

**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)
3/1/2025	1 hour	Simulation Reflection Journal	3/11/2025 (1H)

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

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

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

UNSATISFACTORY CLINICAL PERFORMANCE

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

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

OTHER

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

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

Date	Care Map Top Nursing Priority	Evaluation & Instructor Initials	Remediation & Instructor Initials	Remediation & Instructor Initials
1/27/25	Impaired Physical Mobility	S/RH	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		S	S	S	NA	S	S							
a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting)				N/A					S								
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			S	N/A	S	S	S	NA	S	S							
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			S	N/A	N/A	S	S	NA	S	S							
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			S	N/A	N/A	S	S	NA	S	S							
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	N/A	S	S	S	NA	S	S							
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			S	N/A	N/A	S	S	NA	S	S							
g. Assess developmental stages of assigned patients. (Interpreting)			S	S	N/A	S	S	NA	S	S							
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		S	S	S	S	S	NA	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	Rehab, 74, S/P right hip replacement	ECSC	Infection Control	3T 73 y/o M - Pneumonia	5T 76 F - STROKE	Sim 1		4N 80Y/O FEMALE T12 BURST	3T 75 Y/O MALE Subacute ISCHEMIA						
Instructors Initials	HS		RH	DW	RH	HS	MD	HS	HS	NS							

**Evaluate these competencies for the offsite clinicals:

DH: 1h

IC: 1a, b, e, h.

ECSC: 1g, h

Comments:

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: (1c, d, e) This week you did a great job of discussing your patient's pathophysiology of their illness/injury/surgery as well as discussion of their medications. You were able to correlate why each medication was related to their care. RH

Week 5: (1a, b, e, h) You were able to analyze the disease process and pathophysiology of a patient with C. Diff through your CDG this week. You also were able to discuss treatment and how to care for a patient with C. Diff without spreading it to others. Lastly, you showed up to clinical prepared and ready for the day with all materials. RH

Week 6 - (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 along with his significant history of co-morbidities. You were also able to review the diagnostics and discuss how they correlated with the patient's diagnosis. You were able to discuss the importance of the medications that your patient was taking and how they impacted the plan of care. HS

Week 7 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 1(a-h) – You did a nice job this week making correlations between your patient's disease process and the nursing care required. You cared for a patient admitted with a T-12 burst fracture that occurred from a fall at home. You correlated her symptoms of pain, impaired mobility, constipation, and urinary retention to her injury. Your patient verbalized alterations in urinary elimination which you correlated with a possible UTI or yeast infection. Diagnostic tests were reviewed, including the xray of her back, urinalysis, and urine culture. It was determined that your patient was hesitant in urinating due to the pain from her back, leading to retention and dribbling. A post-void residual bladder scan was performed indicating 550ml of residual urine. As a result, treatment was aimed at emptying her bladder through the insertion of a foley catheter. In regards to the back injury, your patient was deciding between conservative management with the use of a brace or surgical intervention. As you discovered, your patient was having a difficult time in making this decision, requiring emotional support. You also noticed her elevated blood glucose levels related to her diabetes and acute illness, requiring insulin administration. You did well correlating her prescribed medications to her current and past medical history. Nutritional needs were discussed, noting her decreased appetite and lack of PO intake that is important for the healing process. Overall nice job enhancing your clinical judgment and providing nursing care. 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
Competencies:			S		N/A	S	S	NA	S	S							
a. Perform inspection, palpation, percussion, and auscultation in the physical assessment of assigned patient. (Noticing)			S	N/A	N/A	S	S	NA	S	S							
b. Conduct a fall assessment and implement appropriate precautions. (Noticing)			S	N/A	N/A	S	S	NA	S	S							
c. Conduct a skin assessment and implement appropriate precautions and care. (Noticing)			S	N/A	N/A	S	S	NA	S	S							
d. Communicate physical assessment. (Responding)			S	N/A	N/A	S	S	NA	S	S							
e. Analyze appropriate assessment skills for the patient's disease process. (Interpreting)			S	N/A	N/A	S	S	NA	S	S							
f. Demonstrate skill in accessing electronic information and documenting patient care. (Responding)	S		S	N/A	S	S	S	NA	S	S							
	HS		RH	DW	RH	HS	MD	HS	HS	NS							

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

Comments:

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

Week 3: (2a-f) This week you performed a full head to toe assessment on your patient as well as a fall/safety assessment and skin assessment. You were able to communicate any abnormalities in your assessment to myself and the nurse. You charted all your findings in the EHR appropriately. I want to strongly encourage you to review the charting requirements for this course in the PPD (on the last page) because there were some charting pieces that you had to be reminded to do and you were not aware they had to be completed. There is more charting in this clinical compared to Nursing Foundations. RH

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

Week 6 (2a-f)- You did a nice job with your assessment as well as documenting it within the electronic medical record. You also did a nice job communicating your findings to the RN. You were also able to discuss your focused assessment and the reasoning behind your decision of focus. HS

