EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2025

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Michelle Porcher

Final Grade: **Satisfactory/Unsatisfactory**

Semester: **Spring**

Date of Completion:

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

Faculty eSignature:

Teaching Assistant: **Stacia Atkins,** BSN, RN

DIRECTIONS FOR USE:

Each week the students evaluate themselves based on the competencies using the performance code on page 2. The performance code includes the terms **Satisfactory (S), Needs Improvement (NI), Unsatisfactory (U), and Not Available (NA).** The faculty member will initial if in agreement with the student's evaluation. If there is a discrepancy in the performance code evaluation between the student and the faculty member, a note is written in the comment section by the faculty member with the rationale for the evaluation. All competencies must be rated a "S, NI, U, or NA". If the student does not self-rate, then it is an automatic "U". A student who submits the clinical evaluation tool late will be rated as "U" in the appropriate competency(s) for that clinical week. Whenever a student receives a "U" in a competency, it must be addressed with a comment as to why it is no longer a "U" the following week. If the student does not state why the "U" is corrected, it will be another "U" until the student addresses it. All clinical competencies are critical to meeting the objectives of the course. **An unsatisfactory or needs improvement as a final evaluation in any single competency results in a clinical course grade of unsatisfactory; this is a failure of the course. Patterns of performance over the course of the semester will be utilized to determine the final competency evaluations. The terms Satisfactory and Unsatisfactory will be used in evaluating the final grade or clinical course performance.**

METHODS OF EVALUATION:

Skills Lab Competency Tool & Skills Checklists
Simulation, Prebriefing, & Reflection Journals
Nursing Care Map Rubric
Meditech Documentation
Clinical Debriefing
Clinical Discussion Group Grading Rubric
Evaluation of Clinical Performance Tool
Lasater's Clinical Judgment Rubric & Scoring Sheet
Virtual Simulation Scenarios

ABSENCE (Refer to Attendance Policy)

Date	Number of Hours	Comments	Make-up (/Date/Time)

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

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

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

UNSATISFACTORY CLINICAL PERFORMANCE

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

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

OTHER

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

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

Date	Care Map Top Nursing Priority	Evaluation & Instructor Initials	Remediation & Instructor Initials	Remediation & Instructor Initials
1/22-23/2025	Impaired Skin Integrity	Satisfactory/MD	NA	NA
1/29/2025	Decreased Cardiac Output	S/NS	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: a. Analyze the involved patho-physiology of the patient's disease process. (Interpreting)			S	S	S	S	NA	NA	S	S	NA						
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			S	S	S	S	NA	NA	S	S	NA						
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			S	S	S	S	NA	NA	S	NA	NA						
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			S	S	S	S	NA	NA	S	NA	NA						
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	S	S	S	NA	NA	S	S	NA						
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			S	S	S	S	NA	NA	S	NA	NA						
g. Assess developmental stages of assigned patients. (Interpreting)			S	S	S	S	NA	NA	S	NA	S						
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		S	S	S	S	NA	NA	S	S	S						
Indicate your clinical site as well as your patient's age and primary medical diagnosis in this box weekly.	Meditech, FSBS, IV Pump Sessions		Rehab; 92 F; Rhabdomyolosis	4N 77 M A-fib w/ RVR & 77 M AMS,	3T; 78 F, respiratory failure with hypoxia	Rehab, 85 M CVA	NA	NA	MIDTERM	Wed -DH Thurs – IC	ECSC						
Instructors Initials	MD	MD	MD	NS	KA	SA	DW	MD	MD	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 (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 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 1(a-h) – You did a great job this week making correlations between your assigned patient's disease processes and the nursing care required. On day one you cared for a patient admitted with afib with RVR after experiencing nausea/vomiting at home prior to admission. You correlated the symptoms he was experiencing, including the identified crackles in the posterior lung bases, with decreased cardiac output as a result of his rapid, irregular heart rate. You did well to review the diagnostic tests performed, including an EKG and BNP level. You identified the potential need for an echocardiogram to fully evaluate the heart function, nice job! You were able to discuss his prescribed medication of a Cardizem gtt and correlated this with his home prescription that was on hold. On day 2 you cared for a patient with altered mental status from underlying Parkinson's disease. His symptoms resulted in the need for an NG tube placement for nutrition and medications. You discussed the pharmacotherapy prescribed for his Parkinson's disease and the importance of administering these medications. Overall you did well discussing your patients, answering questions, and utilizing clinical judgment skills in understanding their disease processes. NS

