

EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2025

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Aaron Brummett

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)
1/23/25	7	Clinical/Debriefing	1/30/25 7 hours

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

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

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

UNSATISFACTORY CLINICAL PERFORMANCE

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

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

OTHER

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

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

Date	Care Map Top Nursing Priority	Evaluation & Instructor Initials	Remediation & Instructor Initials	Remediation & Instructor Initials
2/5/25	Impaired Gas Exchange	S KA	NA	NA
2/12-13/2025	Impaired Skin Integrity	Satisfactory/MD	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	NA	S	S							
a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting)			S	S	S	S	NA	NA	S	S							
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			S	S	S	S	NA	NA	S	S							
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			S	S	S	S	NA	NA	S	S							
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			S	S	S	S	NA	NA	S	S							
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	S	S	S	NA	NA	S	S							
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			S	S	S	S	NA	NA	S	S							
g. Assess developmental stages of assigned patients. (Interpreting)			S	S	S	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		5T, 61, and Right quadriceps tare	5T, 61 and Right quadriceps tare; & IC	3T, 49, Acute hypoxic Respiratory failure, SOB	5T, 59, Acute Metabolic Encephalopathy	ECSC	No Clinical		3T, 78, Seizures	5T, 78, right hip osteoarthritis						
Instructors Initials	RH		RH	RH	KA	MD	MD	HS	HS	HS							

**Evaluate these competencies for the offsite clinicals:

DH: 1h

IC: 1a, b, e, h.

ECSC: 1g, h

Comments:

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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

Week 3: (1c, d, e) This week you did a great job of discussing your patient's pathophysiology of their illness/injury as well as discussion of their medications. You were able to correlate why each medication was related to their care. RH

Week 4: (1, a, b, e) This week you continued your discussion about your patient and their pathophysiology of their illness/injury as well as discuss the pathophysiology of a patient who would potentially have C. Diff in your CDG for Infection Control. You were able to relate the symptoms/manifestations of a patient with C. Diff and how it would impact your nursing care. RH

Week 5 – 1a, b, c, e– You did a nice job discussing on clinical your patient's disease process and what nursing was doing to help the patient. You were able to discuss symptoms we were monitoring and managing in your patient as well as pertinent labs for your patient diagnosis. You also set a goal for your patient and were able to discuss your patient's work towards meeting that goal. KA

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

Week 6 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 7 ECSC Clinical Objective 1 G & H: In your CDG you provided, you identified the developmental stages of the seniors at the center and came prepared to perform your activity based on this information. Great job! MD

Week 9 (1a-e)-Great job this week! You were able to identify the pathophysiology for both of your patients this week. You were able to utilize his history and the symptoms he was experiencing in order to make a correlation on the treatment plan. You were also able to review the diagnostics that the patient had and able to discuss how they correlated with the patient's history. Nice job incorporating the information this week from lecture regarding seizures and identifying specific precautions for your patient and his risk of having additional seizures. 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:			S	S	S	S	NA	NA	S	S							
a. Perform inspection, palpation, percussion, and auscultation in the physical assessment of assigned patient. (Noticing)			S	S	S	S	NA	NA	S	S							
b. Conduct a fall assessment and implement appropriate precautions. (Noticing)			S	S	S	S	NA	NA	S	S							
c. Conduct a skin assessment and implement appropriate precautions and care. (Noticing)			S	S	S	S	NA	NA	S	S							
d. Communicate physical assessment. (Responding)			S	S	S	S	NA	NA	S	S							
e. Analyze appropriate assessment skills for the patient's disease process. (Interpreting)			S	S	S	S	NA	NA	S	S							
f. Demonstrate skill in accessing electronic information and documenting patient care. (Responding)	S		S	S	S	S	NA	NA	S	S							
	RH		RH	RH	KA	MD	MD	HS	HS	HS							

**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 assess a developing wound that was forming from the patient's brace. You did wound care and put a protective dressing on the wound to prevent further skin breakdown. You were able to communicate any abnormalities in your assessment to myself and the nurse caring for the patient. You charted all your findings in the EHR appropriately. RH

Week 4: (2a-f) You were able to perform a full head to toe assessment on your patient this week as well as a fall/safety assessment and skin assessment. You were able to compare these assessments to last week's findings as well. You were able to access the EHR and document all findings appropriately while on clinical. For the Infection Control clinical, you were able to access the EHR and ensure infection control documentation was done correctly. RH

Week 5 – 2a, d – You did a nice job thoroughly assessing your patient and notifying your nurse of any pertinent information. Great job on day one focusing on the neuro assessment based on your patients diagnosis and history of seizures. You were able to identify the focused assessment needing to be completed for your patient related to their diagnosis and monitored abnormal assessment findings. KA

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

Week 6 Rehab Clinical Objective 2 A, D, & F: While you were on clinical you performed a satisfactory physical assessment, communicated abnormal assessments to myself and to the primary nurse, and you were able to satisfactorily document all information to Meditech documentation. MD

