6,7)*	<b>IV Skills</b> (2,3,5,7)*	<b>Trach</b> (1,2,3,4,5,6,7)*	<b>EBP</b> (3,7)*	<b>Lab Day</b> (1,2,3,4,5,6,7)*
	<b>Date:</b> 1/7/25	<b>Date:</b> 1/7/25	<b>Date:</b> 1/9/25	<b>Date:</b> 1/9/25	<b>Date:</b> 1/10/25	<b>Date:</b> 1/16/25	<b>Date:</b> 1/15/25	<b>Date:</b> 3/10 or 3/11/25
	Evaluation:	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	
Faculty/Teaching Assistant Initials	<b>MD</b>	<b>MD</b>	<b>MD</b>	<b>MD</b>	<b>MD</b>	<b>MD</b>	<b>MD</b>	
<b>Remediation:</b> Date/Evaluation/Initials	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	

\*Course Objectives

**Comments:**

**Week 1**

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

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

(IV Math)-You satisfactorily participated in the IV Math learning session on 1/7/25 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. MD

**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

<b><u>Simulation Evaluation</u></b>	<b>Student Name: Jordan Lugtig</b>							
	Performance Codes:  <b>S:</b> Satisfactory  <b>U:</b> Unsatisfactory	<b>vSim-</b> Vincent Brody (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	<b>vSim-</b> Juan Carlos (Pharmacology) (*1, 2, 3, 4, 5, 6)	<b>vSim-</b> 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)	<b>vSim-</b> Stan Checketts (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	<b>vSim-</b> Harry Hadley (Pharmacology) (*1, 2, 3, 4, 5, 6)
	<b>Date:</b> 1/27/25	<b>Date:</b> 2/10/25	<b>Date:</b> 2/24/25	<b>Date:</b> 2/27/25	<b>Date:</b> 4/9 or 4/10/25	<b>Date:</b> 4/14/25	<b>Date:</b> 4/24/25	<b>Date:</b> 4/25/25
Evaluation	S	S	U	S				
Faculty/Teaching Assistant Initials	DW	SA	KA	MD				
<b>Remediation:</b> Date/Evaluation/Initials	NA	NA	2/24/25 S KA	NA				

\* Course Objectives

**Comments:**

**Marilyn Hughes vSim – Unsatisfactory due to late submission of the vSim assignment. Remediation occurred with submission and completion of all requirements. KA/NS**

Simulation #1-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. MD

**Lasater Clinical Judgment Rubric Scoring Sheet**

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

STUDENT NAME(S) AND ROLE(S): Morgan Leber (A) & Jordan Lugtig (M)

GROUP #: 6

SCENARIO: MSN Scenario #1 – Musculoskeletal/Respiratory – Part 1

OBSERVATION DATE/TIME(S): 2/27/2025 1015-1215

<b>CLINICAL JUDGMENT COMPONENTS</b>	<b>OBSERVATION NOTES</b>
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<p><b>NOTICING: (2) *</b></p> <ul style="list-style-type: none"> <li>• Focused Observation: E A D B</li> <li>• Recognizing Deviations from Expected Patterns: E A D B</li> <li>• Information Seeking: E A D B</li> </ul>	<p><b><u>Focused Observation</u></b>  Full pain assessment performed to bilateral lower extremities.  Focused assessment performed to bilateral lower extremities. Could be more detailed with assessment of non-surgical extremity (edema, temperature, pulses distally).  Full set of vital signs obtained (BP, HR, RR, Spo2, Temp).  Focused respiratory assessment performed when respiratory distress was noticed.  Appropriate use of pronouns. Consider exploring preferred pronouns in communication with the patient.</p> <p><b><u>Recognizing Deviations</u></b>  Noticed non-compliance with coumadin prescription.  Noticed reddened calf.  Noticed adventitious lung sounds with focused respiratory assessment.  Noticed SOB, elevated RR, decreased SPo2.  Noticed Chest pain and cough.  Noticed non-compliance with PT, SCDs  Noticed hypertension – sought further information</p> <p><b><u>Information Seeking</u></b>  Sought additional subjective information related to pain (description, duration, aggravating/alleviating factors)  Asked patient about non-compliance, exploring patient’s rationale and understanding.  Did not ask about allergies prior to first medication administration, corrected and implemented for enoxaparin administration.  Did not ask patient about preferred pronouns.  Sought information related to educational needs.</p>
<p><b>INTERPRETING: (1) *</b></p> <ul style="list-style-type: none"> <li>• Prioritizing Data: E A D B</li> <li>• Making Sense of Data: E A D B</li> </ul>	<p><b><u>Prioritizing Data</u></b>  Prioritized focused assessments based on manifestations (DVT in right lower extremity).  Asked relevant details pertinent to the situation.  Prioritized pain relief with IM injection over PO medication.  Prioritized patient education on non-compliance with empathy.  Prioritized health care provider orders (enoxaparin) promptly.  Prioritized data collection prior to communicating with the health care provider.  Prioritized notifying the health care provider of diagnostic results.</p> <p><b><u>Making Sense of Data</u></b>  Recognized potential DVT in non-surgical extremity.  Recognized potential PE due to respiratory distress. Confirmed with diagnostic testing.  Made sense of IM morphine over PO Percocet.  Made sense of dosage calculations for morphine and enoxaparin with appropriate calculations performed.  Made sense of post-op non-compliance leading to complications.  Made sense of enoxaparin order.</p>
<p><b>RESPONDING: (2,3,4,5,6) *</b></p> <ul style="list-style-type: none"> <li>• Calm, Confident Manner: E A D B</li> <li>• Clear Communication: E A D B</li> <li>• Well-Planned Intervention/ Flexibility: E A D B</li> <li>• Being Skillful: E A D B</li> </ul>	<p><b><u>Calm, confident manner</u></b>  Roles clearly defined among team members. Good collaboration throughout without overstepping role.  Excellent communication with patient providing empathy and understanding. Confident in communicating with the patient and health care provider.  Calm demeanor during an emergent situation.</p> <p><b><u>Clear communication</u></b>  Closed loop communication with team members, confirming assessment findings and plan of care.  Excellent therapeutic communication with the patient throughout. Compassionate,</p>