Week 7 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 2(a,e) – You did a nice job with your assessments this week, noticing numerous deviations from normal. Specifically, you noticed her increased pain in her back that required the use of a TSLO brace. You did well discussing potential complications with the brace and the importance of proper fitting. Furthermore, you noticed symptoms of impaired urinary elimination, including itching, retention, dribbling, and hesitance. You focused your assessment on her bladder function, performing a post-void bladder scan that demonstrated significant urinary retention. You interpreted this finding as being related to the pain in her back when ambulating to the bathroom and hesitancy in emptying her bladder. You provided good rationale in stating your focused assessments and implemented appropriate care. 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
Competencies:																	
a. Perform standard precautions. (Responding)	S		S	S	S	S	S	NA	S	S							
b. Demonstrate nursing measures skillfully and safely. (Responding)	S		S	N/A	N/A	S	S	NA	S	S							
c. Demonstrate promptness and ability to organize nursing care effectively. (Responding)			S	N/A	N/A	S	S	NA	S	S							
d. Appropriately prioritizes nursing care. (Responding)			S	N/A	N/A	S	S	NA	S	S							
e. Recognize the need for assistance. (Reflecting)			S	N/A	N/A	S	S	NA	S	S							
f. Apply the principles of asepsis where indicated. (Responding)	S		S	N/A	S	S	S	NA	S	S							
g. Demonstrate appropriate skill with Foley catheter insertion, maintenance, & removal (Responding)			N/A	N/A	N/A	N/A	N/A	NA	N/A	S	NA						
h. Implement DVT prophylaxis (early ambulation, SCDs, TED hose, administer enoxaparin or heparin) based on assessment and physicians' orders (Responding)			S	N/A	N/A	N/A	S	NA	S	S							
i. Identify the role of evidence in determining best nursing practice. (Interpreting)	S		S	N/A	S	S	S	NA	S	S							
j. Identify recommendations for change through team collaboration. (Reflecting)			S	S	N/A	S	S	NA	S	S							
	HS		RH	DW	RH	HS	MD	HS	HS	NS							

**Evaluate these competencies for the offsite clinicals:

DH: 3a

IC: 3a, f, i

ECSC: 3a, j

Comments:

Week 3: (3a, b, d) you used proper hand hygiene throughout both clinical days. You were able to care for your patient while assisting therapy in helping your patient with her ADLs all while keeping safety in mind. You were also able to prioritize your day and organize your day in a way that allowed you to get all things done. Your patient was a talker, and you were in her room a lot, but you were able to complete your responsibilities while also talking to them. RH

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

Week 6 (3 c, d, e)- You were able to prioritize your care for the day and adjust care when necessary based on changes that occurred during the day. On the second day you identified immediately that you needed assistance when the patient refused care and stated he was going home immediately. You informed the instructor and the primary nurse so that the situation could be addressed. You were available to help others when needed, and ask for assistance when needed. (3h)- Your patient received subcutaneous heparin for DVT prophylaxis. HS

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 3(b,f,g) – Excellent job with several new nursing skills performed this week! You were confident in your approach and successfully implemented numerous interventions throughout the week. Experience was gained with discontinuing an NG tube for a patient on the unit. You provided therapeutic communication, used appropriate technique, and successfully removed the NG tube without complications. You also gained experience with inserting a foley catheter. Appropriate sterile technique was utilized effectively. As you learned, human anatomy is much different than a manikin; however, you remained composed, maintained sterility, and successfully placed the catheter. You did well to prevent dependent loops by properly securing the catheter tubing, labeled the bag appropriately, and documented the care provided. A urine sample was collected appropriately and sent to lab for testing. You also demonstrated competence in preparing IV fluids, programming an IV pump, administering injections, and using clinical judgement in medication administration. Nice job this week! 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
Competencies:			S	N/A	N/A	S	S	NA	S	S							
k. Administer PO, SQ, IM, or ID medications observing the rights of medication administration. (Responding)			S	N/A	N/A	S	S	NA	S	S							
l. Ensure patient safety through proper use of EHR, IV flow sheet, and BMV. (Responding)			S	N/A	N/A	S	S	NA	S	S							
m. Calculate medication doses accurately. (Responding)			S	N/A	N/A	S	S	NA	S	S							
n. Administer IV therapy, piggybacks, IV push, and/or adding solution to a continuous infusion line. (Responding)			N/A	N/A	N/A	S	S	NA	S	NA							
o. Regulate IV flow rate. (Responding)	S		N/A	N/A	N/A	S	N/A	NA	S	NA							
p. Flush saline lock. (Responding)			N/A	N/A	N/A	S	S	NA	S	NA							
q. Monitor and/or discontinue an IV. (Noticing/Responding)			N/A	N/A	N/A	S	N/A	NA	S	NA							
r. Perform FSBS with appropriate interventions. (Responding)	S		N/A	N/A	N/A	N/A	N/A	NA	S	S							
	HS		RH	DW	RH	HS	MD	HS	HS	NS							

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

Comments:

Week 1 (3o)- During the IV pump session, you actively participated in the programming and maintenance of the Alaris IV pump. Additionally, you accurately identified abnormal IV site assessment data with an IV site monitoring activity. HS
 (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-m) You did great with medication administration this week. You identified all medications and were able to provide me with detailed information about each medication, why the patient was getting the medications, and what to look for after administering the medications. You performed all checks prior to administration. You

were organized and diligent while administering medications. You were able to scan all medications in the EMAR and chart them appropriately. You administered PO, topical, and SubQ medications this week. RH

Week 6 (3k, l, m, p)- You did a nice job with medication administration this week! You were able to administer PO medications and administer a prn IV push dose of ondansetron and a saline flush. You followed the rights of medication administration and completed all checks prior to administering. You were able to research each medication and answer all questions related to the medications. HS

Week 7 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 7 Rehab Clinical Objective 3 P: You satisfactorily flushed an IV while on clinical this week! Great job! MD

Week 9 3(k-r) – Great job with medication administration this week. The rights of medications administration were observed, and safety checks were performed. You were well-prepared to discuss each medication, including the indication, side effects, and nursing implications for each. You did well administering PO medications safely. Experience was gained preparing IV fluids. Tubing was primed accurately and independently. A saline flush was performed to confirm patency of the IV site using aseptic technique while also monitoring for signs of complications. The IV pump was programmed accurately to ensure proper administration. Well done. Numerous FSBS were performed. Dosage calculation was performed accurately based on the patient's corrective scale for insulin administration. You did a great job with your subcutaneous injections, selecting appropriate injection sites and utilizing the insulin pen effectively. Overall you did well with several new medications skills and promoting safety throughout. 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
Competencies:			S	S	N/A	S	S	NA	S	S							
a. Integrate professionally appropriate and therapeutic communication skills in interactions with patients, families, and significant others. (Responding)			S	S	N/A	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)			S	N/A	N/A	S	S	NA	S	S							
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 NI	S	S	NA	S	S							
f. Obtain report, from previous care giver, at the beginning of the clinical day. (Noticing)			S	N/A	N/A	S	S	NA	S	S							
g. Provide a clear, organized hand-off report to your patient's next provider of care. (Responding)			S	N/A	N/A	S	S	NA	S	S							
			RH	DW	RH	HS	MD	HS	HS	NS							

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

Comments:

Week 3: (4b, e, f, g) You did a good job staying in communication with the nurse caring for your patient this week. You were able to use SBAR communication to keep the nurse informed of the care you provided and if there were any changes in your patient's status. You were also able to provide an SBAR handoff at the end of the day to the next provider of care. You did great with your clinical discussion post and finding an evidence-based article that related to your patient this week. RH

Week 6 (4e)- Nice job on your CDG this week! 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 medication. You also provided an in-text citation and a reference for the initial and peer response. Nice job! HS

Week 4 (4e)- According to the CDG Grading Rubric, you have earned a satisfactory for your Erie County Senior Center discussion this week. While your CDG met the minimum requirements to be satisfactory and was backed by evidence from RNotes, I would encourage you to be a little more thoughtful with your responses to increase the length, as you just met the word count. Additionally, in terms of APA formatting, I have a couple suggestion: 1. When you are citing a reference within your text, Skyscape is only a platform that houses the actual resource; therefore, you won't say "Skyscape states...". Instead you will use the author(s) and say, "Myers states...". 2. When you cite a direct quote from a resource, the intext citation should include a page or paragraph number that the quote can be found; for example, (Myers, 2023, para 1). A paragraph number is only used when the resource does not have page number, such as an electronic resource like RNotes. 3. Scholarly writing avoids frequent use of direct quoting. Whenever possible, please try to paraphrase and put the borrowed information into your own words. Please use this feedback to improve with APA formatting for future CDG's and other course/clinical paperwork. Also keep in mind that there is an APA Formatting Examples document in the Clinical Resources on Edvance360 and online resources to help you (ex. Purdue Owl website- I really like this one! https://owl.purdue.edu/owl/research_and_citation/apa_style/apa_formatting_and_style_guide/general_format.html). I am always happy to help you if some of these resources are unclear to you. DW – THANKS DAWN!

Week 5: (4e) According to the CDG Grading Rubric, you are getting an NI for your CDG post this week. Though you answered the questions and met the word count requirement, you did not include an in-text citation throughout your post. Per the rubric you need an in-text citation as well as a reference to meet the satisfactory rating. Please review the CDG Grading Rubric for future CDGs so you are able to receive a satisfactory rating. RH

Week 6 (4e)- Nice job on your CDG this week! 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 medication. You also provided an in-text citation and a reference for the initial and peer response. Nice job! HS

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 strokes, aspirin, and lactulose that was interesting and detailed regarding your patient. The reference and in-text citation you provided were satisfactorily completed. Please see me if you have further questions! MD

Week 9 4(a) – You provided strong therapeutic communication with your patient this week during a difficult time for her in deciding about surgery. You were compassionate in your communications and helped put your patient at ease. Well done. NS

