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

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

**Student**: Yasmin Perez

**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

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**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.**

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**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) |
|---|---|---|---|
| 1/16/25 | 1 | EBP LAB | 1/16/25 0930-1030 |
| 2/15/25 | 1 | CDG response | 2/16/25 1650 |
| 3/1/2025 | 1 | Incomplete Reflection Journal | 3/13/25, 1 hour |
| 3/15/25 | 1 | IC Scav. Hunt Incomplete (not typed) | 3/18/25, 1 hour |
| | | | |

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

## PERFORMANCE CODE

**SATISFACTORY CLINICAL PERFORMANCE**

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

**UNSATISFACTORY CLINICAL PERFORMANCE**

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

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

**OTHER**

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

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

| Date | Care Map Top Nursing Priority | Evaluation & Instructor Initials | Remediation & Instructor Initials | Remediation & Instructor Initials |
|---|---|---|---|---|
| 1/24/25 | Risk for Bleeding | NI/KA | S/KA | NA |
| | | | | |

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

**Objective**

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

| Weeks of the Course | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | Midterm | 9 | 10 | 11 | 12 | 13 | Make Up | Make Up | Final |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Competencies:** a. Analyze the involved patho-physiology of the patient's disease process. (Interpreting) | | | S | S | S | S | S | N/A | S | S | S | | | | | | |
| b. Correlate patient's symptoms with the patient's disease process. (Interpreting) | | | S | S | S | S | S | N/A | S | S | S | | | | | | |
| c. Correlate diagnostic tests with the patient's disease process. (Interpreting) | | | S | S | S | S | S | N/A | S | N/A | S | | | | | | |
| d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting) | | | N/A | ~~N/A~~ S | S | S | ~~N/A~~ S | N/A | S | N/A | S | | | | | | |
| e. Correlate medical treatment in relation to the patient's disease process. (Interpreting) | | | N/A | ~~N/A~~ S | S | S | S | N/A | S | S | S | | | | | | |
| f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting) | | | N/A | ~~N/A~~ S | S | S | S | N/A | S | N/A | S | | | | | | |
| g. Assess developmental stages of assigned patients. (Interpreting) | | | N/A | ~~N/A~~ S | S | S | S | N/A | S | S | S | | | | | | |
| h. Demonstrate evidence of research in being prepared for clinical. (Noticing) | U | | U | ~~N/A~~ S | S | S | S | N/A | 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 | | 3T, 85 year old, acute GI bleed | Rehab, 67 years old, Lumbar radiculopathy | 4N, 77 years old Sigmoid colectomy | Rehab, 92 year old right patella fracture | 3T, 66-year-old female Opioids overdose | No clincial | | DH, IC, ECSC | 3T 71 year old male, COPD and CHF exaberation | | | | | | |
| Instructors Initials | **SA** | | KA | **MD** | **NS** | **SA** | **HS** | **SA** | **SA** | **DW** | | | | | | | |

****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 (h)- You received a "U" on this competency due to not correctly self -evaluating the correct weeks on this tool (you evaluated all of week 3 instead of 1 & 2). Please address each "U" on your next clinical tool in order to receive a Satisfactory evaluation. If you do not address these "U', you will continue to receive a "U" until it is addressed. SA
Week 1(h) I will pay more attention next time when filling out my clinical to not make mistakes and not put it in the wrong week and put it in the correct week. KA

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

Week 3 – 1a, b, c, e– You did a nice job discussing on clinical your patient's disease process and what nursing was doing to help the patient. You were able to discuss symptoms we were monitoring and managing in your patient as well as pertinent labs for your patient diagnosis. You also set a goal for your patient and were able to discuss your patient's work towards meeting that goal. You had two different patients with similar diagnoses and were able to compare and contrast their care to understand the diagnosis better. KA
Week 3 – 1d – You did a nice job reviewing all your medications before you administered them to the patient. You were able to discuss the reason why the patient was taking the medication as well as what we were monitoring the patient for. You also were able to discuss what information was needed to determine if the medication should be administered (i.e. blood pressure, pulse). KA
Week 3 – 1h – According to policy, any competency left unevaluated will be marked as unsatisfactory for the week. Please be mindful to make sure your clinical tool is filled out completely before submission. Please make sure to make a comment on how you will address this U and prevent receiving a U in this competency in the future. KA * I need to slow down and check every box before submitting my clinical tool. This way I can prevent from getting a U. yp

Week 4 Rehab Clinical Objective 1 B-F: This week you were able to correlate the patient's symptoms, diagnostic tests, pharmacotherapy, treatment, and nutritional needs based on their reason for being on the Rehab floor and their past medical history. You were able to bring these needs to light in your satisfactory care map of this patient as well. Great job! MD

Week 4 Rehab Clinical Objective 1H: You were prepared for clinical this week using the tools that were provided to you in nursing foundations and at the beginning of this course. MD

Week 5 1(a-h) - Yasmin, great job this week making correlations between your patient's alterations in health and the nursing care required. You had a busy, yet beneficial learning experiences this week related to a bowel obstruction leading to a colectomy. During the care provided, your patient was post-op with a new sigmoid colostomy and significant abdominal incision from an open laparotomy with a wound vac in place. Your patient was experiencing electrolyte imbalances as she transitioned from PPN to oral nutrition. You were able to correlate the diagnostic findings with the symptoms she was experiencing as being a result of significant liquid output in the ostomy bag. You discussed the risk for fluid deficit and the importance of monitoring her lab values and her output. You did well to correlate her prescribed medications to her current and past medical history. She was prescribed numerous doses of potassium, both PO and IV, in addition to a magnesium infusion. You discussed the procedure that was performed as medical treatment for her bowel obstruction. Education was provided on her low fiber diet initially, then switched to a regular diet promoting fiber due to her liquid output. You were actively involved in all aspects of her care and demonstrated evidence of preparation for clinical by asking appropriate questions and researching the patient's chart. Good job this week! NS