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 (1a-h)- Great job this week! This week you did a great job discussing your patient's pathophysiology of their illness. You were also able to review the diagnostics and discuss how they correlated with the patient's diagnosis. You were able to discuss the importance of the medications that your patient was taking and how they impacted the plan of care. SA

Objective

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

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

****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 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 4 2(a,e) – Great work with your assessments this week, noticing various deviations from normal. Your charting was very thorough and accurately depicted your assessment findings. Kudos to you for correctly identifying crackles upon auscultation during your focused assessment on day 1. You noticed a change in status compared to your initial assessment and promptly reported your findings. You did well to interpret these findings as potential fluid overload as a result of his decreased cardiac output, well done. On day 2, you analyzed appropriate assessment skills for a patient that was non-verbal and minimally responsive. You tailored your assessment based on the care required and gathered data through a variety of resources. Experience was gained in assessing an NG tube system, including tolerance of medications and fluids administered via the NG tube. NS

Week 5 – 2a, d – You did a nice job thoroughly assessing your patient and notifying your nurse of any pertinent information. You were able to identify the focused assessment needing to be completed for your patient related to their diagnosis and monitored abnormal assessment findings. KA
Week 5 – 2f – You utilized the EMR to research your patient and determine what care needed to be provided to your patient throughout the day. You also utilized the EMR to research your patient's health history and information related to the patient's current hospital visit. KA

Week 6 (2a-f)- You did a nice job with your assessment as well as documenting it within the electronic medical record. SA

Objective

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

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

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

Comments:

Week 1 (3o)- During the IV pump session, you actively participated in the programming and maintenance of the Alaris IV pump. Additionally, you accurately identified abnormal IV site assessment data with an IV site monitoring activity. HS

Week 3 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 3(b,c,d, j) – Great work with your nursing skills this week, gaining experience providing care to a patient with an NG tube. You demonstrated beginning knowledge and dexterity in assessing, flushing, and administering medications via the NG tube. You identified priority assessments, including noting the exit site at the nares and gastric residual volume. You were able to crush several medications and dilute with water to properly administer via the tube while also preventing complications. Appropriate aspiration precautions were in place throughout the care provided. You were a true team player in being willing to have your peers learn from your experience and help with medication administration, awesome job! NS

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 (3a-j)- You were able to prioritize your care for the day and adjust when necessary based on changes of the therapy schedule. You were available to help others when needed, and ask for assistance when needed. Excellent job stepping up to perform a straight catheterization procedure. You handled all steps appropriately and professionally. Awesome job! SA

Objective

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

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

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

Comments:

Week 1 (3r)- The student was able to satisfactorily perform a Quality Control check of the glucometer as well as demonstrate skills and knowledge required for proper fingerstick blood glucose measurement with the ACCU-CHEK Inform II glucometer. SA/DW

Week 3 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. Awesome medication pass! MD

Week 4 3(k-q) – You did a very nice job with medication administration this week. You were very thorough in discussing each medciation, including the indication, side effects and nursing implications for each. It was evident that you were well-prepared for medication administration this week. You were able to identify the rights of administration and performed three safety checks. I appreciate your level of focus in pulling the medications from the pyxis machine, noting each medication and the expiration date verbally. Several PO medications were administered by mouth safely on day 1. On day 2, you experienced crushing medications and administering them via an NG tube. See comments on above objective related to NG care. On day 2, a decision was made to hold the MiraLAX due to excess amounts of fluid being administered via flushes. You made it a point to state the importance of editing the medication administration to reflect accurate timing of administration, well done! Additionally, you were able to gain experience working with IV medications, including the use of the IV spreadsheet for accurate intake information. You monitored IV sites well, observed for potential complications, and performed a saline flush with accurate technique. Overall a great week of medication administration experience! NS

