EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2025

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Jameson Lee

Final Grade: **Satisfactory/Unsatisfactory**

Semester: **Spring**

Date of Completion:

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

Faculty eSignature:

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

DIRECTIONS FOR USE:

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

METHODS OF EVALUATION:

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

ABSENCE (Refer to Attendance Policy)

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

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

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

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

UNSATISFACTORY CLINICAL PERFORMANCE

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

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

OTHER

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

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

Date	Care Map Top Nursing Priority	Evaluation & Instructor Initials	Remediation & Instructor Initials	Remediation & Instructor Initials
2/3/2025	Acute Pain	S/SA	NA	NA
2/12-13/2025	Impaired Physical Mobility	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: a. Analyze the involved patho-physiology of the patient's disease process. (Interpreting)			NA	S	NA	S	S	NA	S	S	S	S					
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			NA	S	NA	S	S	NA	S	S	S	S					
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			NA	S	NA	S	NA	NA	S	S	S	S					
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			NA	S	NA	S	NA	NA	S	S	S	S					
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			NA	S	NA	S	S	NA	S	S	S	S					
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			NA	S	NA	S	NA	NA	S	S	S	S					
g. Assess developmental stages of assigned patients. (Interpreting)			NA	S	S	S	NA	NA	S	S	S	S					
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		NA	S	S	S	S	NA	S	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		NA	4N – 65 F Left hip fracture	ECSC (BINGO activity)	5T – 65 M CHF Exacerbation	DH/ Infection Control	NA	Midterm	3T- 61M & team leader Pancreatitis	5T- 70 M Left basal ganglia ICH	3T- 66F Syncope, bradycardia					
Instructors Initials	**DW**		**DW**	**SA**	**SA**	**MD**	**DW**	**DW**	**DW**	**KA**	**SA**						

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

Comments:

*End-of-Program Student Learning Outcomes
Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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

Week 4 (1a-h)- Great job identifying the patient's need for pain medication and reassessing, as well as monitoring the vitals. SA

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 9 – 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 were able to discuss the different patients on your team and prioritize the patients according to their diagnosis and assessment. You utilized your knowledge and change in patient status to reprioritize the patients as the day went on. KA
Week 9 – 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, potassium level). You were able to discuss the medications of all the patients on your team and was able to work with your team member to determine appropriateness of medication administration. KA

Week 10 (1a-h)- You are continuing to show awesome growth with learning about your patient's pathophysiology and correlating symptoms, diagnostics, pharmacotherapy, treatments, and nutritional needs to better care for them. You are able to determine developmental stages and gear education based on needs. You also are prepared for clinical and asked for help when needed. Great job! SA

Objective

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

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

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

Comments:

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

Week 4 (2a-f)- Excellent job assessing your patient's mobility status and appropriately transferring patient using all safety measures. SA

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, d – You did a nice job thoroughly assessing your patient and notifying your nurse of any pertinent information. You were also able to work with your team to keep up on the assessment changes occurring with all patients on the team. KA
Week 9 – 2b – You completed your patient's fall assessment and recognized the patient was a high fall risk. You ensured all measures for high fall risk were completed and documented appropriately in the EMR for your patient. KA

Week 9 – 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 used the EMR to research all the patients on your team and to check your classmates charting for accuracy. KA

Week 10 (2a-f)- Wonderful job communicating with your primary nurse, peers, and instructor this week! You have continued to show growth professionally! All documentation was appropriately charted as well. SA

Objective

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

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

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

Comments:

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 9 – 3b – You were able to observe a PICC line placement on one of your team members patients. You showed interested and enthusiasm and asked questions throughout the process. You were very receptive to the education the healthcare provided during the process and shared the experience with your classmates. Nice job! KA

Week 10 (3a-g,i,j)- 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! 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)			NA	S	NA	S	NA	NA	S	S	S	S					
l. Ensure patient safety through proper use of EHR, IV flow sheet, and BMV. (Responding)			NA	S	NA	S	NA	NA	S	S	S	S					
m. Calculate medication doses accurately. (Responding)			NA	S	NA	S	NA	NA	S	S	S	S					
n. Administer IV therapy, piggybacks, IV push, and/or adding solution to a continuous infusion line. (Responding)			NA	S	NA	NA	NA	NA	S	S	NA	S					
o. Regulate IV flow rate. (Responding)	S		NA	S	NA	NA	NA	NA	S	S	NA	NA					
p. Flush saline lock. (Responding)			NA	S	NA	NA	NA	NA	S	S	NA	S					
q. Monitor and/or discontinue an IV. (Noticing/Responding)			NA	S	NA	NA	NA	NA	S	S	NA	NA					
r. Perform FSBS with appropriate interventions. (Responding)	S		NA	S	NA	NA	NA	NA	S	S	NA	S					
	DW		**DW**	**SA**	**SA**	**MD**	**DW**	**DW**	**DW**	**KA**	**SA**						

