

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

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

Student: Malone Phillips

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 physical mobility	S/HS	NA	NA
2/5/25	Impaired Gas Exchange	S KA	NA	NA

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

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies:									S								
a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting)			S	S	S	S	S	NA	S	S	NA						
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			S	S	S	S	S	NA	S	S	NA						
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			NA	S	S	S	S	NA	S	S	NA						
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			NA	S	S	S	S	NA	S	S	NA						
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	S	S	S	S	NA	S	S	NA						
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			NA	S	S	S	S	NA	S	S	NA						
g. Assess developmental stages of assigned patients. (Interpreting)			NA	S	S	S	S	NA	S	S	S						
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		S	S	S	S	S	NA	S	S	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	Infection Control Clinical	3T, 89, UTI	3T, 77, Pneumonia	4N, 88, Bullous pemphigoid	5T, 65, CHF exacerbation	NA	NA	5T, 81, seizure	NA						
Instructors Initials	KA	KA	HS	HS	KA	NS	MD	KA	KA	SA							

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

Comments:

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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

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

Week 5 – 1d – You did a nice job reviewing all your medications before you administered them to the patient. You were able to discuss the reason why the patient was taking the medication as well as what we were monitoring the patient for. You also were able to discuss what information was needed to determine if the medication should be administered (i.e. blood pressure, pulse). KA

Week 6 1(a-h) – Great job this week making correlations between your patient's health alterations and the nursing care required. You were presented with a challenging, and rare case with your patient's admitting diagnosis of bullous pemphigoid. You discussed the autoimmune component to her diagnosis resulting in painful wounds with blistering. You correlated the symptoms that she was experiencing to her diagnosis. You learned that this disease process causes intense itching and was only relieved with every two-week injection prescribed by her dermatologist. You did well to correlate the medications prescribed aimed at helping the problem, including the prednisone, doxycycline, etc. Your CDG did a great job of making sense of the prescribed medications based on her current and past medical history. Overall you did well with your clinical judgement related to the care provided this week! NS

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

Week 9 (1a-h)- You are continuing to show awesome growth with learning about your patient's pathophysiology and correlating symptoms, diagnostics, pharmacotherapy, treatments, and nutritional needs to better care for them. You are able to determine developmental stages and gear education based on needs. You also are prepared for clinical and asked a ton of awesome questions about leadership. Great job! SA

Objective

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

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

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

Comments:

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

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

Week 5 – 2f – You utilized the EMR to research your patient and determine what care needed to be provided to your patient throughout the day. You also utilized the EMR to research your patient's health history and information related to the patient's current hospital visit. KA

Week 6 2(a,c,e) – Good job with your assessments this week, noticing numerous deviations from normal. Specifically, you closely monitored her skin integrity related to her rare autoimmune disease process. You focused your assessment on her skin integrity and provided frequent reminders to the patient regarding avoiding itching to prevent worsening issues. During the focused wound assessment, you noticed numerous blisters, open areas of skin, and scabs that covered the entire body. NS

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

Week 9 (2a-f)- Wonderful job communicating with your primary nurse, peers, and instructor this week! You have continued to show growth professionally! All documentation was appropriately charted as well. SA

Objective

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

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

**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. HS

Week 5 – 3b – You had the opportunity to care for a patient on droplet precautions. You ensured proper precautions were followed throughout the day until they were discontinued. You made sure proper signage was visible and that the necessary supplies were easily available for those entering the patient’s room. You also did a great job managing your patient O2 which was being administered via nasal canula. You made sure to complete a focused respiratory assessment and vital sign assessment to ensure for effectiveness of the therapy. You also worked with the nurse to titrate the patient’s oxygen to ensure the pulse ox was maintained at the prescribed levels. Nice job! KA

Week 6 3(a,b,f) – I was impressed with your nursing care provided this week. You were timely with your assessments and interventions, prioritized your care effectively ensuring all aspects were completed, and demonstrated confidence in your abilities. By ensuring your assessments were completed and documented in a timely manner, you had the opportunity to perform wound care while also learning from your peer’s experiences. Your patient presented with challenging wound care orders to implement based off the severity of the wounds that were present. You demonstrated competence in your ability to follow the provider’s orders when assessing and changing numerous wounds to her lower extremities. You asked appropriate questions, maintaining necessary precautions throughout, and performed the dressing changes well without causing discomfort to your patient. Well done! NS

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

Week 9 (3a-f, i,j)- Awesome job this week with prioritization of duties and showed excellence in all skills performed. SA

Objective

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

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

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

Comments:

Week 1 (3o)- During the IV pump session, you actively participated in the programming and maintenance of the Alaris IV pump. Additionally, you accurately identified abnormal IV site assessment data with an IV site monitoring activity. HS
 (3r)- The student was able to satisfactorily perform a Quality Control check of the glucometer as well as demonstrate skills and knowledge required for proper fingerstick blood glucose measurement with the ACCU-CHEK Inform II glucometer. SA/DW