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, IV push, and IV piggyback medications this week. You performed the medication administration process with beginning dexterity. KA
Week 5 – 3n – You had the opportunity to administer an antibiotic slow IV push with your RN this week utilizing a prefilled syringe. You did a nice job priming your piggyback and connecting your patient to the medication for the first time. 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 (3k-r)- Great job with medication administration tis week. You were able to appropriately provide them per the patients swallow evaluation orders. You maintained professionalism and patience with the administration process and was successful with all administration. SA

Objective

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

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

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

Comments:

Week 3 Rehab Clinical Objective 4C: I believe you document an NI for this objective due to documenting and finding crackles in the patient's lungs without prompt report to the primary nurse or myself. This is definitely something to work on and the patient did well throughout the day. MD

Week 3 Rehab Clinical Objective 4E: For clinical this week you provided a CDG that was satisfactory per the CDG rubric. In this CDG, you provided information on polyurethane foam dressings which applied to your patient for the week that was interesting and detailed. The reference and in-text citation you provided were appropriate with the exception of your peer response. In your peer response your reference was from 2019. Please be sure to use references that are less then 5 years old. Great job! MD

Week 4 4(e) – You did a great job with your CDG prompts this week. An appropriate article was identified and discussed related to your patient experience. All criteria were met for a satisfactory evaluation. See my comments on your posts for more details. One tip for future success with APA formatting: for your reference in your initial post, the title of the article should only include capital letters for the first word and any word following a colon (:). Inversely, the first letter of each word in the Journal title should be capitalized. Otherwise, formatting looked spot on! Let me know if you have any questions. NS

Week 4 4(a,b,c) – This week you were in constant communication with the faculty, assigned nurse, and members of the health care team. You used communication skills to provide updates to the assigned RN that were pertinent to the care required. You promptly reported your new findings of crackles upon auscultation in order to make the best decisions for your patient. You were also a great team member this week in providing a unique learning opportunity for your peers, communicating with them the care required throughout. NS

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 – Michelle, 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. When in-text citing a direct quotation make sure to include the page number or the paragraph number if there are no page numbers. Keep up the excellent work! KA

Week 6 (4a-g)- Great job with your CDG this week! You were able to find all medications that pertained to your patient and discuss the relevance. You successfully met all of the requirements on the rubric for your initial posting and the response to a peer. Great job! SA

Week 9 (4e)- According to the CDG Grading Rubric, you have earned a Satisfactory for your Infection Control discussion. Your posts were detailed and thoughtful. Content was supported by reliable evidence. Additionally, your APA formatting was right on target. Keep up the great work! 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	NA	NA	**S**	NA	NA						
b. Utilize appropriate termino-logy and resources (Lexicomp, UpToDate, Dynamic Health, Skyscape) when providing patient education. (Responding)			S	S	S	S	NA	NA	**S**	NA	NA						
	MD	**MD**	**MD**	**NS**	**KA**	**SA**	**DW**	**MD**	**MD**	**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:

Week 3

5a) Education provided to pt regarding safety when changing positions from sitting to standing. Pt began to stand up from the toilet by pulling herself up using the walker. Education was given to pt to use the side rails of the bedside commode (that was being used as a toilet seat riser) to push herself up with rather than pulling herself up with the walker. This education was necessary for pt safety so the walker wouldn't roll out from underneath her and cause her to fall. Wonderful! MD

5b) I did not give any written materials to my pt. I utilized knowledge from nursing foundations and the mobility lab we did during the course. Pt stated she understood the importance of not using the walker to assist her when standing for her safety to prevent falls. Education was successful as pt was observed pushing up from bed, wheelchair, or toilet rather than pulling herself up with the walker during consecutive transfers. I am glad you were able to use the knowledge you gained from nursing foundations and the mobility lab. However, please be sure to state at least where you could find information about this topic. We want to make sure you know what resources are out there for future practice. MD

Week 4

5a) Education provided to patient to change positions slowly when going from laying down to sitting to standing. A-fib can cause dizziness. Although pt denied having any dizziness, I educated patient on standing slowly to prevent falls and to be cautious in case he would develop any dizziness.