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

Comments:

Week 1 (3o)- During the IV pump session, you actively participated in the programming and maintenance of the Alaris IV pump. Additionally, you accurately identified abnormal IV site assessment data with an IV site monitoring activity. HS
(3r)- The student was able to satisfactorily perform a Quality Control check of the glucometer as well as demonstrate skills and knowledge required for proper fingerstick blood glucose measurement with the ACCU-CHEK Inform II glucometer. SA/DW
Week 4 (3a-r)- Great job this week following safety and fall precautions with your first patient. Successfully presented an EBP article for your CDG. You administered medications per orders and navigated documentation in Meditech appropriately. You did great with all IV skills priming the tubing, and successfully administered a subcutaneous injection medication without interventions needed. Great job! SA

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. Awesome medication pass! MD

Week 9 – 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 medications this week. You performed the medication administration process with beginning dexterity. KA
Week 9 – 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 performed all IV skills with beginning dexterity. You documented all medication administration and line care appropriately in the EMR. Nice job! KA
Week 9 – 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 9 – 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 9 – 3r – You demonstrated proper technique when completing FSBS on your patient. You documented all information correctly in the EMR. KA

Week 10 (3k-m)- This week on Rehab you were able to identify the rights of medication administration appropriately and provided a comprehensive analysis of the medications you administered to your patient. Included in the analysis was the type of medication, side effects, and nursing implications for each medication. You were able to provide further information based on the medication you were administering that was included in the nursing implications you discussed. You also were able to identify safe practice for medication administration and performed them well. You used best judgement and understanding with the providers hold parameters on some of their medications as well. You also were able to use the BMV and document in the EHR appropriately. Awesome medication pass! 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)			NA	S	S	S	S	NA	S	S	S	S					
b. Communicate professionally and collaboratively with members of the healthcare team using hand-off communication techniques. (SBAR) (Responding)			NA	S	S	S	S	NA	S	S	S	S					
c. Report promptly and accurately any change in the status of the patient. (Responding)			NA	S	NA	S	NA	NA	S	S	S	S					
d. Maintain confidentiality of patient health and medical information. (Responding)			NA	S	S	S	S	NA	S	S	S	S					
e. Consistently and appropriately post comments in clinical discussion groups. (Reflecting)			NA	S	S	S	S	NA	S	S	S	S					
f. Obtain report, from previous care giver, at the beginning of the clinical day. (Noticing)			NA	S	NA	S	NA	NA	S	S	S	S					
g. Provide a clear, organized hand-off report to your patient's next provider of care. (Responding)			NA	S	NA	S	NA	NA	S	S	S	S					
			DW	**SA**	**SA**	**MD**	**DW**	**DW**	**DW**	**KA**	**SA**						

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

Comments:

Week 4 (4a-g)- Great job in recognizing your patient's medical history and how that can affect the patient's response. You navigated appropriately and utilized family in the room as resources as well on how to best approach your patient. Excellent job communicating and working with the primary nurses on both your patients this week! You appropriately applied thorough content with your CDG discussion and EBP article as well. SA

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 of the patient that were related and detailed to your patient. The reference and in-text citation you provided were satisfactorily completed. Please see me if you have further questions! MD

Week 7 (4e)- According to the CDG Grading Rubric, you have earned an S for your participation in the Infection Control discussion this week. Your post was thoughtful and supported by evidence from the Davis's Diseases and Disorders resource. Nice job with your APA formatting. DW

Week 9 – 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 did a nice job presenting your SBAR report in debriefing on one of your team member's patients. You had a clear and concise SBAR communication. You included all of the pertinent information and you were detailed and organized with your delivery. Remember when providing the patient's SpO2 you want to state in the are on oxygen or not and if they are the rate and delivery system of the oxygen. Outside of that you did an excellent job! You should be proud of the report you provided. KA
Week 9 – 4e – Jameson, you did a nice job responding to all the CDG questions on your patient's SDOH risk factors and relevant resources for them to utilize to help improve these factors this week. You were thoughtful with your initial response to the questions as well as with your response to your peers. You included a reference and an in-text citation in both posts. Remember to include the page number or paragraph number if there are no page numbers when you are in-text citing a direct quotation from your reference. Terrific job! Keep up the nice work! KA