Week 4 (3k, l, m, n, p, q, r)- You did a nice job with medication administration this week! You were able to administer PO and IV push medication and a suppository. 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. HS

Week 5 – 3k – You did a nice job administering your medications this week. You observed the rights of medication administration and was able to answer all questions about your medications. You had the opportunity to pass PO, SQ, and topical medications this week. You performed the medication administration process with beginning dexterity. KA

Week 5 – 3n – You had the opportunity to work with your RN to prime piggy back tubing after reconstituting the IV medication. Your nurse administered the medication since the patient had an infusaport, but you had the opportunity to complete the skill up to administration. Nice job! KA

Week 5 – 3q – You did a nice job monitoring your patient’s IV site this week and documenting your assessment in the EMR. You ensured this assessment was appropriately documented in the EMR. Great job! KA

Week 5 – 3r – You demonstrated proper technique when completing FSBS on your patient. You utilized the information received from the monitor to determine the need for insulin utilizing the patient’s prescribed coverage scale. You documented all information correctly in the EMR. Your excitement to complete this skill for the first time was infectious! Never loose that excitement and passion for nursing! KA

Week 6 3(k,l,m,q,r) – Great job with medication administration this week! You were well-prepared to discuss each medication to be administered, including the indication, side effects, and nursing implications for each. The rights of medication administration were observed, and safety checks were performed. You discussed clinical judgement associated with the prescribed medications. Specifically, we discussed the decision to hold her potassium dose due to her Lasix being put on hold. You did well to identify the situation and understood the rationale behind the nursing judgment being made. Several PO medications were administered safely. Additionally, you gained experience performing a subcutaneous injection for insulin administration. You performed a FSBS with accurate technique, and used the corrective scale to properly identify the dosage calculation that needed to be performed. In administering medications, you were noticeably confident in your abilities, took initiative to prepare the insulin pen, and were competent in your approach. Well done! NS

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

Week 9 (3k-m,p,q)- Great job with your medication pass this week. It is easy to get frustrated when a med is dropped, but it happens to everyone and we just have to make sure we follow the proper steps to waste and obtain another medication. You did a great job! SA

Objective

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

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

**Evaluate these competencies for the offsite clinicals:

DH: 4a, b, d

IC: 4b, d, e

ECSC: 4a, b, d, e

Comments:

Week 3 (4e)- According to the CDG Grading Rubric, you have earned an S for your participation in the Infection Control discussion this week. Your discussion was thoughtful and supported by evidence. Nice job with your APA formatting. HS

Week 4 (4e)- Great job with your CDG this week! You were able to find an article that pertained to your patient and discussed the relevance. You successfully met all of the requirements on the rubric for your initial posting and the response to a peer. 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. Nice job! HS

Week 5 – 4b – You completed the SBAR worksheet and provided your RN with handoff communication related to your patient utilizing the SBAR you developed. You made sure all pertinent information and changes in patient status were communicated to your nurse during hand-off report. You also practiced your SBAR during debriefing and provided an accurate report to your classmates and faculty. KA

Week 5 – 4e – Malone, you did a nice job choosing an appropriate EBP article and responding thoroughly to all the CDG questions this week. You made an initial post to the questions and responded to your classmate and added to the conversation on their article. You made sure to include an-text citation and reference in both of your posts. Keep up the wonderful work! KA

Week 6 4(a,b) – Throughout the week you demonstrated excellent communication skills with your patient, her daughter, faculty, health care team members, and your peers. You have a very calming approach in your therapeutic communication and it was evident that your patient felt comfortable in your care. You collaborated with your peers in various instances, demonstrating professionalism and excitement to learn. On day 2, you worked closely with your assigned RN to complete dressing changes and prepare the patient for discharge. NS

Week 6 4€ – Great work with your CDG requirements this week! You answered all questions appropriately with good supporting details and utilized an appropriate, reputable resource to support the discussion. All criteria were met for a satisfactory evaluation. See my comments on your posts for further details. APA formatting looked spot on, well done! NS

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 the education for your patient on anasarca, bumex medication, and fluid restrictions that were interesting and detailed regarding your patient. The reference and in-text citation you provided were satisfactory as well. Please see me if you have further questions! MD

Week 9 (4a,c-f)- You provided a CDG that was satisfactory per the CDG rubric. In this CDG, you provided information on your team leading experience. The reference and in-text citation you provided were satisfactorily completed. SA

Week 9 (4b,g)- This week as Team Leader you were tasked to give a formal SBAR report to me at the end of the clinical week on Rehab. You had clear communication, appropriate priorities, detailed, and organized with delivery of the information. We discussed in person after your SBAR to include specific on the medical and surgical diagnosis and histories flowed together with appropriate information. We also discussed considering to add information when reporting abnormal vitals or lab results and any interventions that may have been utilized to help. Awesome job working with your peers and showing interest in leadership! Great work this week! SA