Week 9 (2a-f)- 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 your team leader and your primary nurse. You were also able to discuss your focused assessment and the reasoning behind your decision of focus on both clinical days with patients that had very different diagnoses. 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:	S		S	S	S	S	S	NA	S	S							
a. Perform standard precautions. (Responding)	S		S	S	S	S	NA	NA	S	S							
b. Demonstrate nursing measures skillfully and safely. (Responding)			S	S	S	S	NA	NA	S	S							
c. Demonstrate promptness and ability to organize nursing care effectively. (Responding)			S	S	S	S	NA	NA	S	S							
d. Appropriately prioritizes nursing care. (Responding)			S	S	S	S	NA	NA	S	S							
e. Recognize the need for assistance. (Reflecting)			S	S	S	S	NA	NA	S	S							
f. Apply the principles of asepsis where indicated. (Responding)	S		S	S	S	S	NA	NA	S	S							
g. Demonstrate appropriate skill with Foley catheter insertion, maintenance, & removal (Responding)			NA	NA	NA	NA	NA	NA	NA	NA							
h. Implement DVT prophylaxis (early ambulation, SCDs, ted hose, administer enoxaparin or heparin) based on assessment and physicians' orders (Responding)			S	NA	S	S	NA	NA	S	S							
i. Identify the role of evidence in determining best nursing practice. (Interpreting)	S		S	S	S	S	NA	NA	S	S							
j. Identify recommendations for change through team collaboration. (Reflecting)			S	S	S	S	S	NA	S	S							
	RH		RH	RH	KA	MD	MD	HS	HS	HS							

**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 clinical. You were able to care for your patient while assisting the various therapy they were involved with. You did great working around and with the therapy staff this week! RH

Week 4: (3a, d, f, i) While on 5T, you used proper hand hygiene and precautions. On 5T you were able to prioritize your time and get all your assessments done in a timely manner while also working around the therapy schedule for the day. During your infection control clinical, you were able to observe others use correct hand hygiene and document your findings. Also, during your infection control clinical, you were able to appropriately apply principles of asepsis, or monitor other's correct use of asepsis, while observing them. You were able to identify the use of evidence-based nursing while answering your CDG questions for this clinical as well. RH

Week 5 – 3b – You did a great job managing your patient O2 which was being administered via nasal canula. You made sure to complete a focused respiratory assessment and vital sign assessment to ensure for effectiveness of the therapy. You also worked with the nurse to titrate the patient's oxygen to ensure the pulse ox was maintained at the prescribed levels. Nice job! KA

Week 6 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 7 ECSC Clinical Objective 3 A & J: During this clinical experience, you made sure to use standard precautions with the seniors. You also identified the areas of improvement for your activity and provided recommendations for improving the activity. Great job! MD

Week 9 (3 c, d)- You were able to prioritize your care for the day and adjust when necessary based on changes that occurred during the day. You were available to help others when needed. On day two you had to plan accordingly to complete your care first thing in the morning based on your patient insisting that he would be going home. You were able to prioritize and keep the primary nurse informed throughout the shift. You were able to find other things to use your time wisely after your patient was discharged home on the second day. 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:			S	NA	S	S	NA	NA	S	S							
k. Administer PO, SQ, IM, or ID medications observing the rights of medication administration. (Responding)			S	NA	S	S	NA	NA	S	S							
l. Ensure patient safety through proper use of EHR, IV flow sheet, and BMV. (Responding)			S	NA	S	S	NA	NA	S	S							
m. Calculate medication doses accurately. (Responding)			S	NA	S	S	NA	NA	S	S							
n. Administer IV therapy, piggybacks, IV push, and/or adding solution to a continuous infusion line. (Responding)			NA	NA	S	NA	NA	NA	S	NA	NA						
o. Regulate IV flow rate. (Responding)	S		NA	NA	NA	NA	NA	NA	S	NA	NA						
p. Flush saline lock. (Responding)			NA	NA	S	NA	NA	NA	S	NA	NA						
q. Monitor and/or discontinue an IV. (Noticing/Responding)			NA	NA	NA	NA	NA	NA	S	S	NA						
r. Perform FSBS with appropriate interventions. (Responding)	S		NA	NA	NA	S	NA	NA	S	NA	NA						
	RH		RH	RH	KA	MD	MD	HS	HS	HS							

**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 your 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 topical, PO, and SQ medications this week. RH

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

Week 5 – 3n – You had the opportunity to practice reconstituting a medication and drawing up it up from a vial and administering the medication slow IV push to your patient. You had the opportunity to practice drawing up medication from a vial and administering 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 5 – 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 5 – 3q – You did a nice job monitoring your patient’s IV site this week and documenting your assessment in the EMR. Great job! KA

Week 6 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. With this medication administration, you were able to administer insulin for the first time very proficiently. Awesome medication pass! MD