Week 10 (4a-g)- Great job on your CDG this week and recognizing your patient's medical history and current issues and applying them together. You were thorough with the information and appropriately responded to a peer. Keep up the good work! SA

Objective

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

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

****5a & b- You must address this competency in the comments below for all clinicals on 3T, 4N, or Rehab- describe the patient education you provided; be specific- include the topic, method of delivery, reason for teaching need, materials to support learning through above resources (if applicable), and method used to validate learning.**
Example: Education related to orthostatic hypotension (changing positions slowly by sitting at the side of the bed or chair for a few minutes before moving to another position, utilizing the walker when ambulating) was provided to my patient through discussion and demonstration. This was necessary to maintain patient safety as he/she was experiencing a drop-in blood pressure and dizziness when getting out of bed. A patient education sheet was printed from Lexicomp and given to the patient. The teach back method was used to validate learning.

Comments:

Week 4-
5a: A teaching my patient needed was that she needed to wear her SCD pumps after her hip surgery to prevent DVTs and blood clots.
5b: My method of delivery was demonstration and I used the teach back method to validate learning. This teaching was necessary because since she was in the hospital and not able to move as much, she is more at risk for a thrombosis.

Week 4 (5a,b)- Great education and discussion with the patient. Unfortunately, you are receiving a "U" for part b as you did not list the source you used where you obtained the information for educating your patient. Please address each "U" on your next clinical tool in order to receive a Satisfactory evaluation. If you do not address these "U', you will continue to receive a "U" until it is addressed. SA
I will improve my "U" by ensuring that I will list a source next time for educating my patient. I will use sources such as skyscape, or Lexicomp to provide factual information to my patient. I will do this every clinical moving forward.

Week 6-
5a: A teaching my patient needed was that he was taking Bumex 2mg PO daily for his edema due to his heart failure. Absolutely! MD
5b: I used skyscape to educate my patient that this was a diuretic designed to get the fluids he was retaining out of his system through urination. This discussion was provided during discussion, and I used the teach back technique to validate learning. Perfect! MD

Week 9-
5a: A teaching my patient needed was that she was unsure why she was getting a PICC line inserted. Great topic for her since she will go home with this and was confused about it. KA
5b: I used skyscape to look up what a PICC line was used for and explained to her that she needed one so that she could go to the nursing home and continue receiving her antibiotics for her infection. Nice job! KA

Week 10-
5a: A teaching my patient needed was to keep his blood pressure within a normal range to prevent further strokes. YES! SA
5b: I used Lexicomp to find an article about stroke prevention and gave it to my patient. It explained how important it is for him to manage his blood pressure. Articles are a good source for a patient to understand their condition further. Be sure to find articles that are appropriate to your patient's ability to comprehend. Good job! SA

Week 11-
5a: A teaching my patient needed was that she needed to keep her pain at a therapeutic level. She informed me that she waits until her pain is at a 7-8/10 at home to take pain medication. I explained to her that she should not wait to take her pain medication until it gets so bad, because it promotes healing to relieve pain once it occurs. I also educated her that it can create more stress, and take longer to relieve as well.
5b: I used skyscape to look up why taking pain medication when it is first indicated is the best protocol to keep the pain medication at a therapeutic level, and used this information to teach my patient.

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)			NA	S	NA	S	NA	NA	S	NA	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)			NA	S	NA	S	NA	NA	S	S	S	S					
			DW	**SA**	**SA**	**MD**	**DW**	**DW**	**DW**	**KA**	**SA**						

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

See Care Map Grading Rubrics below.

Comments:

Week 4-

6b: My patient had family living with her (daughter & granddaughter), and taking care of her when she is at home. This will influence her care because she has extra help for daily activities, as well as someone to help her administer her medications on a daily basis. She has been diagnosed with bipolar 1 disorder, as well as schizophrenia. These conditions influence her care because they can have the ability to affect her mental health. She could become depressed or have episodes that will affect her to not be motivated to heal as well.