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

Week 7 - (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 her 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

**Objective**

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

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

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

**Comments:**

Week 1 (2f)- You received a "U" on this competency due to not correctly self -evaluating the correct weeks on this tool (you evaluated all of week 3 instead of 1 & 2). Please address each "U" on your next clinical tool in order to receive a Satisfactory evaluation. If you do not address these "U', you will continue to receive a "U" until it is addressed. SA

Week 1 (2f)- I did not realize I evaluated my clinical tool in the wrong week. I will double check next time to make sure I am in the right week. KA

(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

s

Week 3 – 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. You managed your patient's decreased orientation well and continued to assist with reorienting her as needed. KA

Week 3 – 2f – You utilized the EMR to research your patient and determine what care needed to be provided to your patient throughout the day. You also utilized the EMR to research your patient's health history and information related to the patient's current hospital visit. KA

Week 4 Rehab Clinical Objective 2 A, D, & F: While you were on clinical you performed a satisfactory physical assessment, communicated abnormal assessments to myself and to the primary nurse, and you were able to satisfactorily document all information to Meditech documentation. MD

Week 5 2(a,e) – You did well with your assessments this week, noticing numerous deviations from normal. Specific to the patient's priority problem, you gained experience with assessing a new stoma, measuring output from the ostomy bag, and assessing a midline abdominal incision with numerous staples. You understood the importance of monitoring bowel function and electrolyte lab values related to the patient's condition. NS

Week 6 (2a-f)- Great job with your assessment this week. You provided great education and detail to the wound dressing change as well. Even though it can be challenging to get time for assessing due to their therapy schedules, all areas were documented appropriately. SA

Week 7 (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

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

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

**Comments:**

**Week 1 (3a,b,f,I,j)- You received a "U" on this competency due to not correctly self -evaluating the correct weeks on this tool (you evaluated all of week 3 instead of 1 & 2). Please address each "U" on your next clinical tool in order to receive a Satisfactory evaluation. If you do not address these "U', you will continue to receive a "U" until it is addressed. SA**
**Week 1 I evaluated in the wrong week instead of week 1, I will make sure I am double checking when evaluating my clinical tool KA**

Week 3 – 3b –You had the opportunity to manage a pure wick this week. You monitored the patient's output and documented the findings in the EMR. You provided peri care as appropriate and monitored the patient for signs and symptoms of complications related to pure wick device. You also had the opportunity to observe blood administration with your nurse and assisted with gathering vital signs during the process. KA

**Week 4** Rehab Clinical Objective 3 C & D: While caring for your patient you were able to identify all of the priority needs for your patient based on their condition and report you received from the night shift nurse. You were able to communicate your priority assessments for the day and what interventions needed to be completed during your shift. Great job! MD
**Week 4 Rehab Clinical Objective 3G: This week you were given the opportunity to insert a Foley catheter during clinical. You did an awesome job using sterile technique during the procedure and obtaining the urine to be sent to lab post procedure. Great job! MD**

**Week 5 3(b) –** Great job performing several new nursing measures this week, demonstrating confidence and competence. You were able to gain experience with ostomy care, including emptying the ostomy bag, assessing the stoma, and pouching the stoma with a new bag due to leakage out output. You were actively engaged in the ostomy education performed by the WOCN nurses. Additionally, you gained experience with wound care, removing a wound vac and assessing the wound site for signs of complications. Well done! NS
Week 6 (3a-j)- Excellent job prioritizing patient needs with their therapy schedule. SA

Week 7 (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. You were available to help others when needed, and ask for assistance when needed. (3h)- Your patient received Xarelto for DVT prophylaxis. HS

**Objective**

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

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

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

**Comments:**

Week 1 (3o,r)- You received a "U" on this competency due to not correctly self -evaluating the correct weeks on this tool (you evaluated all of week 3 instead of 1 & 2). Please address each "U" on your next clinical tool in order to receive a Satisfactory evaluation. If you do not address these "U', you will continue to receive a "U" until it is addressed. SA

week 1 I evaluated in the wrong week instead of the right week, I will make sure I double check before submitting my clinical tool KA

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

Week 3 – 3k – You did a nice job administering your medications this week. You observed the rights of medication administration and was able to answer all questions about your medications. You had the opportunity to pass PO, SQ, IV medications this week. You performed the medication administration process with beginning dexterity. KA
Week 3 – 3n –You had the opportunity to practice reconstituting a medication and drawing it up from a vial and administering it slow IV push to your patient. You performed all IV skills with beginning dexterity. You documented all medication administration and line care appropriately in the EMR. Nice job! KA
Week 3 – 3p – You did a nice job flushing your patient's IV this week and ensuring patency of the IV line. You were able to document this appropriately in the EMR. KA
Week 3 – 3q – You did a nice job monitoring your patient's IV site this week and documenting your assessment in the EMR. KA

Week 4 Rehab Clinical Objective 3 K-M: 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 4 Rehab Clinical Objective 3 N & P: This week you were able to observe an IV being placed. You monitored the IV during your clinical time, however you did not administer medications through it and you did not flush it. MD

Week 5 4(k-q) – Great work with your medication administration this week. You were well prepared to discuss each medication, including the indications, side effects, and nursing implications. The rights of medication administration were observed and safety checks were performed. Numerous PO medications were administered safely. A subQ injection was administered with correct technique. You closely monitored and assessed an IV site with continuous fluids being administered. Experience was gained changing fluid bags, with a saline flush being performed due to incompatibility of fluids being administered. Job well done! NS