Week 9 4(e) – Great discussion on SDOH that can impact your patient's health outcomes. You listed some key priorities to focus on in discharge education that can help. Her home environment is certainly a concern related to safety as she discussed. Her reluctance to utilize her walker is what led to her injury. I think having services come in such as physical/occupational therapy could be very beneficial to her. Accessibility in the home setting, especially considering her recent injury and subsequent surgery will be a primary focus of those services post-discharge. It seems that you learned a lot about your patient in the two days caring for her! Your response post to Seth provided additional insight to the conversation and was enhanced with a reputable resource. Good job with APA formatting. 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
Competencies:			S	N/A	N/A	S	S	NA	S	S							
a. Describe a teaching need of your patient.** (Reflecting)			S	N/A	N/A	S	S	NA	S	S							
b. Utilize appropriate terminology and resources (Lexicomp, UpToDate, Dynamic Health, Skyscape) when providing patient education. (Responding)			S	N/A	N/A	S	S	NA	S	S							
			RH	DW	RH	HS	MD	HS	HS	NS							

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

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

Comments:

Week 3: Education related to ace wraps were provided to my patient through discussion and showing her how they are properly put on. This was necessary for my patient because she was s/p right hip replacement. Her mobility was limited, and she was educated that they help prevent DVT's and increases blood flow in the veins. My patient showed me how she would put them on if for some reason she had to do them herself. Although it would be hard for her to put them on by herself, I still wanted her to show me how she would do it and she gave it her best shot. I pulled up skyscape while with my patient and educated her about impaired mobility and the effects it can have on her. **Prevention of DVT in post-operative patients is so critical, great teaching topic! The next time you are rehab, sometimes the therapists have great resources we can use as well. Ask them to show you what they use for their education to the patients. RH**

Week 6 (5a,b)- You did not address these competencies therefore they have been changed to U's.

If the student does not self-rate, then it is an automatic "U". Whenever a student receives a "U" in a competency, it must be addressed with a comment as to why it is no longer a "U" the following week. If the student does not state why the "U" is corrected, it will be another "U" until the student addresses it. HS

Addressing Week 6 U's – I am addressing my U's for week 6 by slowing down, reading thoroughly, and double checking my clinical tool before submitting it to prevent any additional U's from happening in the future. MD

Week 6 5A- My patient for week 6 was not happy. I think because he was so tired of feeling sick, he was frustrated. My patient did allow me to take his vital signs the next day. His oxygen levels were low, and he had his NC out of his nose. I educated through discussion the importance of wearing the oxygen mask and that it will help him breathe better. He did demonstrate and put the NC back in his nose for me, but he was not happy about it. This is important because if he is not getting enough oxygen, he could experience hypoxemia, and it could be life-threatening.

Week 6 5B- When I was able to do my patients' head-to-toe assessment, I was able to talk with him about the medications he had ordered for his nausea. I discussed this with my instructor, and I was able to appropriately gather information on the medication through Skyscape before giving it to him. I was able to get some things off Skyscape for my patient about hypoxemia, but he didn't want to hear it. Great! MD

Week 7 5A & B Education related to healthy food choices and ways to prevent another stroke from happening were printed off for my patient. We talked about this through discussion, and I sat down with her. She was very friendly to talk to, so I felt really close with my patient. She made my job easy as I know a lot of days won't be this way. I was also able to help her ambulate with her walker as she was regaining her strength back. She did pretty well, and she was expected to go home next week. I had her demonstrate ambulation by using the arms of her chair to lift herself to her walker. She successfully did this each time we got up. This was important because she did have mild weakness due to her stroke. I printed things off Lexicomp for her on ways to prevent strokes and to ways to prevent constipation, and ways to prevent falls. The patient demonstrating ambulating from the chair to the walker was used to validate that she had a good grip and was safe. **Awesome education! You also did a great job detailing this education in your CDG this week! MD**

Week 9 5a- A patient teaching I used in clinical this week was encouraging my patient to get up to go to the bathroom yesterday morning. I had just got a report from my nurse, Amanda, and the patient asked me for a bed pan. In report I did not receive that my patient was bedbound or needed to use a bedpan to go to the bathroom. I asked the patient why she needed the bed pan and she told me another girl told her she could use it. I went back and spoke with my nurse who said no she's fully capable of getting up and going to the bathroom herself. So, I went back into my patient's room and told her that we needed to get up to go to the bathroom and that the doctor wanted her to move around since she had not moved a lot. I told her if she's not moving around a lot, she could increase her chances of getting a DVT. She understood and I was able to help her ambulate to the bathroom. This was important education to provide, especially considering the retention findings later that morning. I think her pain made her reluctant to move, and as a result, she held her urine in. Eventually when getting to the restroom, she was unable to empty her bladder effectively. This is a part of what is called restorative care, where we want patients to be at their baseline in mobility when leaving the hospital. Unless significant trauma impacts patients ability to move, we want to encourage normal hygiene practices such as going to the bathroom, brushing their teeth at the sink, etc. Patients often want to remain in bed while hospitalized, leading to complications upon discharge if they haven't been up out of bed. Good thoughts on important education topic provided! NS