Objective

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

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

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

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

Comments:

Week 4 (5a & b): My patient I was caring for in this week’s clinical was experiencing constipation and impaired physical mobility. I provided education on the importance of ambulating and moving their muscles often to stimulate movement in the stomach and intestines. This helps move food in the digestive tract quickly. The way that I did this was through discussion. I also educated the patient that they would have a suppository administered to act a laxative and stool softener. The patient should not be dependent on the laxatives because the medications can cause serious health problems if overused. The resources I used to find information regarding the medication was Skyscape, which I ensured was communicated and understood by the patient. The education was necessary to improve the patient’s comfort level, teach, and promote healthy lifestyle habits. The method I used to validate learning was proving that the interventions utilized were successful in promoting bowel movements safely. **Great job on educating your patient! HS**

Week 5 (5a & b): My patient that I cared for this week was experiencing impaired gas exchange, followed by pneumonia and a productive cough. I provided education on how to use an incentive spirometer and flutter device to help open his lungs and improve the strength of the lungs after injury or illness. My patient knows that they should be using these devices at least 10 times an hour each while awake, to improve ventilation. I utilized the teach back method to ensure that the patient understood the information I had educated him on and confirmed that knowledge through demonstration of the devices. I also educated the patient on the importance of ambulating, getting up into their chair for meals, and periodically repositioning themselves throughout the course of the day. In patients with pneumonia, ambulation helps to remove secretions out of the lungs which helps reduce the risk of complications. I found the educational material in Skyscape and utilized the teach back method to ensure that the patient understood the information I had educated him on. I confirmed that knowledge through demonstration of the incentive spirometer and flutter device. **What wonderful education to provide to you patient. You focused on major concerns he had that were impacting his overall well being and addressed concerns that would help him return home sooner with his granddaughter. KA**

Week 6 (5a & b): My patient that I cared for this week was diagnosed with an autoimmune skin disease called bullous pemphigoid. She was unaware of what the disease entailed, so I provided a patient education packet through Lexicomp. This packet included what the disease was, symptoms that can occur, tests to confirm diagnosis, and things to do to help her start feeling better. She has a history of dementia, so that is why I provided a packet rather than explaining it to her verbally. I thought that this would be more beneficial to her, so she could look back on the information given to her at any time. I validated this teaching through simple language and visual aids to enhance understanding in a patient who is confused. **Very good, Malone! I am sure the dermatologist has discussed the diagnosis with her, but at the time I can imagine she was not mentally prepared to understand the major changes that were occurring with her skin. That, in addition to her history of dementia, requires frequent follow up education. As you noticed during your education experience, the patient was excited to have information provided to her in hand out form. This will allow her to review the contents on her own time, especially now that her persistent itching symptoms have subsided, allowing her the ability to be comfortable while learning more about the disease process. Nice job! NS**

Week 7 (5a & b): A teaching need for my patient this week regarded one of their main problems upon admission, anasarca. This is a serious medical condition causing swelling in the body due to excess fluid buildup. Since my patient was approaching being discharged, I wanted to ensure that they understood anasarca and preventative measures to take so it does not occur again. I provided a patient education packet through Lexicomp, which provided information in layman's terms on the condition. I also provided another packet involving information regarding a heart healthy diet. This included knowledge of what foods to eat/avoid, why a heart healthy diet is important, and people recommended to start this certain diet based on their condition. The method I used to validate this teaching was through discussion and answering any questions that the patient may have. For a patient who is not familiar with medical terminology, education can be difficult. To better explain fluid overload in a simpler way, I introduced an analogy to my patient that they can visualize in their mind. I educated the patient to think about their body like a sponge full of water; The more liquid you add to the sponge, the heavier and harder it will be to perform its main function. It is important to look at the method of delivery of the education through the patient's perspective to ensure complete understanding. **This is very good education you provided! You did a wonderful job explaining this here and in your CDG! MD**

Week 9 (5a & b): The patient that I was caring for was quite unsteady and wobbly on their feet. I assisted the patient up from the commode to their wheelchair in their room, with safety being the main priority. I instructed the patient to stand up and collect their bearing using a walker, step backward until they feel the chair against the back of their legs, and reach back for the armrests to lower themselves down slowly. In Skyscape, it explains the importance of evaluating the patient's posture and gait to determine any impairments that would guide the choice of interventions. I utilized a combination of verbal instruction and visual cues to teach patient safety when ambulating. I broke down the steps in a clear, concise manner to avoid any confusion. Lastly, I provided encouragement and praise for the patient's effort to learn and improve in an activity of daily living. **Great job handling the safety of your patient! SA**

Objective

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

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

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

Comments:

See Care Map Grading Rubrics below.