Week 6 (3k-r)- Nice job with medication administration. You performed all rights appropriately. SA

Week 7 (3k,l,m)- You did a nice job with medication administration this week! You were able to administer several PO medications, as well as a topical cream. 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

**Objective**

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

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

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

**Comments:**

Week 3 – 4b – You completed the SBAR worksheet and provided your RN with handoff communication related to your patient utilizing the SBAR you developed. You made sure all pertinent information and changes in patient status were communicated to your nurse during hand-off report. You also practiced your SBAR during debriefing and provided an accurate report to your classmates and faculty. KA

Week 3 – 4e – Yasmin, you did a great job locating an EBP article and responding to the CDG questions on your article. In the future try to explain the meaning behind the numbers in the results section a little more. The specific numbers are not as important as the actual findings that are generally discussed in the discussion section are. Also, in your reference the first letter of the first word after a colon should be capitalized and "palliative" and medicine" in the journal title should be capitalized as well. Also, you intext citation should look like this (Ai, 2021). In the future, remember to include the page number or the paragraph number if there are no page numbers when you are in-text citing a direct quotation. Overall your CDG was well written and easy to follow, but you had some minor grammatical errors in response to your peer. Please be mindful of this in the future. KA

Week 4 Rehab Clinical Objective 4 E: For clinical this week you provided an initial CDG post that was needs improvement per the CDG rubric due to not including an in-text citation. This should be included in all CDG discussions. In the initial CDG, you provided information that was interesting and detailed that related well to your patient. Your peer response was satisfactorily completed with an appropriate reference and in-text citation. Please see me if you have further questions! MD

Week 5 4(A) – You demonstrated excellent therapeutic communication throughout the week. You received numerous compliments from your patient regarding the care provided and the rapport developed. It was evident that you made a connection with your patient this week and she truly appreciated the time spent with her. Awesome job!! NS

Week 5 4(e) – Good work with all of your CDG requirements this week. All areas of the CDG grading rubric were appropriately addressed for a satisfactory evaluation. See my comments on both of your posts for further details. APA formatting looked very good. The only area of suggestion for APA formatting is to make sure the first letter of each word in the journal title should be capitilized … *International Journal of Nursing Studies, 127.* Otherwise, well done! NS

Week 6 (4a-d,f,g)- You provided communication appropriately throughout the clinical experience. SA

Week 6 (4e)- Excellent discussion and correlation of your patient's medication uses. However, a "U" was given due to submitting the Tool and your CDG response was late. 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. Please remember to follow APA format when citing your reference. The title of the book is to be *Italicized.* Please respond to this grade on your next tool submission. SA
I will triple check to make sure I submitted. I did not push post and when I went back my writing was still there. I should have checked to make sure that it was submitted instead of thinking I did. If I have to think about, I should go back and make sure I am submitting on time and that its being posted prior the due date and time. HS

Week 7 (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. Great job on your patient education. You identified the need specific to your patient, and found information to review with the patient. You also provided an in-text citation and a reference for the initial and peer response. Nice job! HS

Week 9 (4e)- According to the CDG Grading Rubric, you have earned a Satisfactory for your ECSC and IC discussions. Your posts were thoughtful and content was supported by reliable evidence. Keep up the great work! Additionally, your APA formatting was close but not quite all there. Here are a couple suggestions for the future: 1. Avoid using direct quotes when possible. Scholarly written work uses mostly paraphrasing whenever possible. 2. If you do use a direct quote, the citation should also include the page or paragraph that the quote can be found on. Only use a paragraph number when there are no page numbers. An example of a corrected citation from your discussion this week would be- (Doenges et al., 2022, para 1). DW

**Objective**

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

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

****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:**
5A &B- A teaching need to my patient was taking her medications. She was refusing to take medications due to not wanting to be bothered and confusion. I explained to the patient the need to take her medications. I told her the medications we were given were insulin, Protonix and blood glucose medications. I explained what each medication was for and it was to stabilize her blood glucose. Her blood glucose was 180 when last taken. This was necessary to maintain the patients sugar levels controlled and not go high. Protonix was to keep her stabilize and decrease rates of GI bleed again. We explained this medicine needed to be given due to her being admitted for a GI bleed and that we were preventing this from reoccurring. Education related is that taking her medications will keep her sugar, GI bleed, and hemoglobin stable. Skyscape helped me know what each medication was for so I was able to educate the person correctly on what those medications were for and why it was important to take. Great job attempting to provide appropriate education to your patient even though she was not always able to be oriented to a level to understand. Skyscape is a great resource for medication education. KA

5A&5B- A teaching need for my patient was using the incentive spirometer. She would forget to do it and since I saw she had some SOB with her walking and since she had surgery, I reminded her that she needs to do it 3 times daily as she was told so it would help with lung expansion. In her case since she received lumbar surgery, she needs to do it to prevent lung complications. The patient understood and said thank you for reminding her she had completely forgotten about it.
The educations was related was using her incentive spirometer will help prevent lung complications and help lung expansion. I used Lexicomp to help give my patient education. Awesome! This is great education for your patient! MD

5A and 5b- A teaching need for my patient was getting nutrition in her. When I was first in the room she was put on a low fiber and was not eating much, which was understandable due everything she went through but nutrition is important for so she can get better and get her liquid stools softer and firmer. She needs protein and fiber to get her feeling better and those stools more form. Nutrition plays a big role in healing and strength. Lexicomp was a resource used on nutrition and fiber diets. Very good! NS

5Aand5B- A teaching, I gave my patient was the importance of taking her vitamins d and vitamin c. I explained these vitamins helped with her fracture to her patella. She had deficiency in vitamin D and vitamin C. I used skyscape to look up the vitamins and what they helped with. In her case it was for bone healing.SA