Week 9 5B- On the first day my patient was super nauseous. So, we were able to get her some Zofran through her IV to help her feel more comfortable. I told her this would help her feel less nauseous and at that time that was all she wanted. Arriving back in her room 15 minutes later I went to check on her and she asked me about the Zofran we had given her. She asked me what it exactly does and how does it work to make her feel less nauseous. I was able to open up Skyscape with my patient and explain to her that it works by blocking her serotonin receptor which is a substance that is causing her to feel nauseous. She seemed to be appreciative that I was able to give her that information and thanked me. That's great! Good job utilizing a reputable resource to help the patient better understand the medication she was receiving and keeping her involved in the plan of care. NS

Week 10 5A – A teaching need of my patient this week was educating him on the importance of his insulin and aspirin. My patient was ornery and seemed carefree or just noncompliant with his medications or just his health in general. I educated him on the importance of his insulin. He did not want to take it. I told him it was important in controlling his diabetes, but he didn't care. I left it alone and went back into his room to ask him if he wanted the insulin, and he finally agreed. I did end up giving him his insulin. Before I left the patient seemed a little sad and teary-eyed. I told him this was my last day with him, and I think we were able to talk about a lot of things when I was doing my supervised feed with me. It was nice to learn about my patient and where he came from. I encouraged him to do well in therapy as this will help him become stronger and he agreed that he will do his best.

Week 10 5B- As I spent some time with my patient, I was able to print something off about stroke prevention from Lexicomp. He didn't want the information, but I told him I would sit it at his table just in case he wanted to look at it. I told him it would be beneficial in helping him prevent another one. I really did feel bad for my patient as he was vulnerable and could not move one side of his body. Although he was stubborn it seemed like, I was able to sit there and relate with him. I really enjoyed my patient and I only hope the best for him and I hope I was able to in some ways able to lighten him up a bit.

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

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

Comments: See Care Map Grading Rubrics below.

Week 3: If a patient’s economic status is low income this can limit their ability to access the right healthcare. This can also affect the foods they eat and lead to an unhealthy lifestyle. Another thing that can influence patient care is not having reliable transportation to get them to and from doctors’ appointments. Not having a home to live in and constantly staying with others or in hotels can be risk factors associated with social determinants. **These are all great examples of social determinates of health. Are any of these specific to your patient’s situation? RH**

Week 6: Some factors associated with social determinants related to my patient would be that him and his wife have one vehicle. This may limit his ability to get to doctors’ appointments and to the store. I know that my patient didn’t have a lot of family members so I feel the lack of support would increase his chances of feeling isolated, depressed, or even having difficulty doing day-to-day things. My patient had an AKA, so he only had one leg, and he also had a fractured arm so without the support of

family this puts the patient at risk for feeling those types of things. There is no way he is going to be able to get around the house by himself or even bathe himself. This will lower his self-esteem also. He seemed to have difficulties following medical instructions and didn't understand the seriousness of his conditions so this could put him at risk for not taking medications like he should or missing doses. **You have listed some great examples specific to your patient! HS**

Week 7: Factors associated with social determinants related to my patient would be her household stability. She had 5 people living in her home. She had her granddaughter, her granddaughter's husband, and their three kids. I think about how crowded this can be for her and can increase her risk for infection and stress. She did mention that her granddaughter's husband is the only one bringing in income so this could also lead to eating unhealthy if household budgets are tight and could potentially put her at risk for another stroke. **This is absolutely true! What other SDOH could you possibly see with so many people living in one house? MD**

Week 9-B: A factor associated with social determinants that could affect patient care and related to my patient even is the foods she is eating. Since she has not eaten much of anything in the hospital, she is definitely increasing her chances of infection, especially with her surgery that she has scheduled. Her healing process is going to be delayed and take some time if she doesn't start incorporating proteins into her diet. I know it was hard for her to eat because she was so nauseous but once that subsided, she still didn't want to eat. I encouraged at a least trying to drink an ensure- but she did not want it. She did mention at home she needs to start eating better. She said her and her husband like hamburgers, fries, and ice cream- this could increase her risk of having a stroke and or worsening her diabetes which was already high. **As you noticed her diabetes was not well-controlled during your time caring for her. Her understanding of nutrition and a diabetic diet could be contributing to her poor diabetes management. This is a concern for her in the healing process. The question is upon discharge – does she have the means to be able to follow the diet appropriately. Diabetes is a complex disease process that requires a lot of lifestyle changes. If the patient doesn't have the education background to follow the proper orders, her health outcomes can be impacted. Good thoughts on SDOH here and in your CDG! NS**

Week 10 B- A factor associated with social determinants related to my patient was him not having a vehicle. This can really put a strain on his overall health. He is increasing his chances of having another stroke if he cannot get rides to appointments or to the store. He does still smokes, and he said he doesn't eat well. He is also increasing his chances of having another stroke by eating unhealthy. This is also putting him at risk for not being able to engage in healthy activities.