Week 9 (3k, l, m, p)- You did a nice job with medication administration this week! You were able to administer oral medications during the medication pass, and a subcutaneous injection. 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:			S	S	S	S	S	NA	S	S							
a. Integrate professionally appropriate and therapeutic communication skills in interactions with patients, families, and significant others. (Responding)			S	S	S	S	S	NA	S	S							
b. Communicate professionally and collaboratively with members of the healthcare team using hand-off communication techniques. (SBAR) (Responding)			S	S	S	S	S	NA	S	S							
c. Report promptly and accurately any change in the status of the patient. (Responding)			S	S	S	S	NA	NA	S	NI	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	S	S	NA	S	S							
f. Obtain report, from previous care giver, at the beginning of the clinical day. (Noticing)			S	S	S	S	NA	NA	S	S							
g. Provide a clear, organized hand-off report to your patient's next provider of care. (Responding)			S	S	S	S	NA	NA	S	S							
			RH	RH	KA	MD	MD	HS	HS	HS							

**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 able to provide 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 4: (4b, d, e, g) You did a good job professionally communicating with the nurses and staff on 5T this week. You were able to provide a detailed SBAR report during debriefing this week as well. You posted appropriately in the infection control discussion group in regards to a patient with C. Diff. RH

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

Week 5 – 4e – Aaron, you did a nice job choosing an appropriate EBP article and responding thoroughly to all the CDG questions this week. You made an initial post to the questions and responded to your classmate and added to the conversation on their article. You made sure to include an-text citation and reference in both of your posts. Be mindful of your word count. You just barely made it over 100 words in your reply to your classmate if you remove your reference. You do not want to receive a U in the future in this competency related to not meeting minimum word count. Overall nice job and keep up the good work! KA

Week 6 Rehab Clinical Objective 4 E: For clinical this week you provided a CDG that was satisfactory per the CDG rubric. In this CDG, you provided information on the medications being administered that was interesting and detailed about your patient. The reference and in-text citation you provided were satisfactorily completed. One thing to take note of, when using an in-text citation for multiple authors as you did in your initial post the sentence would look like this: “According to Deglin et al. (2024) ... Please see me if you have further questions! MD

Week 7 ECSC Clinical Objective 4 A, B, D, & E: You utilized professionally appropriate and therapeutic communication skills with your peers and the seniors while maintaining confidentiality of patient and medical information. Great job! MD

Week 7 ECSC Clinical Objective 4 E: This week you provided a satisfactory CDG! You did a great job identifying the balloon badminton activity, how you educated the seniors, and what could be improved with your activity. You also provided satisfactory reference and in-text citations. Great job! MD

Week 9: Objective 4c: I am giving myself an NI this week in my clinical experience due to not reporting the status of my patients’ pain being rated a 10/10. I gave a thorough pain assessment and even charted everything correctly on the pain assessment but did not act upon my patient being in pain. He told me that nothing helps the pain, and nothing will ever help so that made me not follow through with still trying my best to help. I should have at least let the nurse in charge of the patient know that he was rating himself even at times 80/10 pain. I appreciate you acknowledging this. You did the correct steps, however yes in the future be sure to document all details related to the pain including if the patient states he does not wish to be given any pain medication. Then passing that information onto the primary nurse so that she is aware that it has been addressed and nothing further needs to be done at that time. HS

Week 9 (4e)- Nice job on your CDG this week! You were able to identify 4 SDOH that were specific to your patient, which included safety, education, physical activity and disabilities you also did a nice job discussing how each one was pertinent to your patient. You successfully met all of the requirements on the rubric for your initial posting and the response to your peer. You also provided an in-text citation and a reference for the initial and peer response. Nice job! HS

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	S	S	S	NA	NA	S	S							
a. Describe a teaching need of your patient.** (Reflecting)																	
b. Utilize appropriate terminology and resources (Lexicomp, UpToDate, Dynamic Health, Skyscape) when providing patient education. (Responding)			NI	S	S	S	NA	NA	S	S							
			RH	RH	KA	MD	MD	HS	HS	HS							

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

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

Comments:

Week 3 5a. A teaching need for my patient is ambulating his legs once they have fully healed, so he can rebuild those muscles around the surgery site. My patient was on 5T and working closely with PT and OT with hopes of going home soon. The healthcare workers with PT had advised him that he might be staying longer due to his progress and didn't feel safe with his mobility at home. **This is a great teaching need for your patient! RH**

Week 3 5b. I did not print off any sheets of instructions of education for my patient during my clinical experience. If I were to provide my patient with an education sheet it would be over the importance of early ambulation to rebuild muscles. Next time in the clinical setting I will print off a sheet of education relating to my patient and ensure they understand these instructions via teach back method. **Sometimes if information is found on skyscape it is not able to be printed, but there are a lot of resources on the intranet that are able to be printed. RH**

Week 4 5a. I had the same patient this week and he has made amazing progress with his therapies and education so far. Before in week three he couldn't walk down the hall, only about 4-5 steps before getting tired. Now, he is walking almost 50 steps down the hall and learning along the way. My patient told me that my advice and education provided from the week before has motivated him and kept him on track. So, this week I focused more on education and the importance of building his quadricep muscles back and the surrounding muscles to help improve mobility. **I am so glad you were able to build on your education from last week to continue helping your patient on his healing journey. RH**

Week 4 5b. This week I showed my patient some videos online (or where to look) that related to his limited mobility and how he could be improving on his own. Just showing him that the progress can also be earned in his room when he is not with PT and OT. **What specific sites did you point him towards? RH**

Week 5 5a. This week a teaching that my instructor and I discovered while in the patient's room was proper maintenance and cleaning of an inhaler for a patient with COPD.