Week 4 (6b.): In my experience with the patient that I took care of this week, there are multiple supplemental domains that made providing care for the patient more difficult: Family and community support, substance use, mental health, and physical activity. This patient did not have a strong support system nearby (family and community support), due to his wife passing away and his only child living across the country. Having little to no loved ones close for visits and being in a hospital has caused mental health problems such as feeling isolated and alone (mental health). This patient also struggles with alcoholism and has not been able to abuse that substance since being in the hospital (substance use). The reason they were admitted to the hospital initially was due to experiencing a fall causing a posterior laceration of the scalp after heavily drinking alcohol that day. They are ninety years old and has experienced generalized weakness in the extremities for a long time which partly caused the fall (impaired physical mobility). These domains all influenced by ability to care for this patient. **You provided excellent examples of SDOH this week! HS**

Week 4 (6a)- You satisfactorily completed care map #1 for MSN. HS

Week 5 (6b.): My patient was admitted with respiratory problems including dyspnea, low SpO2 levels (88% RA), shortness of breath on rest/exertion, and productive cough. As a result of these symptoms, the patient can experience anxiety or stress-induced situations due to being in respiratory distress. After referring to the CMS Social Determinates of Health Screening Tool, I have concluded that mental health can influence the care that my patient receives. When breathing becomes difficult, the body's fight or flight response occurs which can cause panic and anxiety symptoms. The domain, physical activity, can affect patients diagnosed with pneumonia. The illness can impact lung function and breathing which can make ambulation difficult. As symptoms improve, movements will gradually become easier to perform. Physical activity can help to improve your recovery, so it is crucial to practice habits of repositioning and exercising your muscles. **These are all great thoughts related to your patient's SDOH considerations. Unfortunately, you did not self-rate either 6a or 6b therefore according to policy the competency is marked as Unsatisfactory. Please make sure to write a comment on how you will prevent receiving a U in 6a and 6b in the future. KA**

Week 5 – 6a – You satisfactorily completed your care map on your patient this week. Please see comments on the rubric at the end of the tool for details. Once you write a comment on how you will address the U in the competency for a lack of self-rating, please mark yourself as S next week to reflect addressing the U and the satisfactory you received on your second care map. If you have questions please let me know. KA

To prevent a U in this competency for lack of self-rating in the future, I will be sure to look over my clinical evaluation tool three times to ensure that I have filled out and answered each objective successfully and to the best of my ability. Thank you, Malone! NS

Week 6 (6b.): My patient was diagnosed with bullous pemphigoid, an autoimmune skin disease. My patient has a history of dementia and is often confused on details throughout the day. After referring to the CMS Social Determinants of Health Screening Tool, I have concluded that education has an influence in the care she is receiving. She is unable to remember details, resulting in education being unsuccessful. Instead of verbally explaining her condition to her, I provided a packet that she can always look back on in times of confusion. The domain, mental health, can also affect my patient. Bullous pemphigoid can significantly impact mental health and a person's self-esteem. The blisters and open wounds on the skin can lead to patient's feeling negatively about themselves thus affecting their quality of life. **Good reflection on potential SDOH that relate to your patient care experience. I agree with you in regards to the mental toll that this disease process can have. To be 88 years old, and have a rare skin autoimmune disorder develop out of nowhere to the extent that she was experiencing, has to be overwhelming. You noticed the self-esteem impact when she looked in the mirror and noticed the extent of the blistering. It's great that her daughter was there by her side as support along the way. Without a good social support, our health can quickly decline. Good thoughts! NS**

Week 7 (6b.): Upon admission, the patient exhibited worsening edema (anasarca) and dyspnea on exertion. Their confirmed diagnosis was CHF exacerbation, which can intensely affect the cardiovascular system. The heart is required to work harder, due to not pumping blood effectively, causing fluid buildup in the body. After referring to the CMS Social Determinants of Health Screening Tool, I have concluded that the domain of physical activity influenced their care. Experiencing edema in the body can lead to decreased physical activity and the capability to perform activities of daily living. Edema can cause increased fatigue, weakness and stability, and discomfort to the patient. Through my patient receiving three hours of therapy daily on 5T (Rehab), losing over 50 pounds of fluid, and responding well to their medications, their physical activity and stamina increased showing great results. The domain, family and community support, is important for the success and motivation of your patient. My patient's wife, who is a RN herself, took the time after working nightshift at the hospital to come and visit her husband. This was heartwarming to see, and I am grateful that my patient has a great support system. **This is very good SDOH for you patient! What other SDOH could you anticipate the patient experiencing? There is more than just physical activity that can impact a patient's health. MD**