Objective

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

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

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

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

Comments:

Week 1 7A- Strength – My strengths these past couple of weeks were being able to successfully perform FSBS with little assistance. I am used to doing them so it felt really good when I knew what I was doing. Also being able to complete my head-to-toe and remember everything. **Great job! HS**

7B- My weakness the past two weeks was the Iv lab. I kept forgetting to squeeze my drip chamber to allow the fluid to flow. I will practice a few times before clinical start. **This will become easier with each additional practice that you get during your clinical experiences. HS**

7a Week 3- Strength. My strength this week was being able to teach my patient about proper blood flow from being immobile. I also taught her about the use of ace wraps and SCD'S. **I am glad she was able to return demonstrate how to properly put them on, even though it was difficult for her. RH**

7b Week 3- Weakness. My weakness this week would have to be medication administration. I know as time goes on, I will get more comfortable with giving them. The medication taken by mouth isn't my worry, it's the injecting part. Even though I find it scary, I also love that I get to do it. I will practice being more confident and ask to practice with subcutaneous injections in skills before next clinical. **You will have practice with this skill throughout the semester, but if you want additional practice, please let us know so we can set something up in the skills lab for you. RH**

7A- Week 4-Strength: My strength this week at ECSC was being able to perform all tasks that were assigned to me. Jane was very nice, and we were able to help people who use meals on wheels by packaging A LOT of bread – everyone was very thankful we were there to help. I think my biggest strength today was being able to effectively communicate with my patients. I assisted them and helped them with their activities and helping them set up. I also helped seniors safely transfer from their walkers to chairs. **So glad you felt confident in interacting with the older adult, ECSC staff and with mobility/safety! Keep up the great work! DW**

7B- Week 4-Weakness: Today, Jane had me and another student talk on the microphone to the seniors. I discussed what we were doing with them and thanked them for welcoming us. One of my biggest weaknesses is public speaking. I have a lot of anxiety, but I got through it. For me to become a better version of myself I need to open up and be more vocal. I am still working on this every day. I will continue to not let my anxiety win over me by relaxing and taking care of myself. I will prepare myself in the future for my globalization presentation by doing some self-talk and being confident that way on Tuesday I don't stumble over my words. **I can totally relate to this, Brittany...and its ok. The key, as you mentioned, is to recognize the opportunity to improve and keep working on it daily. Way to think outside of the box to find ways to practice this before your next clinical. DW**

7A- Week 5 Strength: My strength this week in infection control was communicating back and forth with Sydney! I feel I was comfortable with her because I had some ideas of what she was talking about. I was able to engage in conversations with her as she told us a lot. I know she appreciated me being actively present and engaging in conversations with her. **So glad you were able to have engaging conversations and feel confident! RH**

7B Week 5 Weakness: My weakness this week in infection control would be documentation. As we are all still learning the system I have definitely become more familiar, and I also do some charting at work, but it's different when you're in a student nurse role. Navigating through the chart is confusing at times because I feel like you have to navigate through so many tabs to get to what you're looking for. I will make sure I am practicing documentation in clinical next week and navigating through the system. **Please remember to include how many times you are to practice as well. I highlighted the goal requirements above in green for you to reference for next week. RH**

Week 5: You are receiving a "U" for professionalism (7f) because you did not submit your infection control scavenger hunt as a typed document. Per the syllabus this was to be typed and submitted in the infection control dropbox. Please address this "U" and how you will prevent getting another "U" in the future. If you do not address this "U" it will remain a "U" until addressed. RH

WEEK 5 7f U – I am addressing my U by recognizing that I was in a hurry to get things done. I wanted to get on to my studies for my quiz that I failed to read through the entire requirements for the infection control scavenger hunt. I will make sure I read all the requirements in the syllabus and in full before starting and submitting my work. HS

7A- Week 6 Strength: My strength this week in clinical was being able to piece together why my patient was receiving a blood transfusion. I really didn't know anything about blood transfusions prior to my patient, but once I was able to dig into his chart, I found that his hemoglobin levels were 6.2 and put the two together to understand why. This sparked more confidence as we continue to learn each day. **Great job! HS**

7B Week 6 Weakness: My weakness this week in clinic was listening to my patient's lung sounds. Upon doing my assessment the first day, I thought what I heard were clear lung sounds. I went back to do my focused assessment, and I could tell that his lung sounds weren't clear. I had a hard time distinguishing between diminished/coarse/clear. I will pull up a YouTube video we were given in foundations of lung sounds and review them once a week. I will do this for the next 4 weeks – and when in clinical grab my instructor for the remaining clinicals. **Great plan! HS**

7A Week 7 Strength: My strength this week in clinical was my communication skills which we talked about in debriefing. I think it's important to be comfortable with your patients and not let them see how nervous you really are. Each week it does get easier. My patient happened to be talker, which I loved. Each patient is going to be different

she just made it easier to do my job. We talked about her life, my life, and anything else you can think of. **You did a wonderful job communicating with your patient this week! MD**

7B Week 7 Weakness: My weakness this week is time management. I feel like I was all over the place. I didn't prioritize my time well at all the two days I had in clinical. I think also it has to do with being busy with our patients and going to therapy with them. They keep a busy schedule on 5T, and they are on the go constantly. For the remaining clinicals I will start with a game plan. I will review the patient chart and expected task. I will also go off a check list to make sure I am meeting my patients' needs and prioritizing what is important. I will do this each morning in clinical for the next 4 weeks. I think this will effectively help me with my time management skills. **Awesome goal! MD**