Week 5 5b. This week I used Firelands "uptodate" search to find current and correct information on how to properly clean his inhaler. I printed out a packet of education related to his concerns he brought up to our attention. **This was such a great catch on a gap in education your patient had. I am glad you were able to provide him with education to help him address this so he can properly care for him inhaler at home. KA**

Week 6 5a. This week a teaching that my patient needs to brush up on would be the importance of keeping up with his insulin and making sure he doesn't go down this path again (becoming septic and losing an extremity). **This is so true! MD**

Week 6 5b. When using the Firelands "uptodate" I found many resources that related to my patient that could potentially help with his lifelong maintenance of type 2 diabetes. When I brought this information to him and asked if he wanted any information, that was helpful, he respectfully declined my offer. Which is okay since I know he is going through a lot in the hospital, and I understood why he wouldn't want any print outs of information. Next time I will most likely just print off the sheets of paper with the information and have them ready for the patient. **This is a great resource! I always have my information printed and let them know that the information is there for them to review on their own time or with myself when they are ready. Sometimes they do want to go over it and sometimes they do not. Great job! MD**

Week 9 5a. A teaching that I would provide my patient during this week's clinical experience would be to question the changes of any medications that he would receive. He ended up having a seizure due to not taking his medications that he usually receives in the mail because of a color change of his pills. This could have prevented his entire stay at the hospital and prevented further neurological damages he could have received after his seizure. **Yes, medication education is very important. HS**

Week 9 5b. When providing patient education, I wish I would have known about these programs sooner, so I could have told him. The information would have got him linked in a program that has a pharmacist go over any medication changes and checks regularly with patients about any concerns or questions to help mitigate confusion. I discovered these programs after doing research for my CDG over this week's clinical experience. **Be sure to list what you specifically utilized when educating the patient on the importance of his seizure medications. Did you utilize skyscape? Or did you have the pharmacist come in the patient's room while he was at the hospital? HS**

Week 10 5a. A teaching that I provided for my patient during this week's clinical experience was that her recovery was going to take time and not to worry about rushing the healing process. I could see at times when working with physical therapy and occupational therapy she was overwhelmed by her thoughts of not being able to do some of the tasks given to her. Although she completed all the major tasks which made her feel confident on returning home, I could tell she still had some doubts.

Week 10 5b. After seeing those doubts, I wanted to help her with building some more confidence on her healing process. I looked up on "Skyscape" under osteoarthritis with a hip replacement after care and provided teachings on resting every hour, spacing her work out over several days, and to get at least 8 hours of sleep every night. This would help with her healing process which would lead to less pain overtime and getting back to her life she had once before.

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

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

Comments:

See Care Map Grading Rubrics below.

Week 3 6b. Some factors associated with the Social Determinants of Health for my patient that influences his health is his living situation. He was admitted into the hospital due to a quadriceps tare on his right leg. He said due to his stairs at home and when using his walker in the home the hallways are too narrow and that is what caused him to tare his leg. The competency related to this issue could be Neighborhood and built environment and or Economic Stability. **Good observations. Does your patient have somewhere else he could go to recover while using the walker since his home is not built for that type of accommodation? Or does he have family that can assist him to prevent further injury? RH**

Week 4 6b. Since having the same patient this week, the same social determinants of health remain the same for my patient. His plan is to go into a nursing home facility to continue his PT and OT to continue to improve his mobility before being sent home. He has family that is willing to help around the house, but my patient is a heavier set guy, and it is difficult to help move around. But, with the right education and techniques provided he said that he would feel more confident at home. **I am glad he had decided against going home as he was going to struggle with no support living with him during this time. RH**

Week 5 6b. Some factors associated with the Social Determinants of Health for my patient that influences his health is his employment. My patient was admitted to the hospital with SOB and acute hypoxic respiratory failure with COPD. His job that he has is a high demand construction job that sometimes deals with irritants in the air which plays a role in his breathing. The competency related to this issue is Economic Stability. **Great job identifying that he may be being exposed to irritants and chemicals during his job that could affect his ability to manage his chronic health condition. KA**

Week 5 – 6a – You satisfactorily completed your care map on your patient this week. Please see comments on the rubric at the end of the tool for details. KA

Week 6 6b. Some factors associated with the social determinants of health that influence my patient are Neighborhood and built environment and social and community context. My patient lives alone and thankfully he has a daughter that checks in on him often to ensure he is doing well. This time around she did a wellness check on him and realized he had gone septic in a cut on his foot from not being able to feel it due to his type 2 diabetes diagnosis. The environment in his house must have not been stable due to cutting his foot onto something in the first place. **This is absolutely true and so important!!! MD**