Week 4 (6a,b)- Care Map was satisfactory. Refer to feedback on Care Map rubic attached in tool. Education is an extremely important factor for this patient. Educating the patient on the wound care, ambulation safety, and other risk factors that may delay wound healing would benefit this person who may not have an understanding of the risks. SA

Week 6-

6b: My patient has a wife that is currently working as a RN, and will be the one primarily taking care of him at home if any difficulties arise. He lives at home with his wife, and they live on a farm where they take care of all sorts of animals such as chicken and beef cattle. He is able to drive and has a working car, so getting to appointments should not be a problem. He does have some mental health illnesses such as anxiety and depression. This can definitely impact his patient care because he has a higher risk to lose interest or determination to healing. This is absolutely true! What kinds of resources could you provide this patient? MD

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

Week 9-

6b: Some factors associated with the Social Determinants of Health that have the potential to influence patient care was health literacy. My patient positively understood his health literacy related to diabetes and he is currently managing it with diet and exercise. He also understands the usage of gabapentin to help him with his neuropathy that he says has helped him tremendously. He also has a support system with his wife, children, and grandchildren. This effects this patient care because having a support system helps give him a reason to continue to get better and motivates him. He was so knowledgeable and I agree that his SDOH factors very much positively impact his overall health management. KA

Week 10-

6b: Some factors associated with SDOH that have the potential to influence my patient/s care was health literacy. I do not believe he understood the importance of maintaining his blood pressure. He mentioned that his cardiologist moved locations, so he did not seek another one. I believe if he truly understood the importance of maintaining blood pressure then he would have seeked out another doctor. We educated him on this with an article from Lexicomp. Another SDOH was his support system. He had a wife and children that visited him, and were able to be there when he went home. He talked about his grandchildren and how they motivated him to get better and get home. Good job identifying the SDOH. What are some resources you could offer to get the patient established with a new specialist? SA

Week 11-
6b: Some social determinants of health that have the potential to influence my patient's care are her home stability, health literacy, and social support. My patient was from Georgia originally, but staying in Ohio with a friend. She expressed to me that she does not want to return to Georgia, and it going to stay with her friend until she finds a place around here. Her husband lives in Georgia, and I do not believe he will be moving up here with her. This can negatively impact her patient care because not knowing her living situation can cause added stress. She seemed as though she understood her health literacy to an extent, but did not completely understand everything. This can positively and negatively impact her care; she knew what medications she was allergic to or had a bad response to. It seemed to me that she did not understand her cardiac issues, as she told me she had multiple echo's done before but does not have a cardiologist. Education was provided on this that she should see a cardiologist regularly. Her social support could also impact her care positively and negatively. Her friend has been a very good support to her during this time and letting her stay with her until she finds a new home. Unfortunately, her husband does not seem to be involved in her life at this time. I did not want to pry, as she did not further explain the issue between them. This could negatively impact her care since it can be an added stress during this time.

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		NA	S	S	S	S	NA	S	S	S	S					
b. Reflect on an area for improvement and set a goal to meet this need.** (Reflecting)	S		NA	S	S	S	S	NA	S	S	S	S					
c. Demonstrate evidence of growth, initiative, and self-confidence. (Responding)	S		NA	S	S	S	S	NA	S	S	S	S					
d. Follow the standards outlined in the FRMCSN Student Code of Conduct Policy. (Responding)	S		NA	S	S	S	S	NA	S	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		NA	S	S	S	S	NA	S	S	S	S					
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (Responding)	S		NA	S	S	S	S	NA	S	S	S	S					
g. Demonstrate the ability to give and receive constructive feedback. (Responding)	S		NA	S	S	S	S	NA	S	S	S	S					
h. Actively engage in self-reflection. (Reflecting)	S		NA	S	S	S	S	NA	S	S	S	S					
	DW		**DW**	**SA**	**SA**	**MD**	**DW**	**DW**	**DW**	**KA**	**SA**						

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

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

Comments:

Week 1: 7a: An area of strength I had during week 1 was hanging IV tubing and being able to spike the IV bags for the first time. Excellent! DW

7b: An area for improvement for week 1 was IV math, at first I had trouble remembering the formulas. Since then, I have been practicing practice sheets until I have gotten all the questions correct. I will also continue practicing every week. Great goal achievement, Jameson! I appreciate that you noticed an opportunity and took full advantage of the present to improve that gap in knowledge/skill. This mindset will serve you well as a nurse. Keep up the great work! DW