Midterm- Brittany, great job in the first half of this semester in the medical surgical nursing course! You have shown growth in both your skills and your critical thinking abilities this semester in the clinical setting. You have successfully completed one care map satisfactorily. You are satisfactory in nearly all competencies at this point in the semester, great job! Continue to seek out additional experiences in the clinical setting to expand your knowledge base. You do have an NA in competency 3g regarding Foley catheters, seek out experiences with Foley catheters including insertion, maintenance, and removal in order to gain more experience in the last half of the semester. **Keep up the hard work through the last half of the semester! HS**

Week 9 Strength: My strength this week in clinical was being able to successfully remove an NG tube on a patient, successfully insert a catheter, start lactated ringers for my patient before she had surgery, and administering her insulin injection. With the insulin injection the second day – I was more comfortable being able to do it on my own and I didn't have the weight of fear and anxiety weighing on me. I'm learning to train my mind to overcome my anxiety and be a lot more confident. I feel like I am growing in a lot of ways with my anxiety. **Excellent strengths to note! As I noted in previous comments, you were presented with numerous new challenges that could have been overwhelming to take on. However, you were eager to learn and demonstrated confidence in your abilities. Even if you were anxious internally, you did not let the patient see that anxiety and helped put them at ease. I thought you did a great job with all the stated skills that were performed, a week to be proud of! NS**

Week 9 Weakness: My weakness this week in clinical I would have to say is the IV pump. I am still not as comfortable with it as I would like to be. It can be intimidating with all the buttons and which ones I am supposed to choose. I will definitely be reaching out to one of the instructors to see if I can get some practice time with the IV pumps. I will practice one a week until the end of the semester. **Great plan for improvement! The more practice you get with it, the better. I am glad you had the opportunity to perform this in clinical to identify areas you would like to improve. Don't hesitate to find an empty room on the clinical unit and practice with programming the pump to gain more confidence. Keep up the hard work! NS**

Week 10 Strength: My strength this week in clinical was providing education to my patient who wasn't concerned about his health. It was hard to see him act the way he did towards his health. Now as I see things through a different light, I think it's so important that we educate to help our patients become better. I think I was able to effectively educate him on his insulin even though he did not want to take it. This is another step in helping him become better.

Week 10 Weakness: My weakness this week in clinical was not being able to quickly answer my patients' girlfriends' questions about his stroke. Although we just learned about it- I don't think I was fully able to dive into depth as to what the patient was asking. To address this, I will be actively looking over more material on my patients diagnoses twice during the clinical setting and for the remainder of our clinicals so I am able to be confident when I am asked a question!

Student Name: Brittany Rodisel		Course 6					
Date or Clinical Week: MSN Week 3		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	All criteria met. RH
	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	4. This is a good list of priorities, but can you think of any other nursing priorities that could occur for your patient? RH
	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	11. three interventions have no frequency. This is 78% complete so no points are missed, but make sure you are including a frequency for all interventions so you do not lose points. RH
	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
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	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	2	14. some of your evaluations are just restating what you already put. Please make sure if the issue has continued, you put "continued" or "no change" so we know that you did re-evaluate and are assessing for change. RH
	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: Great job with your care map. You provided a good list of nursing priorities. You were able to tailor your nursing interventions list to your priority problem and the complications you listed. Make sure you are following the rubric completely so you don't miss out on points. RH

Total Points: 44/45

Faculty/Teaching Assistant Initials: RH

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		
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete		
	15. Evaluation includes one of the following statements: <ul style="list-style-type: none"> • Continue plan of care • Modify plan of care • Terminate plan of care 	Complete			Not complete		

Reference

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

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

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

Faculty/Teaching Assistant Comments:

Total Points:

Faculty/Teaching Assistant Initials:

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

Student name: Brittany Rodisel								
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)*
Performance Codes: S: Satisfactory U: Unsatisfactory	Date: 1/7/25	Date: 1/7/25	Date: 1/8/2025	Date: 1/8/2025	Date: 1/10/25	Date: 1/15/2025	Date: 1/16/25	Date: 3/10 or 3/11/25
Evaluation:	S	S	S	S	S	S	S	
Faculty/Teaching Assistant Initials	MD	KA/RH	HS	NS	HS	DW	KA	
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	

*Course Objectives

Comments:

Week 1

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

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

(IV Math)-You satisfactorily participated in the IV Math learning session on 1/7/25 as well as the assigned IV Math practice questions and the IV Math Application lab on 1/8/2025. 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. HS

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: Brittany Rodisel							
	Performance Codes: S: Satisfactory U: Unsatisfactory	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)
	Date: 1/27/25	Date: 2/10/25	Date: 2/24/25	Date: 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	U				
Faculty/Teaching Assistant Initials	RH	RH	MD	HS				
Remediation: Date/Evaluation/Initials	N/A	N/A	NA	3/11/25 S DW				

* Course Objectives

Comments:

Simulation #1- You were unsatisfactory on the reflection journal for simulation #1, due to it being incomplete. 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. HS