Week 6 Rehab Clinical Objective 6 A: This week you were able to develop a satisfactory care map based on impaired skin integrity. Please see rubric for additional comments! MD

Week 9 6b. Some factors associated with the social determinants of health that influence my patient are education, safety, and physical activity. My patient was lacking the proper education on his pills color changing which ultimately led to him having a seizure. With all the neurological deficits this patient has gone up against this negatively impacted his physical activity abilities and his safety. He has had history of seizures and strokes due to having a brain abscess that was removed with a craniotomy. **Your patient had several factors impacting his health. Great job in identifying key SDOH factors. HS**

Week 10 6b. Some factors associated with the social determinants of health that influence my patient are safety, physical activity and social and community context. My patient falls under the safety SDOH because of her risk of falls and the challenges she faces after the fall she had experienced. Not only did she experience a physical trauma when she had fallen but also now has expressed possible emotional / mental trauma from the fall. She had expressed in therapy she does not like to do certain movements because of the fear of falling forward. Another SDOH that I had noticed with my patient this week was her fear of going back home and not having a community or a social environment. Many times, when working with therapies she claimed she was enjoying her stay at the hospital and even talked about how nice it was to get nice warm meal prepared for her throughout the day.

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							
	RH		RH	RH	KA	MD	MD	HS	HS	HS							

**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: One area I noticed that I felt was a strength for myself when going through these labs was all the math. I never understood math like this before and I completely understand all math related questions when referring IV's. **This is great! RH**

7b: One area of improvement that I noticed with my skills came with the manual drip rate when calibrating it with a clock or hand watch. Next time we are hands on with the IV pumps I plan on practicing three more times to get the drip rate calibrating mechanism down, in the event I will ever use this skill in the hospital. **If you ever want more practice, let a faculty/teaching assistant/staff member know and we can open the skills lab. We leave a set of tubing and IV fluids on it throughout the semester for practice purposes. RH**

Week 3

7a: One area I noticed in my clinical experience this week that I felt I did very well at was my time management. On the Rehab floor everything moves a lot quicker due to their strict schedule with food intake and consults with PT and OT. I was able to administer almost all medications and look them all up, get my patient cleaned up for PT and OT, and perform my head-to-toe assessment and vitals all before 9:00am. **Your time management this week was great! I know it can feel like a lot and like you are rushed, but you never conveyed that to your patient and you always seemed calm and collected in all interactions. RH**

7b: One area of improvement that I could see in myself after this week's clinical on 5T would be getting more confident with using gait belts. I would like to know the ins and outs for what to do in every scenario for a patient with a gait belt. My plan to become more equipped for these scenarios are to jump at every opportunity in the clinical setting to help patients to the bathroom or wherever they need to go. **Using specific equipment that we are not used to can be difficult. Great idea to jump into every opportunity that presents itself to you to become more familiar and confident. RH**

Week 4

7a: One area I noticed in my clinical experience this week that I did very well in was building a strong relationship with my patient. Since this was my second time working with him, he was trusting of everything I was doing / saying. I made sure that I gave him his respected space when he was resting after his PT and OT sessions but also making sure he had everything that was needed. This included getting him more drinks and even trying to solve his laundry situation for him even if his clothes were already cleaned. **Great job building off the previous week. RH**

7b: One area of improvement that I noticed that I am going to start working on is staying busy. I know that my patient was all taken care of, but this goes with working with patients that are not mine. I feel like sometimes I find comfort in knowing my patient and only wanting to stay around for him to need me, but I know I could be helping others with call lights more frequently. I noticed this about halfway through my clinical experience and started to do laps looking for call lights to answer. This will help me become a better nurse at working with patients for any need that is desired. Next clinical experience I plan on answering up to 5 call lights that are not my patient to help my fellow healthcare workers if I have the time to do so. **This is a great goal and one that the nurses and your peers will be grateful for! RH**

Week 5

7a: One area I noticed this week in my clinical experience on 3T that was a strength to me was being more confident with med pass. My patient even told me that I did a good job when explaining and passing the meds to him. He even questioned one of the meds since it was new to him that morning and I answered him confidently on what the medication was. **You did a great job administering your medication this week. You also had the opportunity to administer the IV form of one of your patient's medication to a different patient. I thought you did a nice job administering the IV push even though it was your first time. KA**

7b: One area that I noticed that I could do better at is anything IV related. I felt like I was nervous on pushing and flushing the IV medication this week even though I was told I did good. I hope I get more experiences throughout the semester to practice this skill set. Next clinical I plan to ask my instructor and nurse I am working alongside with if they have any IV medication that I could help deliver. This is how I will get better at this skill set, in the clinical field. **I agree practice will help you perfect this skill and increase your confidence. You did do well, but I agree that your confidence was not at the level it was at with administering the other medications to your patient. Positive self-talk before completing IV skills can also help. You got this! KA**