5b) Skyscape utilized for symptoms of A-fib for pt education. Very good! This was also especially important for your patient related to his recent nausea and vomiting which could have caused some dehydration. With some of the medications he is on (Xarelto) he is at high risk of complications if a fall occurred. Good topic of education for his safety and well-being! NS

Week 5

5a) Education provided to pt regarding probiotic that she was taking. Patient is on multiple medications that can cause GI upset including diarrhea and C-diff. Patient educated on the benefits of a prebiotic and probiotic.

5b) Lexicomp utilized for patient education on probiotics and a print off was given to the patient. Some information included was the names of name brand OTC probiotics available, benefits, and side effects. Great job providing her with this education. I know this is an area she was concerned with. KA

Week 6

5a) I educated the patient on good oral hygiene practices. I also reminded patient to tuck chin when swallowing per speech therapist recommendations. The speech therapist gave the patient and his wife information on the exercises that they are doing with the patient that he can work on without the therapist present to build up muscle strength when swallowing.

5b) Dynamic Health utilized for information on good oral hygiene to prevent aspiration pneumonia. Very important education and therapeutic interventions! SA

Objective																	
6. Implement patient-centered plans of care utilizing the nursing process, clinical judgment, and consideration for cultural, ethnic, and social diversity. (2,3,4,5)*																	
Weeks of the Course	1	2	3	4	5	6	7	8	**Midterm**	9	10	11	12	13	**Make Up**	**Make Up**	**Final**
a. Develop and implement a priority care map utilizing the nursing process and clinical judgment. (Noticing, Interpreting, Responding, Reflecting)			S	S	S	NA	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**	NA	NA						
	MD	**MD**	**MD**	**NS**	**KA**	**SA**	**DW**	**MD**	**MD**	**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.**
See Care Map Grading Rubrics below.

Comments:

Week 3

6b) A social determinant of health that could influence my pt's health care is lack of family support. She stated she had a granddaughter who recently moved to Kentucky and a grandson who lives in Republic. She said that she has not spoke with them since she has been in the hospital. She also stated she only had one daughter, but she passed away in 2022. Absolutely true! MD

Week 3 Rehab Clinical Objective 6A: This week you were able to develop a satisfactory care map based on impaired skin integrity. Please see rubric for additional comments! MD

Week 4

6b) A social determinant of health for my pt on day 2 was that he lives at the OVH. Living in a nursing home can affect the quality of care that a patient receives and the patient's are at higher risk for being exposed to communicable diseases from other residents, staff, and visitors that they may come into contact with. Good thoughts! Living in an extended care facility has both positive and negative consequences related to SDOH. On one hand, they are certainly at risk for communicable diseases and deteriorating health. On the other hand, they also have health care support around the clock when compared to a home environment. NS

Week 4 6(a) – Satisfactory completion of nursing care map related to the priority nursing problem of decreased cardiac output. See the attached grading rubric for more details. NS

Week 5

6b) A SDOH for my patient would be stress. She denied any depression at this time, but said she did feel depressed recently because of her health. She was able to talk to someone about her feelings and that helped. She is a former smoker and if she started smoking due to others smoking around her then that could be a SDOH as well. She has COPD and cigarette smoke is a major risk factor for COPD. Great thoughts. She also had a strong support system which is a SDOH that positively reflects on your patient's overall management of her health. KA

Week 6

6b) A SDOH for my patient would be his discharge plans to go to Admirals Pointe upon completion of the therapy at FRMC. This will benefit his health because his wife works at Admirals Pointe. With his limitations for mobility, speech, and swallowing, it would not be safe for him to be home by himself while she is at work. While at Admiral's Pointe he will get 24-hour care and assistance. This also does not put the demands and stress of the needed care on his wife which could make him feel like he is a burden to her. SA