Week 7-5A and 5B- A teaching I gave my patient was the importance her nutrition. My patient was not eating and had a decreased appetite to the point they had to add a nutrition supplement for a meal. I let her know that her nutrition was important so she could have more strength and energy. My patient had no strength and needed 2 people to help her out of bed to be side commode and she had no energy to do anything but sleep. I printed out nutrition through Lexicomp. She mentioned she had no appetite for solid food but would try taking the ensure plus to get that nutrition she needs. Great job identifying and educational need and providing information in a printed method so that the patient could refer to it throughout her stay, or even after she leaves the hospital. HS

Week 10 A and 10 B- A teaching I gave my patient was the importance of following the heart healthy diet. My patient was put on a heart healthy diet due to having an ischemic stroke and they are trying to prevent another stroke. The patient had risk factors of high cholesterol and HTN. The patient was getting food brought in fast food and had a lot of snacks like cookies. I printed out Lexicomp nutrition. That way he can read about the importance of the nutrition and why its good for him to follow that diet.

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

****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.

6B- Some factors associated with social determinants of health for my patient was she has Alzheimer's and that affects her mental health. She forgets things and that can affect the patients care. She can forget about taking her medications putting her at risk for another GI bleed. She could forget following up with her consults and appointments with doctors. These are all great examples including the fact she lives at a long-term care facility. All of these aspects affect her overall ability to manage her chronic medical condition. KA

Week 3 – 6a – You received a needs improvement on your care map related to having a reference without an in-text citation. Please see comments on the rubric at the end of the tool for details. KA

6B- some factors associated with SDOH for my patient was she lives alone and that affects her living situation. She had a recent surgery and won't be able to do things on her own as much as she did before and is at risk of fall. She is also diagnosed with depression and that can affect her mental status. She said her husband passed away and caused major depression. This can affect her too as she already lives alone and on top she is depressed and could increase more depression in the fact she can't do much for herself and has to rely on other people. Absolutely! MD

Week 3 – 6a – You have satisfactorily completed your care map on your second attempt. Please see comments in blue on the rubric at the end of the tool for details. KA

6B- Two positive factors for my patient were having family support and education. She has her husband who was there with her to help her cope with her having to get an Ostomy bag. He was there for when she was getting taught how to clean and put on the ostomy bag. He was asking questions and paying attention so she could help her if

needed. She also had an education from her sister-in-law who also has an ostomy. She's had it for some time and has knowledge of the ostomy bag to where she can ask her for help if needed. Her mental health was also a positive factor she was very calm and accepting of this change and especially with the support system she has it will help get through and able to accept it more. Good reflection on SDOH! While often times we focus on the negative effects of SDOH, you were able to recognize the positives that will help promote good outcomes. She went through a difficult hospitalization but had an excellent support system that will help her during her recovery. Good thoughts! NS

6b Some factors associated with SDOH for my patient was she didn't have any support she lived alone and her mental status of depression. She lost her husband and never had any kids, and all her husband's family were mostly dead or loved far away. These two factors are big factors for her as well as lack of transportation. She told OT she lacked transportation so she did not know how she would get to her follow ups. Great job recognizing the SDOH. What are some resources you could have offered for access to her appointments? SA

Week 7-6b some factors I noticed with this patient were her mental status. She was confused by all the opioids she was on, and her condition of metabolic encephalotomy also causes confusion. She has lived at home by herself since her husband passed away on 11/24. Another factor is depression. She is sad and depressed she lost her partner. With her confusion she was taking more medicine than she should have and was also forgetting to take certain medications like her levothyroxine. Another factor is transportation, her daughter works so much she said sometimes she does not have a way to her appointments. She could talk to a case manager and see if she can get transportation to her appointments. More importantly her confusion causes a huge factor in remembering how much medicine to take or when you're supposed to especially living alone Great examples of SDOH that are specific to your patient.  Including social services would be very helpful in determining resources for the patient after she is discharged from the care facility. HS

Week 10-6B Some factors I noticed were that the patient will have complications with physical activity. He usually walks short distances outside. With his stroke he has weakness in the legs and unsteady gait which can be a factor in him being able to get that walk in. A positive factor for this patient is he has family support. He has a family who will be able to help him when he gets home to get around and care for while he gets better. Having that support can also keep your mental health positive.

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

****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-h)- You received a "U" on this competency due to not correctly self -evaluating the correct weeks on this tool (you evaluated all of week 3 instead of 1 & 2). Please address each "U" on your next clinical tool in order to receive a Satisfactory evaluation. If you do not address these "U', you will continue to receive a "U" until it is addressed. SA**

week 1 I evaluated in the wrong week instead of the right week, I will make sure I double check before submitting my clinical tool KA

Week 3 - 7A An area of strength for me was giving IV push Protonix to the patient and feeling confident in it and knowing when to flush and how long to. I was excited to do IV and hope to do more. You did a great job with this skill! KA
Week 3 - 7B An area I need for improvement is knowing how to document the insertion if an IV. I assess the IV but I forget to put the insertion date. I will look at documentation and see when it was first placed so I can document when I do my assessment. I can also ask my instructor where to find the date of insertion of IV. Continued practice with documentation with help improve your navigation of the system as well as your overall documenting. You quickly fixed all missing information which is what is important. Keep up the hard work! KA

Week 4- 7A An area of strength this week for me was being able to assist my patient with all her needs and make her comfortable. I was able to know more about my patient getting her trust. More importantly, just hearing her say she was grateful to have me and that I will be a great nurse makes me happy I was able to help her and make her feel comfortable. You did an excellent job with developing a trusting relationship with your patient! MD
Week 4- 7B An area for improvement for me would be to not get so nervous when getting asked questions by instructors. I totally go blank and don't know what to answer. I need to breathe in and step back and think and think of it more of them helping me instead of getting all nervous. I will look at stuff ahead of time so when the instructor asks me questions of my patients, I can give them an answer. This is a great goal! I do promise we are not aiming to make you nervous 😊 We are here to help you gain all the knowledge we can give you so you are an awesome nurse! MD