Week 6

7a: A strength this week in my clinical experience was my confidence in getting a FSBS after running through the motions one time with my instructor. The second time I got to do this skill I was very confident and completely it safely and in a timely manner. **You did an awesome job with this skill! MD**

7b: One area of improvement that I noticed within myself during this week's clinical experience was trying to be better for my patient. What I mean by this is seeing that my patient wasn't in the best mood most of the time and at times he was even mean towards the staff. Seeing this I should have shown more compassion in the moment instead of feeling like I was just going through the motions to get out of the room again. Next time I am faced with a patient that doesn't have the best attitude I will make sure I try some more therapeutic approaches to certain situations. This is my plan to improve this area of concern, the methods I will use will be sitting next to the patient and speaking directly at them. I noticed that there were two different people that worked with my patient in therapies, and one of them used more of a therapeutic approach, and he had got way more progress due to that. **This is a really good goal! I will tell you though this will take some time to get used to. It does get easier the more you are with patients and the more practice you have. It took me a long time to be able to not feel so task oriented when I was new to the bedside because I was still trying to get my time management, organization, and routine down. Do not be discouraged if this takes more time then you think it should. It will happen I promise. MD**

Week 7

7a: A strength I noticed this week at the senior center was communicating well with the seniors and joking around with them and treating them all with respect. Being on their level and sitting with them and talking with them helped break down barriers during our activity once everyone started to play. **This is wonderful! MD**

7b: An area of improvement in myself I saw during this week's clinical experience would be to try and engage with everyone, at times I saw myself interacting with just one table but maybe instead getting everyone involved. Next time I am faced with an opportunity with working with groups of people I will include everyone and not let that area of comfortability get in the way. **This is a really good idea! Keep working toward this! You will always be working with groups of people! MD**

Midterm- Aaron, 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 both of your care maps satisfactorily, great job! You are satisfactory in 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. Seek out opportunities involving care of a Foley catheter whether it is inserting, maintaining or removal. Keep up the hard work through the last half of the semester! **HS**

Week 9

7a: A strength I noticed this week in my clinical experience was my confidence in giving DVT prevention shots. I felt confident throughout the whole step by step process, and my patient said he didn't feel a thing and was smiling after I gave the shot. **Great job! HS**

7b: An area of improvement that I saw in myself this week was I need to start responding to my patients changes better. The patient rated themselves on a scale of 10/10 pain and even though he was telling me nothing helps it I should have gone further and tried some helpful tips and or medication for the patient. Another route since I wasn't doing the medication that day for the patient was to at least communicate it to my instructor or the nurse in charge of the patient. My plan for improving this area is by next week when in clinical I will make sure to respond and act on any needs or abnormal assessment findings and report them to my nursing instructor to get the feel for

having a better communication pattern. Always consider what interventions are necessary based on the abnormal assessment findings identified for the patient. Each patient situation will be unique. HS

Week 10

7a. A strength I noticed in myself this week was responding with my patients' needs and abnormal findings on my assessment and letting the people know around me and acting upon those findings. My patient started to swell in her right lower extremity a bit more after therapy in the morning and I was concerned that it was getting worse. I asked her what she has been doing for the edema, and she had told me that she has been having the nurse put on TED hose whenever they flare up. I proceeded with putting on the TED hose and making sure she was comfortable and then letting the nurse in charge of the patient know everything that was going on. I made sure to let my instructor and team lead know as well that I had taken care of this need for the patient to ensure safety all around.

7b. An area of improvement I saw in myself during this week's clinical experience was that I need to be more confident when passing medications. I feel like I rely on a lot on my notes and not using the MAR more often when answering questions. I like to use my notes since that's the way I interpret the medication, but I know that I just must trust myself a bit more with the knowledge I have. Next week when passing medication, I am going to use the MAR when answering questions and trust myself more and be confident in giving medications. This will allow me to speed up my medication passing abilities as I grow as a nurse.

Student Name: Aaron Brummett				Course 6			
Date or Clinical Week: 5				Objective:			
Criteria		3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)	3	You did a nice job identifying all of your patient's abnormal assessment findings, lab/diagnostics, and risk factors. KA
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)	3	
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	You did a nice job listing all nursing priorities and highlighting the highest nursing priority. You listed an appropriate goal for your patient's highlighted nursing priority. You highlighted all pertinent data in the noticing section for your chosen nursing priority. You did a nice job identifying three complications. However when listing signs and symptoms make sure they are signs and symptoms the nurse can assess for versus other medical diagnoses. One of the 3 complications had signs and symptoms the nurse could assess for. All other areas in this section met satisfactorily. KA
	5. State the goal for the top nursing priority.	Complete			Not complete	3	
	6. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	7. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	3	
	8. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	1	
Responding	9. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	You did a nice job listing all nursing interventions and making sure they were prioritized, included frequencies, were individualized, realistic, and included rationale. For your lab/diagnostic intervention you would want to consider changing the wording to monitoring versus assessing. KA
	10. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	11. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	12. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	

Criteria	3	2	1	0	Points Earned	Comments
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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	3	You did a nice job reassessing all highlighted data from the noticing section. You stated you would continue plan of care. You may want to consider discontinuing the plan of care since your patient was being discharged. KA
	15. Evaluation includes one of the following statements: - Continue plan of care - Modify plan of care - Terminate plan of care	Complete			Not complete	3	

Reference

An in-text citation and reference are required.