Week 9 (6b.): My patient that I was assigned to this week was admitted due to being found lying on the floor in their home with increased weakness, functional decline, and aphasia. Their neurological status was impaired, as the patient can be forgetful at times. Diagnostics, including an electroencephalogram and brain MRI results concluded that the patient experienced a seizure. After referring to the CMS Social Determinants of Health Screening Tool, I have concluded that safety and specifically unsafe housing can influence their care. Their plan is to be discharged back home, where they live independently. Due to the patient living at home alone, this can increase the risk of injury during the seizure as well as making it difficult to maintain a safe environment. There is always a chance that the patient can experience a seizure again while home alone, which can lead to potential risks and safety considerations. This can include suffocation from choking if the patient is lying face down, an injury from falling and possibly hitting sharp objects or surfaces, and making impulsive decisions due to being confused. **Excellent recognition of the SDOH! SA**

Week 9 (a)- Both care maps have previously been completed this semester, so "a" will be a NA. SA

Objective

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

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

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

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

Comments:

Week 1:

- a. My area of strength in week one of the course was getting organized for the semester, completing my lessons in a timely manner, and learning new skills. We learned how to calculate IV math, perform FSBS, use an insulin pen, and the information needed for IV administration. I enjoyed the first week back, and I am looking forward to the rest of the semester to expand my knowledge in the field of nursing. **Great job getting organized! Being organized will not only help with this nursing course, but in your nursing career as a whole. KA**
- b. This week, I struggled slightly with understanding how to correctly do the IV math when given a scenario. I understood it by the end of the week, but it was a tough concept at first. To improve, I completed multiple IV math worksheets throughout the week to help me understand the material to the best of my abilities. I will continue to do this periodically, to refresh my brain on how to calculate the drip and pump rate when put in patient situations. **Continued practice will help you strengthen this skill and make it easier over time. KA**

Week 3:

- a. My area of strength in this week's clinical, Infection Control, was being attentive to detail when healthcare workers are taking care of patients who are in isolation. Our task in this clinical was to complete a scavenger hunt, monitoring for appropriateness and compliance of precautions. We were to watch every person that walked into the patient's room, looking for hand hygiene to be performed and PPE to be put on. It was surprising to see the amount of people that failed to comply to the infection precautions put in place. This taught me to be more observant and mindful in not contaminating our patients and surroundings. **Great job! HS**
- b. Personally, an area of improvement from this week's clinical that I would like to work on is understanding what type of isolation a patient is in depending on their diagnosis. For instance, I learned today that when a patient has a MDRO, they are in contact precautions. I would like to expand my knowledge in isolation control and the PPE that needs to be put on during specific isolation procedures. In preparation for next week's clinical, I am going to look over the "Isolation Precautions Quick Reference Guide" until I understand it better. **That is a great plan! HS**

Week 4:

- a. My area of strength in this week's clinical was exhibiting confidence and improvement in my ability to administer medications to my patient. Last semester, I was not as educated on the process and found myself more nervous my experiences. I have passed different routes of medications in the past two days of clinical: Oral, rectal, and intravenous. I am extremely happy with the skills I learned this week and look forward to the clinicals in the future! **You did a great job! HS**
- b. An area of improvement from this week's clinical is understanding the medications I am administering to my patients better. Before giving the medication, I look it up on Skyscape. Although, I struggle to remember this information for the next time. I hope that this knowledge will build over time through experience, but in the meantime, I will be studying the medications learned as often as I need to in order to have a true understanding of the classification, indication, adverse effects/side effects, assessment, and implementation. A great way to study is using flashcards. **This will continue to become easier with each experience. HS**

Week 5:

- a. My area of strength in this week's clinical was performing new skills that I have not done before: Checking my patient's blood sugar levels, administering insulin, spiking/priming IV tubing, and hanging an IV solution bag. Even when I was passing medications, I felt more prepared and educated in my abilities. It was a great feeling! **You did an excellent job and your enthusiasm is infectious! Always seek out new experiences and ask questions. This will serve you well on your path to becoming a RN. KA**
- b. An area that I struggled with in this week's clinical was my time management while talking to my patient on Wednesday, the first day of clinical. My patient enjoyed talking to me, and I could tell that he was feeling lonely being in the hospital away from his loved ones. Although it was wonderful to get to know him and his story, I knew that I had to finish charting and looking up his chart/medications. In the clinicals going forward, I am going to make sure that I am keeping track of the amount of time I am in the patient's room to complete the other skills I need to do throughout the day. A great way to do this is by setting a timer on my watch to vibrate when I should start working on another skill. **This is a great idea to help with time management, but also remember that it is okay to be behind sometimes if what is best for the patient is to spend 5 more minutes talking or just being present in the moment as they receive bad news and process it. In the end**

we are there for the patients and we are their advocates and sometimes we need to make choices on the priority at any given moment which can ultimately negatively affect our time management. Do your best with the information you have. KA

Week 5 – 7a-h – You did not self-rate any competency under objective 7 therefore according to policy the competency is marked as Unsatisfactory. Please make sure to write a comment on how you will prevent receiving a U in these competencies in the future. KA