Week 5-7A- An area of strength for me was being able to handle the ostomy change and being able to help in changing the bag and not completely clueless on how to. Great strength! This was a good learning experience. Caring for an ostomy requires knowledge of the system, and the ability to provide education and guidance during a stressful time in the patients life. You remained composed, asked appropriate questions, and were engaged in the education provided by the WOCN nurse. Good job! NS
Week 5 7B- An area of improvement would be how to use the IV machine and setting it up. I felt like I was asking a lot of questions in if I was doing it right or how to do it. In order to improve I can see videos on how the IV machine works and what to press and also look up notes we got of the IV pumps. The more you get your hands on the pump and have more opportunities to program it, the more comfortable you will get. Watching the videos is a great way to refresh yourself! Also, don't hesitate to ask an instructor to work with a pump in an empty room during clinical down time to get more practice. Keep up the hard work! NS

Week 6-7An area of strength for me was being a good listener. She wanted someone to talk to and someone to listen to all she had gone through and let her emotions out.
week 6-7b An area of improvement would be learn more about the knee immobilizer. I didn't know how much time she would have to leave it on and how long it took to heal. I can use skyscape or Lexicomp to look up more of the diagnoses and how long it takes to heal . Great job recognizing an area of need for improvement. Many times, we can refer to the PT/OT team to get an idea of how long their assisted devices will be used. This also depends on the patient's compliance to the therapy sessions as well. Skyscape and Lexicomp are correct resources, but do not hesitate to also refer to the other departments on the patients plan of care as well! SA
Week 6 (7f)- You will find this grade was changed to a "U" as this reflects your responsibility and this includes assignment due dates. 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. Please address this on your next tool. SA
I will make triple check to see I am posting a day before its due so I can check the day it's due that I have submitted it and that way I will not submit it late. This will give me an extra day to make sure everything is turned in and not missed. HS
Week6-7 An area of strength for me this week was being able to notice my patient was uncomfortable and that she did not have a good odor and once I started giving her bag bath, I noticed she had been sitting in dry poop from the day before which could cause a rash or infection to her. Being able to clean her up and her saying she felt comfortable and cleaner and was thankful made me feel like I made a difference to this patient. Great job! That is why a thorough assessment is important. HS
A need for improvement is knowing how to position a patient a certain way to get them cleaned up or changed. I feel like there's certain ways to turn a patient to make it easier to clean and change them. I can ask other nurses or aids to guide me on how to make it easier for me to change a patient and what works for them since they have been there longer. Be sure to identify a specific plan, such as reviewing information in ATI prior to the next clinical. HS

Week 7 (7f)- This competency was changed to a U because you took a personal phone call during clinical while sitting at the computer in the hallway outside the patient room. This behavior does not demonstrate professionalism. Personal phone calls should be taken in non-patient care areas such as the nursing corridor.
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
My phone kept ringing, and I realized it was the school. My daughter had fallen and hit her head they were trying to get ahold of a parent as she was not doing well. I panicked making sure she was okay and did not think of going to the bathroom and the utility room to take it. Next time I will ask to inform my instructor and take the personal call in the utility room or bathroom. SA

Midterm Comment – Yasmin, good job throughout the first half of the medical-surgical nursing semester. It appears that you have had the opportunity to perform various skills, enhance your clinical judgement, provide patient care, and reflect on your experiences. You are satisfactory in most competencies at this point of the semester, awesome work! Continue to seek out opportunities for the competencies presented in objective 3 related to medication administration, specifically IV therapy, regulating an

IV flow rate, and flushing an IV. Also, be sure to notify faculty regarding limited experience with caring for a patient with a foley catheter so that they can seek out opportunities for you. Be sure to seek out opportunities for fingerstick glucose checks as well. The more experience you can get the better! You have satisfactorily completed one of the required care maps for the semester. You also have a "U" in competency 7f, please review this competency and let's turn the next half of the semester around to get this changed to "S." SA

Week 9 An area of strength for me this week was being feeling confident and learning from digestive nurses in doing vitals and how they put IV's for every patient. I was able to see different nurses' techniques in how they start IV'S. DW
An area that needs improvement was not knowing my isolation precautions for all the diseases and had to look some up. In order to fix this I will look at our badge that has the isolation precautions and look at them twice a week until I feel confident in knowing the isolation to diseases. Great! Keep up the good work. DW
Week 9 (7f)- Unfortunately, a U was earned for this competency due to submitting the IC Scavenger Hunt in the wrong format. Directions require that it be typed and it was handwritten. This also resulted to 1 hour of missed clinical time. As we discussed, it was an oversight and nothing to beat yourself up about. Lesson learned. Just don't forget to include a comment in this comment section below, to ensure follow through on improvement and to avoid a future unnecessary U. DW
I completed the written but did not see it needed to be passed over in typing I re read the assignment and misunderstood what I needed to do. I can make sure I message a faculty member when I am not sure of an assignment to get clarity.