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

The care map will be graded “unsatisfactory” if both in-text citation and reference are not included.

Total Possible Points= 45 points

45-35 points = Satisfactory

34-23 points = Needs Improvement*

< 23 points = Unsatisfactory*

***Total points adding up to less than or equal to 34 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.**

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

Faculty/Teaching Assistant Comments: You did a nice job satisfactorily completing your first care map this semester. See comments above for areas to address in the future when writing your next care map. KA

Total Points: 43/45

Faculty/Teaching Assistant Initials: KA

Student Name: Aaron Brummett				Course Objective: 6			
Date or Clinical Week: 2/12-13/2025							
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. MD
	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	All criteria met. MD
	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	2	9. You had a good start to an intervention list, however, I was able to come up with at least 6 more interventions that I felt should have been included. This included interventions such as including gabapentin and insulin administrations, moving and repositioning the patient frequently, educating on wound care, medication compliance, and complication preventions. MD 10. When reviewing your interventions, they seemed to not be in priority order. Make sure when reviewing the interventions, you place them in an order that goes from highest do now priority to can wait until later priority. MD
	10. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	2	
	11. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	12. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	

Criteria		3	2	1	0	Points Earned	Comments
	13. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	All criteria met. MD
	15. Evaluation includes one of the following statements: - Continue plan of care - Modify plan of care - Terminate plan of care	Complete			Not complete	3	
Reference An in-text citation and reference are required. The care map will be graded “needs improvement” if missing either the in-text citation or reference, but not both. The care map will be graded “unsatisfactory” if both in-text citation and reference are not included.							
Total Possible Points= 45 points 45-35 points = Satisfactory 34-23 points = Needs Improvement* < 23 points = Unsatisfactory* *Total points adding up to less than or equal to 34 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines. ***Students that are not satisfactory after 2 attempts will be required to meet with course faculty for remediation. *** Faculty/Teaching Assistant Comments:						Total Points: 43/45 Satisfactory MD	
						Faculty/Teaching Assistant Initials: MD	

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

Student name: Aaron Brummett								
Skills Lab Competency Evaluation	Lab Skills							
	Week 1	Week 1	Week 1	Week 1	Week 1	Week 2	Week 2	Week 9
	Insulin (2,3,5,7)*	Assessment (2,3,4,5,7)*	IV Math Application (3,7)*	Lab Day (1,2,3,4,5,6,7)*	IV Skills (2,3,5,7)*	Trach (1,2,3,4,5,6,7)*	EBP (3,7)*	Lab Day (1,2,3,4,5,6,7)*
	Date: 1/7/25	Date: 1/7/25	Date: 1/8 or 1/9/25	Date: 1/8 or 1/9/25	Date: 1/10/25	Date: 1/15 or 1/16/25	Date: 1/15 or 1/16/25	Date: 3/10 or 3/11/25
Evaluation:	S	S	S	S	S	S	S	
Faculty/Teaching Assistant Initials	RH	RH	RH	RH	RH	RH	RH	
Remediation: Date/Evaluation/Initials	N/A	N/A	N/A	N/A	N/A	N/A	N/A	

*Course Objectives

Comments:

Week 1

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

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

(IV Math)-You satisfactorily participated in the IV Math learning session on 1/7/25 as well as the assigned IV Math practice questions and the IV Math Application lab on 1/9/25. KA/DW/HS/SA

(Lab Day)- You satisfactorily completed the mandatory lab review of nursing foundational skills. This was achieved through simulating care for a patient in a scenario requiring competency in assessment, communication, medication administration (including PO and IM injection), nasogastric tube insertion and removal, patient mobility and hygiene, use of PPE for Contact Isolation, wound care, foley insertion and removal, development of nursing notes, and providing SBAR hand-off report. NS/MD/RH

(IV Skills)- You have satisfactorily completed IV lab including a saline flush, IV push medication administration with reconstitution, priming and hanging a primary and secondary IV solution, adjusting a flow rate to run by gravity, discontinuing IV therapy, and monitoring the IV site for infiltration and signs of complications. RH

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> Performance Codes: S: Satisfactory U: Unsatisfactory	Student Name:							
	vSim- Vincent Brody (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	vSim- Juan Carlos (Pharmacology) (*1, 2, 3, 4, 5, 6)	vSim- Marilyn Hughes (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	Simulation #1 (Musculoskeletal & Resp) (*1, 2, 3, 4, 5, 6, 7)	Simulation #2 (GI & Endocrine) (*1, 2, 3, 4, 5, 6, 7)	vSim- Stan Checketts (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	vSim- Harry Hadley (Pharmacology) (*1, 2, 3, 4, 5, 6)	vSim- Yoa Li (Pharmacology) (*1, 2, 3, 4, 5, 6)
	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	S				
Faculty/Teaching Assistant Initials	RH	KA	MD	HS				
Remediation: Date/Evaluation/Initials	N/A	NA	NA	NA				