To prevent a U in this competency for lack of self-rating in the future, I will be sure to look over my clinical evaluation tool three times to ensure that I have filled out and answered each objective successfully and to the best of my ability. Thank you, Malone! NS

Week 6:

- a. An area of strength in this week's clinical was my ability to be efficient in my skills/time management. Especially on Thursday, I found myself being more organized and managing well. I was feeling more confident in my abilities to administer medications, check blood sugars, discontinuing an IV, performing a dressing change on my patient's wounds. I made connections to why I should not give a specific medication due to the patient's status. It was great to have that feeling of understanding as I encounter more patient situations in clinical. **I love this reflection! It is a great feeling when you starting making connections and feel as if the light bulb of clinical judgment is turning on. Reflecting back on when you started, to now, you should feel a great sense of accomplishment with your nursing skills and clinical judgment. Just imagine at the end of your nursing school journey how much different you think and the confidence in yourself to act improves. I thought you did an excellent job all week with a challenging and rare patient situation. You were professional in all of your interactions and made a positive impact on your patient. Great job with nursing care this week! Keep it up. NS**
- b. An area of improvement is regarding my last clinical evaluation tool where I did not self-evaluate myself in two objectives, resulting in a U. To not make this mistake in the future, I will be sure to look over my clinical evaluation tool and the objectives/competencies three times before submitting. **Thank you for communicating your concerns this week and being proactive in making sure they were addressed. Keep up the hard work! NS**

Week 7:

- a. An area of strength that I felt like I had in this week's clinical was adjusting well to a new environment, being on 5T (Rehab). This department has a different routine than the other floors I have done clinical on like 3T and 4N; You must plan your day around physical, occupational, speech therapy and other rehabilitation exercises for the patients to participate in. I had a checklist that I had to complete all before 0800, when my patient's therapy began. This included documenting vital signs, a head-to-toe assessment, passing medications and completing other charting that is due along with getting the patient washed up, dressed, and done eating breakfast. This can be a challenge to prioritize your time wisely to stay on schedule, not only for myself but the therapists and other faculty as well. I am glad I have gained experience in this department and gave myself a chance to show my professionalism and ability to be versatile in different patient scenarios. **This is an awesome strength! Keep working hard! You did an amazing job adapting to the new environment! MD**
- b. An area of improvement that I will work on refining is my ability to be confident in providing education to patients. My patient's wife currently works at Firelands as an RN and has been for over 45 years. It can seem intimidating to provide education to someone who is experienced and knowledgeable in these field. I often find myself feeling less confident in these situations, so I try to remind myself constantly on how much knowledge I have gained in the nursing field so far and what a great accomplishment that is. To make an improvement, I am going to observe other RNs and educators in the upcoming clinicals to see how they communicate with patients and asking for tips/tricks for the future. **This is a great area of improvement that with more time and practice will help you reach this goal! MD**

Midterm – Malone, you did a nice job during the first half of the semester. Your midterm clinical grade is satisfactory. You have had the opportunity to care for a variety of patients and work on all of your clinical competencies. Please let the faculty you are working with during the second half of the semester know of any skills you would

like to have additional work with so they can help you seek opportunities for them. You have also satisfactorily completed both of your required care maps for the semester before midterm. Terrific job! Continue the hard work into the second semester and finish strong. KA

Week 9:

- a. An area of strength in this week's clinical was seeking out new experiences and taking part in a new role, a team leader. It was intriguing to spend the day overseeing my classmate's patients, prioritizing care, delegating, organizing the schedule for the day, and assisting with care as needed. I came to clinical prepared with an understanding of the patient diagnoses, a list of medications for each patient, and a bright outlook to the new experiences ahead. The action of assigning tasks and making decisions while empowering my classmates for their successes was a strength of mine. **You did a fantastic job professionally and handled yourself well. Great job working with your peers as well as having an organized SBAR. SA**
- b. An area of improvement that I will work on for future clinical experiences is refining my medication administration process. I made the mistake of handing my patient's six, oral medications in which they placed in their hand. The patient's hand was unsteady, causing one of the medications to fall out of their hand onto the floor. Since the medication is now unable to be given, I had to go back to the Pyxis to dispense that same medication. When I am administering medications to a patient who can be weak and unsteady, I will give them the medications one at a time to ensure correct administration without error. I will also be more mindful of the patient's health status and their ability to hold the medications successfully to avoid this situation from occurring again. **You did a great job with med pass. They do get dropped all the time. A great plan can even mess up! Your plan for one at a time will work as well, but know you did nothing wrong and the situation can almost always be remedied! Great work this week! SA**

Week 10:

- a. An area of strength in this week's clinical at the Erie County Senior Center was my ability to conduct an activity and exhibit effective leadership. It was wonderful to see the joy on the client's faces when participating in the activity that our group created and led. It felt as if I was in my natural element while using the microphone to communicate with others, being motivational and empowering, and adapting to any changes that occurred in the process. For instance, there were a few clients with impaired mobility causing our group to adjust the activity which showed our ability of being flexible. Being open to new experiences and perspectives show personal growth professionally which will come in useful in my future career.
- b. An area of improvement that I will work on for future clinicals is setting realistic expectations for workload when preparing for an experience. When our Erie County Senior Center group was coming up with this activity, it was important to me that we led an activity that was unique and something the clients have not done before. This caused stress because I wanted to make sure the clients enjoyed the activity we were taking on, especially after all the thought put into it. In the future, I would like to have more self-awareness and estimate how much time a task will realistically take while practicing prioritization. The way I am going to do this is by setting clear and attainable goals, so I can avoid any unnecessary pressure which will allow me to focus on the great experience.