Week 10 An area of strength was feeling confident in giving medications and starting IVPB without feeling nervous. An area of improvement would be knowing how to calculate the fluids the patient was taking in and what counted as a fluid intake. I can make sure I document everything that patient is taking in including ice and if I don't know how much he took in ask a nurse or my instructor.

| **Student Name:** Yasmin | | | | **Course Objective:** 6 | | | |
|---|---|---|---|---|---|---|---|
| **Date or Clinical Week:** 3 | | | | | | | |
| | **Criteria** | **3** | **2** | **1** | **0** | **Points Earned** | **Comments** |
| **Noticing** | 1.Identify all abnormal assessment findings (subjective and objective); include specific patient data. | **(lists at least 7*) *provides explanation if < 7** | **(lists 5-6)** | **(lists 5-7 but no specific patient data included)** | **(lists < 5 or gives no explanation)** | 3/3 | You did a nice job with your noticing section. You identified the pertinent assessment findings, lab/diagnostics, and risk factors for your patient. Did your patient have EGD or colonoscopy results that should be included in you diagnostics? 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 | |
| | 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)** | 3/3 | |
| **Interpreting** | 4. List all nursing priorities and highlight the top priority problem. | **> 75% complete** | **50-75% complete** | **< 50% complete** | **0% complete** | 3/3 | You did a nice job listing appropriate nursing priorities for your patient this week. You highlighted your highest nursing priority as "Risk for bleeding" risks tend to be secondary to actually nursing diagnosis, however in this case with your patient having a history of repeat GI hemorrhage this would be a priority for your patient. You highlighted pertinent data in the noticing section. You chose three complications, but only 2 had 3 signs and symptoms. Your anemia complication only had 2 signs and symptoms to look for. Remember each complication needs a minimum of 3 in the future. KA<br><br>You listened to feedback and added an addition sign and symptom to anemia. Bleeding or hemorrhage would cause anemia but not be a sign or symptom. Pale skin or fatigue would be a better sign and symptom. KA |
| | 5. State the goal for the top nursing priority. | **Complete** | | | **Not complete** | 3/3 | |
| | 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** | 3/3 | |
| | 7. Identify all potential complications for the top nursing priority problem. | **(lists at least 3)** | **(lists 2)** | | **(lists < 2)** | 3/3 | |
| | 8. Identify signs and symptoms to monitor for each complication. | **(lists at least 3)** | **(lists 2)** | | **(lists < 2)** | 2/2 | |
| **Responding** | 9. List all nursing interventions relevant to the top nursing priority. | **> 75% complete** | **50-75% complete** | **< 50% complete** | **0% complete** | 2/3 | You did a nice job to ensure all your nursing interventions were prioritized, individualized, realistic, and included rationales. Three of your interventions were not timed with a frequency. Education can be timed on admission, before discharge, daily, or prn. Your |
| | 10. Interventions are prioritized | **> 75% complete** | **50-75% complete** | **< 50% complete** | **0% complete** | 3/3 | |
| | 11. All interventions include a frequency | **> 75% complete** | **50-75% complete** | **< 50% complete** | **0% complete** | 2/3 | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | 12. All interventions are individualized and realistic | **> 75% complete** | **50-75% complete** | **< 50% complete** | **0% complete** | 3/3 | blood administration can be timed as order by healthcare provider for hemoglobin less than 7. You would want to make sure each of your highlighted data in your assessment and lab/diagnostic sections has an associated interventions. You would want to add an assessment intervention for the abdomen and the patient's appetite. All other areas were addressed. KA |

| | 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** | 3/3 | You listened to feedback and gave frequencies to all interventions. You also added a GI assessment to gather the remaining data for your evaluation. Nice job! KA |
| **Reflecting** | 14. List all of the highlighted reassessment findings for the top nursing priority. | **>75% complete** | **50-75% complete** | **<50% complete** | **0% complete** | 1/3 | Remember the reassess all of your highlighted data in your assessment and lab/diagnostic sections. If the finding has not changed, you can state that. Only 3 of 14 highlighted pieces of data was reassessed. You identified you would continue your plan of care. KA<br><br>You did a nice job ensuring all highlighted data was reassessed. Nice job! KA |
| | 15. Evaluation includes one of the following statements:<br>• Continue plan of care<br>• Modify plan of care<br>• Terminate plan of care | **Complete** | | | **Not complete** | 3/3 | |

## Reference

An in-text citation and reference are required.
The care masp will be graded "needs improvement" if missing either the in-text citation or reference, but not both. Your care map did not include an in-text citation. KA/Corrected and care map now includes both a reference and in-text citation. KA
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:** **Yasmin, you received a 40/45 which falls in the satisfactory range, however you did not**

**Total Points:** **40/45** **44/45**

**Faculty/Teaching Assistant Initials:** KA KA

| | |
|---|---|
| **include an in-text citation only a reference which means your care map is needs improvement. Please review the comments above for areas to improve on and resubmit your care map with corrections by next Saturday February 1, 2025 at 2200. If you have any questions please let me know. KA**<br><br>**You did a terrific job listening to the feedback I gave and correcting your care map. Your care map is now satisfactory! Wonderful job! KA** | |