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
a. Reflect on an area of strength. ** (Reflecting)	S		S	S	S	S	NA	NA	S	S	S						
b. Reflect on an area for improvement and set a goal to meet this need.** (Reflecting)	S		~~S~~ NI	S	S	S	NA	NA	S	S	S						
c. Demonstrate evidence of growth, initiative, and self-confidence. (Responding)	S		S	S	S	S	NA	NA	S	S	S						
d. Follow the standards outlined in the FRMCSN Student Code of Conduct Policy. (Responding)	S		S	S	S	S	NA	NA	S	S	S						
e. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions. (Responding)	S		S	S	S	S	NA	NA	S	S	S						
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (Responding)	S		S	S	S	S	NA	NA	S	S	S						
g. Demonstrate the ability to give and receive constructive feedback. (Responding)	S		S	S	S	S	NA	NA	S	S	S						
h. Actively engage in self-reflection. (Reflecting)	S		S	S	S	S	NA	NA	S	S	S						
	MD	MD	MD	NS	KA	SA	DW	MD	MD	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) An area of strength that I have is accurately taking a fingerstick, labeling glucometer supplies appropriately and running a QC check on the glucometer properly. Great! MD

7b) An area to improve on is charting on an IV. A goal that I have is to study the definitions of descriptive terms such as extravasation and its appearance when assessing an IV site. Great goal! MD

Week 3

7a) An area of strength that I had was noticing my pt had an irregular pulse on day 2, which was a change compared to day 1 when her pulse was regular. Instructor notified immediately. Bedside nurse was then notified. Patient has a hx of A-fib and is on an anticoagulant medication because of this diagnosis. This was an excellent finding during your morning assessment! MD

7b) An area for improvement was that on day one I charted that I heard crackles when listening to my pt lung sounds. To improve (my goal), I need to have pt cough to see if secretions can be cleared before documentation of abnormal sounds and to notify the instructor and bedside nurse immediately of the abnormal finding. This is a great goal! Unfortunately, you did not state how you will work on this goal for future clinical experiences. Please be sure to write how you will obtain this goal each week. MD

Week 4

7a) An area of strength that I had was safely administering medications to a pt via NG tube. This was a great learning experience! As you noticed, when a patient has several medications to be crushed and administered, time management plays an important role. Also, you were able to use good clinical judgement in decision making regarding his medication administration. I thought you did a great job demonstrating knowledge of NG tubes and had good dexterity in your approach caring for it. NS

7b) An area of weakness that I had was finding pedal pulses in my pt. He had some slight edema in his feet and venous insufficiency resulting in the patient having multiple toe amputations in the past. I will practice finding pedal pulse on family before my next clinical. Practice makes perfect! I always struggled with finding pedal pulses as well, especially when edema was present. As we discussed in clinical, sometimes you can find a doppler, locate the pulse via the doppler, then move your fingers over the identified spot to enhance your confidence. I think your play to practice on family members is a great way to get more comfortable! Keep up the hard work! NS

Week 5

7a) An area of strength that I had was improving on my skills for hanging an IV medication and starting the pump to the correct rate. I have noticed that each time that I set up the pump I need less assistance from the instructor(s). Nice job! You were able to successfully prime the tubing and hang the antibiotic two on your patient on clinical. KA

7b) An area of weakness that I had was that there was a change in my patient's Vancomycin dosage strength so a second IV had to be given. To improve, I will verify if a Vanco trough has been drawn and resulted before administering the IV Vancomycin. Great catch and recognizing this is an important lab to gather data on. It caused the patient to need to get 2 bags of vanco to receive the correct dose versus 1 but this would be great to check at the beginning of your shift to ensure whether it is time to be drawn or not. KA

Week 6

7a) An area of strength that I had was attempting to straight cath a patient in clinical. This was my first time doing this skill in the clinical setting. Although I was not able to successfully obtain the needed sample, I was able to perform the steps of the skill successfully.