C. learning the medications

Student Name: Malone Phillips		Course 6					
Date or Clinical Week: Week 4		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	You did a nice job listing several abnormal assessment findings. For future care maps any histories of medical diagnoses would go to the risk factor category. You included a list of 7 abnormal lab findings. You identified several risk factors for the patient.
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)	3	
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	You listed 3 nursing priorities and highlighted the top priority problem for the patient. You identified an appropriate goal for the patient. You highlighted the related data from the noticing boxes to support your chosen top priority problem. You were able to identify 3 potential complication and the signs and symptoms to monitor the patient for.
	5. State the goal for the top nursing priority.	Complete			Not complete	3	
	6. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	7. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	3	
	8. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	3	
Responding	9. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	You did an excellent job listing appropriate nursing interventions for the top problem, you were able to prioritize them and make them individualized to the patient as well as including an appropriate rationale for each one.
	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	Nice job reassessing all of the highlighted findings. You determined that the plan of care should be continued. HS
	15. Evaluation includes one of the following statements: <ul style="list-style-type: none"> 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: Malone, great job on your care map! You were able to successfully identify the abnormal assessment, lab findings, and risk factors for the patient. You were able to identify the nursing priorities and select the top priority problem for the patient. Your interventions were very individualized and appropriate for the plan of care and specific to the patient. Great job! HS

Total Points:45/45

Faculty/Teaching Assistant Initials: HS

Student Name: Malone Phillips		Course 6					
Date or Clinical Week: 5		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	You did a nice job including all abnormal patient assessment findings, lab/diagnostics, and risk factors. KA
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)	3	
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	You did a nice job listing the patient's nursing priorities and highlighting the highest priority. You wrote an appropriate goal for your chosen nursing priority. You identified 3 complications for the nursing priority and listed signs and symptoms the nurse would assess for each complication. I would highlight the risk factor of high fall risk as well since if you are having breathing difficulties you can be at higher risk for falls during ambulation. KA
	5. State the goal for the top nursing priority.	Complete			Not complete	3	
	6. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	7. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	3	
	8. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	3	
Responding	9. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	You did a great job including all pertinent nursing interventions and prioritizing them. You made sure all interventions included frequencies, were individualized, realistic, and had rationales. I would suggest a generalized monitor for lab and diagnostic results as they become available since you had abnormal labs (i.e. glucose) as well as an abnormal x-ray instead of just monitoring for new x-rays as you have written.. KA
	10. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	11. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	12. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	

Criteria		3	2	1	0	Points Earned	Comments
	13. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	You did a great job reassessing all highlighted data in the noticing section. You identified you would continue your plan of care for your patient. KA
	15. Evaluation includes one of the following statements: <ul style="list-style-type: none"> 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: Terrific job satisfactorily completing your second care map. See comments above on areas to think about as you are writing future care maps. KA

Total Points: 45/45

Faculty/Teaching Assistant Initials: KA

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

Student name:								
Skills Lab Competency Evaluation	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: 1/8 or 1/9/25	Date: 1/8 or 1/9/25	Date: 1/10/25	Date: 1/15 or 1/16/25	Date: 1/15 or 1/16/25	Date: 3/10 or 3/11/25
	Evaluation:	S	S	S	S	S	S	S
Faculty/Teaching Assistant Initials	KA	KA	KA	KA	KA	KA	KA	SA
Remediation: Date/Evaluation/Initials	NA	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 January 8, 2025. 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. KA

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

<u>Simulation Evaluation</u>	Student Name:							
	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)
Performance Codes: S: Satisfactory U: Unsatisfactory	Date: 1/27/25	Date: 2/10/25	Date: 2/24/25	Date: 2/26 or 2/27/25	Date: 4/9 or 4/10/25	Date: 4/14/25	Date: 4/24/25	Date: 4/25/25
Evaluation	S	S	S	S				
Faculty/Teaching Assistant Initials	KA	KA	MD	KA				
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA				

* Course Objectives

Comments:

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 KA

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Malone Phillips- A Leah Shelley-M

GROUP #: 1

SCENARIO: MSN Scenario #1 – Musculoskeletal/Respiratory

OBSERVATION DATE/TIME(S):