	<p>empathetic in reassuring the patient.  Most interventions explained to the patient. Be sure to tell the patient what medication is being administered (IM injection).  SBAR provided to various health care team members. Be sure to provide the full situation and background to the provider and read orders back for confirmation.  Continuously updated the patient on plan of care.  Good communication in providing education in simple terms for understanding.</p> <p><b>Well-planned intervention/flexibility</b>  Focused assessments on relevant details performed based on the situation presented.  Re-assessed pain, vital signs, and respiratory system after interventions performed.  Education provided on use of incentive spirometry.  Education provided on mobility, SCDs, and prevention of worsening complications.  BMV not utilized initially for morphine, recognized error, returned to scan the patient.  BMV used appropriately for enoxaparin administration.  Health care provider notified with updated diagnostic testing findings.</p> <p><b>Being Skillful</b>  Accurate focused assessment performed.  Accurate dosage calculations performed for morphine and enoxaparin. 4mg morphine administered, 2mg wasted with a witness.  Good technique with IM and subQ injections, needle safety implemented appropriately.  Be sure to aspirate prior to IM injection to check for blood return.  Accurate education provided regarding compliance, post-op interventions, and incentive spirometry.  Did not read orders back to the health care provider.  Return demonstration utilized to confirm education provided.  Did not identify patient with name/DOB, allergies prior to medication administration.  Did not educate patient on side effects of medications.</p>
<p><b>REFLECTING: (7) *</b></p> <ul style="list-style-type: none"> <li>• Evaluation/Self-Analysis:        E        A        D        B</li> <li>• Commitment to Improvement: E        A        D        B</li> </ul>	<p>Independently evaluates and analyzes personal clinical performance, noting decision points, elaborating alternatives, and accurately evaluating choices against alternatives. Demonstrates commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops specific plans to eliminate weaknesses.</p>
<p><b>SUMMARY COMMENTS: * = Course Objectives</b></p> <p>Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric.</p> <p>E= Exemplary  A= Accomplished  D= Developing  B= Beginning</p> <p><b>Scenario Objectives:</b></p> <ol style="list-style-type: none"> <li>1. Select focused physical assessment priorities based on individual patient needs. (2)*</li> <li>2. Implement appropriate nursing interventions based on patient’s assessment. (1,3,6)*</li> <li>3. Communicate appropriately with the patient, family, team members, and</li> </ol>	<p><b>Lasater Clinical Judgement Rubric Comments:</b></p> <p><b>Noticing:</b> Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful information. Recognizes subtle patterns and deviations from expected patterns in data and uses these to guide the assessment. Actively seeks subjective information about the patient’s situation from the patient and family to support planning interventions; occasionally does not pursue important leads.</p> <p><b>Interpreting:</b> 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.</p> <p><b>Responding:</b> Assumes responsibility; delegates team assignments; assesses patients and reassures them and their families. Communicates effectively; explains interventions; calms and reassures patients and families; directs and involves team members, explaining and giving directions; checks for understanding. Interventions are tailored for the individual patient; monitors patient progress closely and is able to adjust treatment as indicated by patient response. Displays proficiency in the use of most nursing skills; could improve speed or accuracy.</p>

<p>healthcare providers incorporating elements of clinical judgment and conflict resolution. (4,7)*</p> <ol style="list-style-type: none"><li>4. Provide patient-centered care with consideration to cultural, ethnic, and social diversity. (2,3,6)*</li><li>5. Provide appropriate patient education based on diagnosis. (5)*</li></ol> <p>* Course Objectives</p>	<p><b>Reflecting:</b> Independently evaluates and analyzes personal clinical performance, noting decision points, elaborating alternatives, and accurately evaluating choices against alternatives. Demonstrates commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops specific plans to eliminate weaknesses.</p> <p><b>Satisfactory completion of MSN simulation #1.</b></p>
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**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