Week 4-
7a: An area of strength this week from clinical was that I had successfully administered an antibiotic via IV push over 5 minutes and flushed the IV appropriately for the first time.
7b: An area for improvement this week from clinical would be that I had trouble remembering what the therapeutic use for all my patient's medications were despite writing them down beforehand. I will improve this by reviewing each medication I gave after clinical for 20 minutes a day until I remember their therapeutic uses.
Week 4 (7a-h)- Excellent job with your IV push! Great plan for improvement before next clinical. Although we expect you to write all the meds and prepare before administration, we understand that it can be hard to have all of that information memorized. We encourage you to use that resource of the form you filled out. You can take your med list in your patient room to refer to should your patient have questions. I look forward to seeing you improve and grow this semester! SA

Week 5-
7a: an area of strength this week from my ECSC clinical was that my partner and I effectively planned an activity for the older adults at the senior center. We chose a game we knew was a favorite (BINGO), and we chose prizes we knew that they would enjoy. I think we did a good job of bringing them some fun and joy for the few hours we got to spend with them.
7b: An area of improvement that I need to work on from this clinical was communicating to the seniors. I feel as though I should have mingled and talked to them more than I did. Something I can do to improve on this would be at each clinical moving forward and I can make pleasant conversations with my patients to get more comfortable talking and communicating with patients. By spring break, I will be able to have more efficient conversations with patients and be more comfortable conversing with them. Great! SA

Week 6-
7a: An area of strength this week from clinical was that I successfully changed my first wound dressing. Although it was a small plantar foot ulcer, I felt accomplished that with assistance I was able to gather the materials and change the dressing successfully in a timely manner before my patient went to physical therapy. You did awesome with this dressing change! MD
7b: An area for improvement this week was that I need to work on reading the provider notes and determining what their chief complaint and diagnosis is. I felt overwhelmed since my patient had a long health and surgical history. I was unsure as to which problems seemed most important because there were so many. To work on this, I will completely fill out my SBAR papers in future clinicals to truly understand what the patient's diagnosis is and how their assessment correlates with their priority problem. By the end of the semester, I will be able to successfully diagnosis my patient's priority problem with their current diagnosis and their abnormal assessment findings. This is a fantastic goal! Be sure to reach out to one of us for assistance if you need help! MD

Week 7-
7a (DH): An area of strength from my digestive health clinical was that I was able to associate different disease processes and symptoms with the procedures being performed. I knew that diseases such as cancer, IBS, and Chron's disease; as well as symptoms such as nausea, vomiting, diarrhea, and constipation could potentially need either a colonoscopy or EDG, and the results could benefit the patient's quality of life. Great! DW
7b (DH): An area for improvement for my digestive health clinical is that I should have asked more questions to the doctors and nurses in the procedure of things I did not know. I should have asked some questions like how the suctioning worked on the scope, and how long biopsies take to be read from the lab. I will work on this by always asking questions in the clinical setting or in class if I come across something that I do not know. I will build up the courage to ask these questions by next clinical. Good idea! You've got this! DW
7a (IC): An area of strength from my infection control clinical was that I was able to confidently know which infections were supposed to go with which precautions. This made my clinical go smoothly as I did not have to keep checking my chart to make sure it was the right sign on the door for the infection that the patient had. DW
7b (IC): An area of improvement from my infection control clinical is that I realized that I need to foam my hands before putting gloves on when putting on PPE. I usually will put on my PPE before entering rooms and I do not realize that I did not foam in since I already had gloves on. I will work on this by foaming in to every single patient room before putting gloves on, even if PPE with gloves is required. I will make sure to do this by next clinical. Great reflection here, Jameson! Learning and growing not only as a student but daily in the future as a nurse will be very important to your overall success. Its never possible to know everything, so I am glad you were open to a new way of thinking. DW

Midterm- Jameson, what a great first half of the semester you've had so far. It is evident that you are making great strides in the MSN course. Your tool demonstrates your ability to provide patient-centered care, prioritize and make appropriate clinical judgments. Your communication and teaching have been consistently satisfactory. Additionally, you have satisfactorily completed both required care maps for this semester. At midterm, you are satisfactory for all clinical competencies within this tool. Please utilize all instructor feedback to ensure continued growth during your educational journey. Additionally, as an adult learner, it is important to be an active participant in your own learning. If you have any NA's at midterm, please seek these opportunities out over the next couple weeks left of clinical. Lastly, use this time over spring break to regroup so you can finish strong for the remainder of the semester. I am confident in you! Please let us know if you have any questions or need further clarification. Keep up the hard work and effort. DW