| Student Name: | | | | Course Objective: | | | |
|---|---|---|---|---|---|---|---|
| Date or Clinical Week: | | | | | | | |
| | **Criteria** | **3** | **2** | **1** | **0** | **Points Earned** | **Comments** |
| **Noticing** | 1.Identify all abnormal assessment findings (subjective and objective); include specific patient data. | **(lists at least 7*) *provides explanation if < 7** | **(lists 5-6)** | **(lists 5-7 but no specific patient data included)** | **(lists < 5 or gives no explanation)** | | |
| | 2. Identify all abnormal lab findings/diagnostic tests; include specific patient data. | **(lists at least 3*) *provides explanation if < 3** | | **(lists 3 but no specific patient data included)** | **(lists < 3 or gives no explanation)** | | |
| | 3. Identify all risk factors relevant to the patient. | **(lists at least 5*) *provides explanation if < 5** | **(lists 4)** | **(lists 3)** | **(lists < 3 or gives no explanation)** | | |
| **Interpreting** | 4. List all nursing priorities and highlight the top priority problem. | **> 75% complete** | **50-75% complete** | **< 50% complete** | **0% complete** | | |
| | 5. State the goal for the top nursing priority. | **Complete** | | | **Not complete** | | |
| | 6. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem. | **> 75% complete** | **50-75% complete** | **< 50% complete** | **0% complete** | | |
| | 7. Identify all potential complications for the top nursing priority problem. | **(lists at least 3)** | **(lists 2)** | | **(lists < 2)** | | |
| | 8. Identify signs and symptoms to monitor for each complication. | **(lists at least 3)** | **(lists 2)** | | **(lists < 2)** | | |
| **Responding** | 9. List all nursing interventions relevant to the top nursing priority. | **> 75% complete** | **50-75% complete** | **< 50% complete** | **0% complete** | | |
| | 10. Interventions are prioritized | **> 75% complete** | **50-75% complete** | **< 50% complete** | **0% complete** | | |
| | 11. All interventions include a frequency | **> 75% complete** | **50-75% complete** | **< 50% complete** | **0% complete** | | |
| | 12. All interventions are individualized and realistic | **> 75% complete** | **50-75% complete** | **< 50% complete** | **0% complete** | | |

| **Criteria** | **3** | **2** | **1** | **0** | **Points Earned** | **Comments** |
|---|---|---|---|---|---|---|

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | 13. An appropriate rationale is included for each intervention | **> 75% complete** | **50-75% complete** | **< 50% complete** | **0% complete** | | |
| **Reflecting** | 14. List all of the highlighted reassessment findings for the top nursing priority. | **>75% complete** | **50-75% complete** | **<50% complete** | **0% complete** | | |
| | 15. Evaluation includes one of the following statements:<br>• Continue plan of care<br>• Modify plan of care<br>• 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<br>45-35 points = Satisfactory<br>34-23 points = Needs Improvement*<br>< 23 points = Unsatisfactory*<br>***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.**<br><br>*****Students that are not satisfactory after 2 attempts will be required to meet with course faculty for remediation. *****<br><br>**Faculty/Teaching Assistant Comments:** | **Total Points:**<br><br>**Faculty/Teaching Assistant Initials:** |

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

| Student name: Yasmin Perez | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Skills Lab Competency Evaluation**<br><br>Performance Codes:<br><br>**S**: Satisfactory<br><br>**U**:Unsatisfactory | **Lab Skills** | | | | | | | |
| | **Week 1** | **Week 1** | **Week 1** | **Week 1** | **Week 1** | **Week 2** | **Week 2** | **Week 9** |
| | **Insulin** (2,3,5,7)* | **Assessment** (2,3,4,5,7)* | **IV Math Application** (3,7)* | **Lab Day** (1,2,3,4,5,6,7)* | **IV Skills** (2,3,5,7)* | **Trach** (1,2,3,4,5,6,7)* | **EBP** (3,7)* | **Lab Day** (1,2,3,4,5,6,7)* |
| | **Date:** 1/7/25 | **Date:** 1/7/25 | **Date:** 1/8 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** | **U** | **S** |
| Faculty/Teaching Assistant Initials | SA | SA | SA | SA | SA | SA | SA | DW |
| **Remediation: Date/Evaluation/Initials** | NA | NA | NA | NA | NA | NA | S<br>1/16/25<br>930-1030<br>SA | NA |

*Course Objectives

**Comments:**
Week 1
(Insulin)- You were able to correctly prepare an insulin pen and administer subcutaneous insulin. Insulin requirements were accurately identified and calculated through the corrective scale and carbohydrate coverage orders. MD
(Assessment)- You were able to satisfactorily demonstrate the Basic Head to Toe Assessment during lab. KA/RH
(IV Math)-You satisfactorily participated in the IV Math learning session on 1/7/25 as well as the assigned IV Math practice questions and the IV Math Application lab on 1/8/25. KA/DW/HS/SA
(Lab Day)- You satisfactorily completed the mandatory lab review of nursing foundational skills. This was achieved through simulating care for a patient in a scenario requiring competency in assessment, communication, medication administration (including PO and IM injection), nasogastric tube insertion and removal, patient mobility and hygiene, use of PPE for Contact Isolation, wound care, foley insertion and removal, development of nursing notes, and providing SBAR hand-off report. NS/MD/RH
(IV Skills)- You have satisfactorily completed IV lab including a saline flush, IV push medication administration with reconstitution, priming and hanging a primary and secondary IV solution, adjusting a flow rate to run by gravity, discontinuing IV therapy, and monitoring the IV site for infiltration and signs of complications. SA

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 were initially late to your assigned lab time and were rescheduled for a new time. This resulted in one hour of missed lab time. During your makeup, 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/SA

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

| **Simulation Evaluation**<br><br>Performance Codes:<br><br>**S**: Satisfactory<br><br>**U**: Unsatisfactory | **Student Name: Yasmin Perez** | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | **vSim**- Vincent Brody (Medical-Surgical) (*1, 2, 3, 4, 5, 6) | **vSim**- Juan Carlos (Pharmacology) (*1, 2, 3, 4, 5, 6) | **vSim**- Marilyn Hughes (Medical-Surgical) (*1, 2, 3, 4, 5, 6) | Simulation #1 (Musculoskeletal & Resp) (*1, 2, 3, 4, 5, 6, 7) | Simulation #2 (GI & Endocrine) (*1, 2, 3, 4, 5, 6, 7) | **vSim**- Stan Checketts (Medical-Surgical) (*1, 2, 3, 4, 5, 6) | **vSim**- Harry Hadley (Pharmacology) (*1, 2, 3, 4, 5, 6) | **vSim**- Yoa Li (Pharmacology) (*1, 2, 3, 4, 5, 6) |
| | **Date: 1/27/25** | **Date: 2/10/25** | **Date: 2/24/25** | **Date: 2/26 or 2/27/25** | **Date: 4/9 or 4/10/25** | **Date: 4/14/25** | **Date: 4/24/25** | **Date: 4/25/25** |
| Evaluation | S | S | S | U | | | | |
| Faculty/Teaching Assistant Initials | KA | SA | HS | SA | | | | |
| **Remediation: Date/Evaluation/Initials** | NA | NA | NA | 1/15/25<br>S<br>DW | | | | |