* Course Objectives

Comments:

Simulation #1- Please review the comments placed on the Simulation scoring sheet below. In addition, review the individual faculty feedback placed within the Simulation #1 Prebrief and Reflection Journal dropboxes. HS

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Aaron Brummett (A) Marilyn Miller (M)

GROUP #: 2

SCENARIO: MSN Scenario #1 – Musculoskeletal/Respiratory

OBSERVATION DATE/TIME(S): 2/27/2025 0800-1000

CLINICAL JUDGMENT COMPONENTS	OBSERVATION NOTES
NOTICING: (2) * • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B	<u>Focused Observation</u> Used proper pronouns Focused on obtaining VS (temp, Bp, Spo2, HR, RR) Focused on pain assessment on left leg 2/10, and right leg 6/10 Focused on right leg Focused on removing socks from both feet to further assess Pain started right leg started yesterday, anything to improve or make it worse Assessed bilateral cap refill, pedal pulses, movement Non-pitting edema right lower leg Focused on assessing lung sounds after patient began complaining of chest pain <u>Recognizing</u> Recognized patient not taking home dose of coumadin Recognized elevated BP Recognized right leg red, pain radiating up calf Recognized patient complaining of chest pain and shortness of breath Recognized low SPO2 Notices patient non-compliance with SCD's <u>Information Seeking</u> Sought information related to patients' pain Assessed patient allergies Sought information related to home medications for HTN
INTERPRETING: (1) *	<u>Prioritizing Data</u>

• Prioritizing Data: E A D B • Making Sense of Data: E A D B	- Prioritizes focused assessment on right lower leg, then assesses left leg - Prioritized respiratory assessment - Prioritized education based on patient refusing SCD's - Prioritizes calling provider for patient reporting right leg pain and chest pain and shortness of breath - Prioritizes giving morphine for pain - Prioritized calling provider and informing of lab results and CT report - Prioritizes giving enoxaparin <u>Making Sense</u> - Recognizes DVT and PE - Recognizes shortness of breath and chest pain - Made sense of possible DVT and PE complications
RESPONDING: (2,3,4,5,6) * • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B	<u>Communication</u> - Communicated with patient regarding importance of SCD's - Called provider missing parts of SBAR (patient name and all background) to inform of leg pain and chest pain, coughing and shortness of breath - Did not read back orders to confirm with provider regarding lab orders - Informed patient on plan of care - Called provider in regards to home medications did not prioritize test results - Educated pt. on prevention of blood clots <u>Intervention/Skillful</u> - Applied O2 for low SPO2 - Reassessed chest pain after applying oxygen - Readback orders on enoxaparin to provider - Called lab to notify of STAT labs ordered - Called radiology to notify of STAT CT order - Medication nurse only assessed allergies not patient name or DOB - Incorrect needle size for IM injection - Correct dose of IM morphine administered - Correct needle safety for IM and SQ - Did not confirm route for enoxaparin with provider prior to administering

	Correct dose of enoxaparin given
REFLECTING: (7) * - Evaluation/Self-Analysis: E A D B - Commitment to Improvement: E A D B	A nice discussion occurred regarding the scenario. The group was able to independently evaluate and analyze personal clinical performance. They were able to demonstrate commitment to ongoing improvement, and discuss strengths and weaknesses. Students were able to summarize the scenario and the fact that the patient had a postoperative complication resulting in a DVT then a PE. They were able to state how they organized their interventions and the plan of care. The students were able to review the correct size needle to be used for an IM injection. They were able to discuss the things that went well during the scenario as well as areas to improve upon into the future.
SUMMARY COMMENTS: * = Course Objectives Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric. E= Exemplary A= Accomplished D= Developing B= Beginning Scenario Objectives: - Select focused physical assessment priorities based on individual patient needs. (2)* - Implement appropriate nursing interventions based on patient’s assessment. (1,3,6)* - Communicate appropriately with the patient, family, team members, and healthcare providers incorporating elements of clinical judgment and conflict resolution. (4,7)* - Provide patient-centered care with consideration to cultural, ethnic, and social diversity. (2,3,6)* - Provide appropriate patient education based on diagnosis. (5)* * Course Objectives	Lasater Clinical Judgement Rubric Comments: Noticing: Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful 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. Interpreting: Focuses on the most relevant and important data useful for explaining the patient’s condition. In simple, common, or familiar situations, is able to compare the patient’s data patterns with those known and to develop or explain intervention plans; has difficulty, however, with even moderately difficult data or situations that are within the expectations of students; inappropriately requires advice or assistance. Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. 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 relevant patient data; monitors progress regularly but does not expect to have to change treatments. Displays proficiency in the use of most nursing skills; could improve speed or accuracy. Reflecting: 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:

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11/21/24