7b) An area for improvement is to feel more confident in inserting a catheter. To build up confidence I will review steps of the skill prior to clinical. You did a great job on your attempts! The more practice you get, the more confidence you will gain and those attempts will not be so stressful. Thank you for jumping in to help on someone that was not your patient. SA

MIDTERM- Great job in the first half of the semester Michelle! Keep working on practicing all of the skills you have learned! MD

Week 9

7a) An area of strength was knowing the proper isolation and PPE required for the different infection types seen throughout the clinical that I was assigned to. Excellent! DW

7b) An area of improvement is to learn more about the infectious diseases that I have less commonly seen while on clinical sites and their isolation requirements. To do this, I will review the list of frequently isolated organisms. During this clinical I learned why RSV is contact isolation and not droplet although it is a respiratory

illness. I also learned that the CDC does not require isolation for adult patients with RSV unless they are an immunocompromised patient. Great reflection and goal development here! Keep up the good work! DW

Week 10

7a) An area of strength was that we developed an activity that all seniors were able to participate in. We adapted throughout the activity to find ways for everyone to get a chance to win a prize. Also, the activity that we developed required physical activity and cognitive stimulation which benefited both their physical and mental health.

7b) An area for improvement would have been to find alternative ways to have them answer questions. A lot of them didn't raise their hands and then at times it was hard to see who raised their hand first because of the seating arrangements. To improve, I can research independently and ask activity directors at the senior center or nursing homes for suggestions of ways that work better for older adults rather than having them raise their hands. Some older adults may not have fast reflexes or take longer to think of the answer which would give them a disadvantage.

Student Name: Michelle Porcher				**Course Objective:** Impaired Skin Integrity			
Date or Clinical Week: Week 3 1/22-23/2025							
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**	3	All criteria met. MD
	10. Interventions are prioritized	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	11. All interventions include a frequency	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	12. All interventions are individualized and realistic	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	

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

	13. An appropriate rationale is included for each intervention	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	**>75% complete**	**50-75% complete**	**<50% complete**	**0% complete**	3	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: 45/45 Satisfactory MD** **Faculty/Teaching Assistant Initials:** MD

Student Name: Michelle Porcher				Course Objective: 6			
Date or Clinical Week: Week 4							
	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	A thorough list of nine abnormal assessment findings were listed, including specific patient data identified in the clinical experience. Eleven abnormal labs/diagnostics were listed based on findings from the EHR. A quick comment on the chest CT findings – the potential infiltrate that was identified on the CT could be directly related to your identified priority problem of decreased cardiac output. This can lead to what's called pulmonary edema which is caused by fluid build up in the lungs due to the heart not effectively pumping blood out to the rest of the body. This is probably why you heard crackles in the lower bases (just some food for thought). A thorough list of risk factors were identified based on current and past medical history.
	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	An exceptionally detailed list of priority nursing problems were listed, with the appropriate priority problem identified as decreased cardiac output resulting from his Afib with RVR diagnosis. Based on the identified priority problem, a goal statement that is realistic for the patient situation was identified to display hemodynamic stability. Most findings from the noticing section were appropriately highlighted as they relate to the decreased cardiac output. As mentioned above, you could highlight the CT scan findings are supportive. Otherwise, well done! Based on the priority problem of decreased cardiac output, three high priority potential complications were listed with specific signs and symptoms to monitor for listed.
	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	
Respon	9. List all nursing interventions relevant to the top nursing priority.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	A detailed list of 17 nursing interventions were included, each prioritized appropriately with assessments taking highest priority. Each listed intervention included a frequency and appropriate
	10. Interventions are prioritized	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	

ding	11. All interventions include a frequency	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	rationale. Specific interventions related to medications provided individualized prescriptions and provider orders. I would consider including an intervention related to encouraging slow position changes, implementing fall precautions, etc. These can be related to his decreased cardiac output leading to orthostatic hypotension. Depending on the patient, they may also be on a fluid or diet restriction (not in your case).
	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	Each abnormal assessment findings and applicable labs/diagnostics were updated in the evaluation section. Based on the findings, it was appropriately determined to continue the plan of care.
	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: **Michelle, you did a great job demonstrating your clinical judgement skills in the development of a nursing care map for the priority problem of decreased cardiac output. This is a more complex priority problem based on where you are at in the program. I was impressed with your thought process and ability to make correlations throughout this care map. Very well done! You have now successfully completed both required care map submissions with a satisfactory evaluation. Great job with your time management this semester! Let me know if you have any questions. NS**