Week 9-
7a: An area of strength from clinical this week was that I was able to mix pantoprazole with sodium chloride and administer it IV push for the first time! Terrific job! KA

7b: An area for improvement from clinical this week was time management. As team leader I felt very overwhelmed and should have prioritized my time better. To work on this, I will write out what I need to do every clinical and the times I need to have these done by to better my time management. Great idea, but also remember you may need to reprioritize yourself as procedures and new orders come in. KA

Week 10-
7a: An area of strength from this clinical was responding when my patients heart rate was 44. I told my fellow classmates outside my patient's room and they went to get an instructor so we could assess. His baseline for heart rate was within the 50s, and I wanted to make sure he was okay since he took multiple hypertensives that could lower his heart rate even further. We got a full set of vital signs and determined he was okay. Awesome job! SA
7b: An area of improvement from this clinical experience was that I felt rushed during my assessment per my patient's mood. He seemed annoyed and bothersome so I did not get to ask as many questions as I would have liked. I will improve on this in the future by explaining why I want to be so thorough, to have the best possible care and understanding of my patient's assessment so I am more prepared. I will work on this every clinical. It is hard to find a happy boundary to get your assessment done when a patient is not participating or seem helpful. Sometimes taking a minute to get to know your patient can help as well as ensuring your patient that you are there to help and your job is important to their care including their discharge! SA

Week 11-
7a: An area of strength from this clinical was that I successfully gave heparin subcutaneously for the first time.
7b: An area for improvement from this clinical was that I feel like I got flustered during my med pass. I should have slowed down and taken a second to familiarize myself with the medications I had left to administer. I had 3 injections to give and I felt over stimulated, and as though I was rushing. I will improve on this by slowing down and familiarizing myself with each medication and what I need to do before administration. I will work on this every clinical moving forward.

Student Name: Jameson Lee				**Course Objective:** 6			
Date or Clinical Week: 2/3/2025							
	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	Appropriately listed abnormal assessment findings. Great job being specific to site of wound and blood pressure and pain results.
	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	Appropriately listed abnormal lab/diagnostic tests.
	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	Appropriately listed risk factors.
Interpreting	4. List all nursing priorities and highlight the top priority problem.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	Correctly listed nursing priorities with highlighting top priority.
	5. State the goal for the top nursing priority.	**Complete**			**Not complete**	3	Completed an appropriate goal statement.
	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	Correctly highlighted all relevant data.
	7. Identify all potential complications for the top nursing priority problem.	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**	3	Listed three appropriate potential complications, including the signs and symptoms for each correctly. No need to use “risk for”, but this is ok.
	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 interventions listed are appropriate to the patient, prioritized, have correct frequency, and are realistic. Excellent job listing medications specific to the patient!
	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	Listed rationales for all interventions correctly
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 findings were correctly highlighted. Completed an evaluation statement correctly. Used in text citations and reference.
	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 Satisfactory

Faculty/Teaching Assistant Initials:

SA

Student Name: Jameson Lee				Course Objective: Impaired Physical Mobility			
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**	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

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

Student name: Jameson Lee								
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:** 1/8/25	**Date:** 1/8/25	**Date:** 1/10/25	**Date:** 1/15/25	**Date:** 1/16/25	**Date:** 3/10 or 3/11/25
Evaluation:	S	S	S	S	S	S	S	S
Faculty/Teaching Assistant Initials	MD	KA/RH	DW	NS	HS	DW	KA	KA
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 1/8/25. KA/DW/HS/SA
(Lab Day)- You satisfactorily completed the mandatory lab review of nursing foundational skills. This was achieved through simulating care for a patient in a scenario requiring competency in assessment, communication, medication administration (including PO and IM injection), nasogastric tube insertion and removal, patient mobility and hygiene, use of PPE for Contact Isolation, wound care, foley insertion and removal, development of nursing notes, and providing SBAR hand-off report. NS/MD/RH
(IV Skills)- You have satisfactorily completed IV lab including a saline flush, IV push medication administration with reconstitution, priming and hanging a primary and secondary IV solution, adjusting a flow rate to run by gravity, discontinuing IV therapy, and monitoring the IV site for infiltration and signs of complications. DW

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

Week 9
(Lab Day- Skills Review)- You satisfactorily participated in lab by practicing Foley and NG Tube. KA

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

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

* Course Objectives

Comments:

Sim #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. DW

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** **A= Accomplished**	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 additional information from the patient and family; often seems not to know what information to seek and/or pursues unrelated information.

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	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:
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11/21/24