Simulation #1 – Satisfactory remediation completed related to the reflection journal. DW

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Jamison (M), Rodisel (A)

GROUP #: 2

SCENARIO: MSN Scenario #1 – Musculoskeletal/Respiratory

OBSERVATION DATE/TIME(S): 2/27/25 0800-1000

CLINICAL JUDGMENT COMPONENTS	<u>OBSERVATION NOTES</u>
<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>Notice patient has some difficulty breathing.</p> <p>Obtain vital signs (SpO2, T, BP, pulse, resp) notices elevated heart rate and blood pressure. Notices low oxygen saturation.</p> <p>Pain assessment. Location (leaves room/moves on to other assessment findings) When returns to pain assessment asks rating, radiation, movement.</p> <p>Respiratory assessment, does not state any abnormal lung sounds.</p> <p>Notices redness on right lower leg.</p> <p>Checks pedal and tibial pulses to check cardiovascular status.</p> <p>Notice refusal of SCD and PT/OT</p> <p>Notice patient is not compliant with medications at home and lack of aspirin use with a-fib puts patient at risk for clot.</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>Prioritize vital signs assessment.</p> <p>Begins pain assessment but moves into respiratory assessment prior to completing pain assessment.</p> <p>Prioritizes cardiovascular assessment upon visualizing right lower leg. Removes pillow from surgical pain.</p> <p>Begins to prioritize Percocet (PO) but then offers morphine. Does not have orders for morphine at this time.</p> <p>Makes sense of morphine dosage calculation.</p> <p>Interpret ABG as respiratory acidosis. Correct interpretation is respiratory alkalosis.</p>

	<p>Makes sense of lack of movement/refusal of PT with development of DVT/PE</p> <p>Does not make sense of dosage calculation for enoxaparin. (administers 0.7mL)</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>Introduce self upon entering room and ask patient name/DOB. Verify pronouns with patient and continue to use correct pronouns throughout scenario.</p> <p>Set head of bed up due to patient report of shortness of breath.</p> <p>Call healthcare provider. SBAR did not include situation or background, jumped right into assessment findings. Did not have all data gathered prior to calling.</p> <p>Return to room to finish assessment findings and calls healthcare provider back. SBAR only includes assessment findings, does not use SBAR when communicating. Receives new orders from healthcare provider. Does not read back orders. We always want to read back orders to ensure the correct order was heard and written down correctly.</p> <p>Update patient on status change and new orders. Begins educating on incentive spirometer and importance of movement to decrease risk of pulmonary embolism.</p> <p>Morphine administration: verify all checks and asks allergies. Identify need for witness waste of medication. Correct needle size used. Proper technique when administering medication. Needle safety used.</p> <p>Call healthcare provider with updates on labs and radiology reports. Receives new order for enoxaparin. Does not read back orders to healthcare provider.</p> <p>Education provided to patient on deep breathing exercises and incentive spirometry. Education provided on risk factors for blood clots (surgery, lack of movement). Education provided on compression socks in relation to decreasing risk for a clot. Reassure patient that they will not be alone and they will be educated on how to walk without falling while weightbearing is minimal.</p> <p>Enoxaparin administration: performs all checks. Educate patient on reason for medication and how medication. Use of correct needle size for injection. Injection administered at less than 45 degree angle, should be 90 or 45 for subq injections.</p>

<p>REFLECTING: (7) *</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Group led discussion regarding the patient scenario. Students began with description of report with off shift nurse and how it was not professional or appropriate to be dismissive of the patient. Group members stated they were uncomfortable but did not know how to address it in that instance. Discussion of how to approach this or report it up the chain of command followed. Students moved onto discussion of scenario and what assessments took priority for their patient and why (1st group was 6 Ps and pain, second group was respiratory and cardiovascular). Discussion about risk factors for developing a DVT/PE and how patient came to develop these (SCD, lack o movement, non-compliant with medications). Discussion of compartment syndrome and what nursing interventions were needed to help prevent further damage to the limb (remove ice, pillow, pressure). Group review of medication math in regards to enoxaparin medication. All members able to perform math correctly. Discussion of how math was done during simulation and how the group came up with different numbers at that time. Review importance of reading back orders to healthcare provider. Discussion of liability and who would be held accountable for incorrect orders due to lack of readback. Each group member included a goal for improvement for the next simulation as well as something they thought they did well during this simulation.</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: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Identifies obvious patterns and deviations, missing some important information; unsure how to continue the assessment. Actively seeks subjective information about the patient’s situation from the patient and family to support planning interventions; occasionally does not pursue important leads.</p> <p>Interpreting: Makes an effort to prioritize data and focus on the most important, but also attends to less relevant or useful data. In most situations, interprets the patient’s data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are 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. Shows some communication ability (e.g., giving directions); communication with patients, families, and team members is only partly successful; displays caring but not competence. Develops interventions on the basis of the most obvious data; monitors progress but is unable to make adjustments as indicated by the patient’s</p>

	<p>response. Is hesitant or ineffective in using nursing skills.</p> <p>Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.</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