Total Points: **45/45 - Satisfactory**

Faculty/Teaching Assistant Initials: NS

Firelands Regional Medical Center School of Nursing
Medical Surgical Nursing 2025
Skills Lab Competency Tool

Student name: Michelle Porcher								
Skills Lab Competency Evaluation Performance Codes: **S**: Satisfactory **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:** 1/9/25	**Date:** 1/9/25	**Date:** 1/10/25	**Date:** 1/16/25	**Date:** 1/15/25	**Date:** 3/10 or 3/11/25
Evaluation:	**S**	**S**	**S**	**S**	**S**	**S**	**S**	**S**
Faculty/Teaching Assistant Initials	MD	MD	MD	MD	MD	MD	MD	DW
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA

*Course Objectives

Comments:
Week 1
(Insulin)- You were able to correctly prepare an insulin pen and administer subcutaneous insulin. Insulin requirements were accurately identified and calculated through the corrective scale and carbohydrate coverage orders. MD
(Assessment)- You were able to satisfactorily demonstrate the Basic Head to Toe Assessment during lab. KA/RH
(IV Math)-You satisfactorily participated in the IV Math learning session on 1/7/25 as well as the assigned IV Math practice questions and the IV Math Application lab on 1/9/25. KA/DW/HS/SA
(Lab Day)- You satisfactorily completed the mandatory lab review of nursing foundational skills. This was achieved through simulating care for a patient in a scenario requiring competency in assessment, communication, medication administration (including PO and IM injection), nasogastric tube insertion and removal, patient mobility and hygiene, use of PPE for Contact Isolation, wound care, foley insertion and removal, development of nursing notes, and providing SBAR hand-off report. NS/MD/RH
(IV Skills)- You have satisfactorily completed IV lab including a saline flush, IV push medication administration with reconstitution, priming and hanging a primary and secondary IV solution, adjusting a flow rate to run by gravity, discontinuing IV therapy, and monitoring the IV site for infiltration and signs of complications. MD

Week 2
(Trach Care & Suctioning) - During this lab, you satisfactorily demonstrate competence with tracheostomy care and tracheostomy suctioning. DW/RH/NS/SA

(EBP Lab)- You actively participated in the online searching process for evidence-based practice literature, as well as reviewing example articles to determine appropriate selection and information needed when summarizing a research article. KA/LK

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

Simulation Evaluation Performance Codes: **S**: Satisfactory **U**: Unsatisfactory	**Student Name: Michelle Porcher**							
	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: 2/26/25**	**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	MD				
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA				

* Course Objectives

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

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Lee (M) Porcher (A)
GROUP #: 2
SCENARIO: MSN Scenario #1 – Musculoskeletal/Respiratory
OBSERVATION DATE/TIME(S): 2/26/25 1015-1215

CLINICAL JUDGMENT COMPONENTS	OBSERVATION NOTES
NOTICING: (2) *	Full vital signs assessment. Notice low oxygen levels, elevated heart rate.
• Focused Observation: E A D B	Pain assessment: location, rating, radiation, tingling/numbness.
• Recognizing Deviations from Expected Patterns: E A D B	Respiratory assessment third. Identify crackles in lung sounds.
• Information Seeking: E A D B	Circulatory assessment done after identifying pain location and redness on right leg. Notice pulses present. Notice edema +1.
	Reassess pain and vitals assessment after pain medication administration.
	In debriefing, it was noted that patient was non-compliant with medications at home (aspirin and blood thinner for history of a fib)
	Does not ask about preferred pronouns
INTERPRETING: (1) *	Prioritize vitals and pain assessment of patient. Prioritize cardiovascular and respiratory when patient complains of shortness of breath.
• Prioritizing Data: E A D B	Prioritize oxygen administration due to oxygen levels. Stay in room until oxygen levels stabilize.
• Making Sense of Data: E A D B	Made sense of dosage calculation for morphine.
	ABG interpretation as respiratory alkalosis with hypoxia.
	Makes sense of enoxaparin dosage calculation.
RESPONDING: (2,3,4,5,6) *	Identify self upon entering room. Verify patient name/DOB. Does not address pronouns or patient preferred name.
• Calm, Confident Manner: E A D B	Elevate head of bed when report shortness of breath.
• Clear Communication: E A D B	Educate on pursed lip breathing to assist with SOB feeling.
• Well-Planned Intervention/ Flexibility: E A D B	Call healthcare provider. SBAR organized. Receive new orders for patient. Does not read any orders back for verification. Always read back verbal orders for verification.
• Being Skillful: E A D B	Educate/keep patient updated on plan of care and what is happening.