* Course Objectives

**Comments:**

Simulation #1: You are receiving a "U" for Simulation #1 Reflection Journal for failing to meet the required word count. Directions at the top of the reflection journal stated, "Provide in-depth, thorough answers to each of the following questions. Answers should be added directly into this document and must be at least 750 words in length." Please update the reflection journal and resubmit by 3/11/205 1500 for a remediation grade. SA
Sim #1 con't: Your simulation reflection journal #1 was revised and submitted at a satisfactory level. Make up time is completed DW

# Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Collins (M), Perez (A)
GROUP #: 1
SCENARIO: MSN Scenario #1 – Musculoskeletal/Respiratory
OBSERVATION DATE/TIME(S): 2/27/25 1015-1215

| CLINICAL JUDGMENT COMPONENTS | | | | | OBSERVATION NOTES |
|---|---|---|---|---|---|
| **NOTICING: (2) *** | | | | | Asked questions, took all VS, asked pain and rated 10/10. |
| • Focused Observation: | E | A | D | B | Recognized vaccine given in ER. |
| • Recognizing Deviations from Expected Patterns: | E | A | D | B | Assessed legs, asked history and if history of infections. |
| • Information Seeking: | E | A | D | B | Asked status of ice pack. |
| | | | | | Recognized noncompliance and questioned patient, provides education. |
| | | | | | Reassessed pain levels. |
| | | | | | Medication orders viewed, began implementing IV fluids, had pain medication on hand. |
| **INTERPRETING: (1) *** | | | | | Prioritized looking at leg. |
| • Prioritizing Data: | E | A | D | B | Recognized the priority to call provider with findings. |
| • Making Sense of Data: | E | A | D | B | Recognized need to implement interventions (removed pillow, dressing, and ice). |
| | | | | | Did not recognize priority of pain medication. |
| | | | | | Recognized the priority of pain medication and asks med nurse to stop with the current IV fluid administration and administer pain medications with correct rationale. |
| | | | | | Interpreted correct morphine dose. |
| | | | | | Interpreted need for pre-op antibiotics. |
| **RESPONDING: (2,3,4,5,6) *** | | | | | Did not attempt to address conflict resolution with off going nurse report. |
| • Calm, Confident Manner: | E | A | D | B | Introduce self upon entering room. Ask patient name and proper way they would like addressed. |
| • Clear Communication: | E | A | D | B | Remains calm while assessing patient and patient is asking questions. Speaks to patient appropriately. |
| • Well-Planned Intervention/ Flexibility: | E | A | D | B | Call healthcare provider with patient assessment concerns. |
| • Being Skillful: | E | A | D | B | Called surgery to establish time for the patient's surgery. |
| | | | | | Does not display safe handling of syringe and medication waste processes. |

| | |
|---|---|
| | Work together to program IV pump and hang IVF/IV antibiotics.<br>Updated patient on new surgery time.<br>Does not hang IVPB correctly. |
| **REFLECTING: (7) *** <br>• Evaluation/Self-Analysis: E A D B <br>• Commitment to Improvement: E A D B | All of group was cooperative during debriefing. They each recognized areas of improvement in their duties. They stated they felt they all worked great together with communication. All were unsure how to handle the conflicted nurse at hand off. Group did recognize the initial diagnosis of compartment syndrome. Recognized the impact of the patient's noncompliance as a result of current issues. Discusses the medication dosage calculation, determines correct dose and correct dose given. Students asked correct way to waste medication. Do they waste correct amount prior to administration or after. Was determined the student did not waste prior to administration but did give correct dose as verified by assessment nurse. Discussed at length the proper handling and any implications of an error with the incorrect processes. Discussed the prioritization of giving the pain medication versus IV antibiotic first. Students said they thought because the physician ordered IV med now, that was priority but they were trying to discuss it in lab. Discussed how to determine the priority of each. Reminded the importance of readback technique with all new verbal orders provided. All students provided a positive and an improvement area to their lab experience. |
| **SUMMARY COMMENTS: * = Course Objectives**<br>**Satisfactory completion of the simulation scenario is a score of "Developing" or higher in all areas of the rubric.**<br>**E= Exemplary**<br>**A= Accomplished**<br>**D= Developing**<br>**B= Beginning**<br>**Scenario Objectives:**<br>1. Select focused physical assessment priorities based on individual patient needs. (2)*<br>2. Implement appropriate nursing interventions based on patient's assessment. (1,3,6)*<br>3. Communicate appropriately with the patient, family, team members, and healthcare providers incorporating elements of clinical judgment and conflict resolution. (4,7)*<br>4. Provide patient-centered care with consideration to cultural, ethnic, and social diversity. (2,3,6)*<br>5. Provide appropriate patient education based on diagnosis. (5)*<br>* Course Objectives | Lasater Clinical Judgement Rubric Comments:<br>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. Assertively seeks information to plan intervention; carefully collects useful subjective data from observing and interacting with the patient and family<br>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.<br>Responding: Assumes responsibility; delegates team assignments; assesses patients and reassures them and their families. Communicates effectively; explains interventions; calms and reassures patients and families; directs and involves team members, explaining and giving directions; checks for understanding. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. Is hesitant or ineffective in using nursing skills<br>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 |

**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