CLINICAL JUDGMENT COMPONENTS	OBSERVATION NOTES
<p>NOTICING: (2) *</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 	<p><u>Focused Observation</u></p> <p>Focused on full pain assessment on left leg</p> <p>Focused on 6P's- identified all</p> <p>Obtained complete set of VS (temp, BP, HR, RR, SpO2)</p> <p><u>Recognizing</u></p> <p>Recognized abnormal findings in 6P's – left foot blue</p> <p>Recognized heart rate, respiratory rate and blood pressure elevated</p> <p><u>Information Seeking</u></p> <p>Sought additional information on pain on left lower leg</p> <p>Sought information regarding ability to ambulate prior to surgery to establish baseline for after surgery</p> <p>Medication nurse sought information on pain prior to administering pain medication</p> <p>Assessed allergies</p> <p>Reassessed pain after medication</p> <p>Did not seek information on pronouns</p> <p>Sought information regarding patient not taking medications at home</p>
<p>INTERPRETING: (1) *</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 	<p><u>Prioritizing Data</u></p> <p>Prioritized Neuro assessment</p> <p>Removed sock to assess foot</p> <p>Prioritized education rather than calling provider immediately</p> <p>Did not prioritize removing pillow/ice from leg</p> <p>Prioritizes giving pain medication</p> <p><u>Making Sense</u></p> <p>Did not remove pillow or ice</p>

	<p>Medication nurse identified elevated creatinine questioned provider on pain medication dose related to labs</p> <p>Made sense of tetanus shot being given in ER</p> <p>Made sense of importance on starting IV antibiotics and fluids prior to surgery</p> <p>Made sense of appropriate dose of Morphine</p> <p>Subcutaneous needle used for IM injection</p>
<p>RESPONDING: (2,3,4,5,6) *</p> <ul style="list-style-type: none"> • 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 	<p><u>Communication</u></p> <p>Does not address conflict with off-going nurse, however continues to ask all pertinent questions in an attempt to get more information.</p> <p>Calm communication with pt. throughout interactions</p> <p>Good communication with medication nurse regarding patient concerns</p> <p>When calling provider- SBAR missing some information</p> <p>Kept pt. informed regarding loosening the dressing, and removing the pillow</p> <p>Called wife and informed her of changes in surgery related to changes in condition</p> <p>Kept patient informed after speaking with wife</p> <p>Good teamwork on administering the IV fluids</p> <p>SBAR with surgery nurse appropriate however, did not clarify pronouns when informing surgery nurse</p> <p><u>Intervention</u></p> <p>Educated pt on upcoming ORIF surgery and importance of ambulating</p> <p>Educating patient on risk of blood clot post-op</p> <p>Identified need to loosen dressing to relieve pressure on leg</p> <p>Removed pillow and loosened dressing</p> <p>Did not remove ice</p> <p>Administer IM Morphine</p> <p>Wasted appropriate amount of Morphine</p> <p>Used hand for safety on needle</p> <p>Assessed IV site and flushed site prior to initiating IV fluids</p> <p>Good teamwork medication nurse sought assistance from assessment nurse when initiating IV fluids</p> <p>Did not confirm consent completed prior to surgery</p>
<p>REFLECTING: (7) *</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B 	<p>Nice job on the group discussion regarding the scenario. The group was able to independently evaluate and analyze personal clinical performance. They were able to demonstrate commitment to ongoing improvement, and discuss strengths and weaknesses. A discussion occurred regarding the inappropriate behavior of the off-going nurse and how that situation could be handled. A discussion was held regarding the importance of a thorough SBAR when</p>

<p>• Commitment to Improvement: E A D B</p>	<p>communicating with other healthcare providers. The significance of selecting the appropriate needle was discussed. The students identified that they were unaware that it was an ice pack on the patients leg, however we discussed the importance of removing anything from the leg that could be causing additional pressure.</p>
<p>SUMMARY COMMENTS: * = Course Objectives</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</p> <p>A= Accomplished</p> <p>D= Developing</p> <p>B= Beginning</p> <p>Scenario Objectives:</p> <ol style="list-style-type: none"> 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)* <p>* Course Objectives</p>	<p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful information. Recognizes subtle patterns and deviations from expected patterns in data and uses these to guide the assessment. Actively seeks subjective information about the patient’s situation from the patient and family to support planning interventions; occasionally does not pursue important leads.</p> <p>Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. In most situations, interprets the patient’s data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse.</p> <p>Responding: Assumes responsibility; delegates team assignments; assesses patients and reassures them and their families. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. Displays proficiency in the use of most nursing skills; could improve speed or accuracy.</p> <p>Reflecting: Independently evaluates and analyzes personal clinical performance, noting decision points, elaborating alternatives, and accurately evaluating choices against alternatives. Demonstrates commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops specific plans to eliminate weaknesses.</p>

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