	Morphine administration: verify name/DOB, verify allergies. Scan patient and medications. Identify need for waste. Use of incorrect needle size (uses subq needle size). Correct administration and use of needle safety. Call healthcare provider with updates on lab results and radiology results. Receive new orders for enoxaparin. Does not read back orders for verification. Education provided to patient on incentive spirometer (how to use, how often to use), SCD use and compliance, empathize with patient for fear of falling but continues to educate on importance of participating in therapy and moving around more. Includes education on why "just lying in bed" is not the best way to heal and what complications could occur if patient does not move. Call healthcare provider back for clarification on enoxaparin order. Did not read order back for verification. Enoxaparin administration: educate on what medication is for and why it is necessary. Performs all checks. Correct dosage calculation
REFLECTING: (7) * • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	Group led discussion regarding priority assessments and focused assessments. For first half, team members identified that priority assessment should have been pain and should have focused more on the identification of the 6Ps rather than returning to the head to toe assessment. Group members stated that if they would have identified the 6 Ps sooner they could have made the connection to compartment syndrome faster. This realization also led to discussion about interventions done for the first half of the scenario and group members identified that their nursing interventions (continuing to elevate leg, maintaining ice therapy) were incorrect due to the compartment syndrome presentation. Discussion about how to change approach to the scenario and what could have been done differently in the first half was done by all members of the group, including the observers. Group led discussion for second half of scenario continued with identifying the priority assessment and how the anticipated priority assessment (surgical site) changed due to patient report of pain when entering the room (changed to respiratory/cardiovascular and non-surgical leg). Group identified that patient reporting the change of pain site and shortness of breath allowed them to change their approach and call the healthcare provider to get new orders. Group identified that they did not readback orders to healthcare provider at all during various phone calls. Discussion of why this is important and who would be accountable for the incorrect or incomplete orders in real life. Group identified that there was no confrontation with nurse regarding lack of use of proper pronouns for patient and that they also did not ask for the patient's preferred pronouns. Discussion lead to how to ask these questions and how it makes the patient feel.
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**	Lasater Clinical Judgement Rubric Comments: Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes subtle patterns and deviations from expected patterns in data and uses these to guide the assessment. Makes limited efforts to seek

A= Accomplished **D= Developing** **B= Beginning** **Scenario Objectives:** 1. Select focused physical assessment priorities based on individual patient needs. (2)* 2. Implement appropriate nursing interventions based on patient's assessment. (1,3,6)* 3. Communicate appropriately with the patient, family, team members, and healthcare providers incorporating elements of clinical judgment and conflict resolution. (4,7)* 4. Provide patient-centered care with consideration to cultural, ethnic, and social diversity. (2,3,6)* 5. Provide appropriate patient education based on diagnosis. (5)* * Course Objectives	additional information from the patient and family; often seems not to know what information to seek and/or pursues unrelated information. Interpreting: Focuses on the most relevant and important data useful for explaining the patient's condition. Even when facing complex, conflicting, or confusing data, is able to (a) note and make sense of patterns in the patient's data, (b) compare these with known patterns (from the nursing knowledge base, research, personal experience, and intuition), and (c) develop plans for interventions that can be justified in terms of their likelihood of success. Responding: Assumes responsibility; delegates team assignments; assesses patients and reassures them and their families. Shows some communication ability (e.g., giving directions); communication with patients, families, and team members is only partly successful; displays caring but not competence.Interventions are tailored for the individual patient; monitors patient progress closely and is able to adjust treatment as indicated by patient response. Is hesitant or ineffective in using nursing skills. Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.

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