

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

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

Student: Leah Shelley

Final Grade: Satisfactory/Unsatisfactory

Semester: Spring

Date of Completion:

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

Faculty eSignature:

Teaching Assistant: Stacia Atkins, BSN, RN

DIRECTIONS FOR USE:

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

METHODS OF EVALUATION:

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

ABSENCE (Refer to Attendance Policy)

Date	Number of Hours	Comments	Make-up (/Date/Time)
3/20/2025	7H	Clinical Absence	TBD

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
1/31/25	Impaired Physical Mobility	S KA	NA	NA
3/22/2025	Impaired Urinary Elimination	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:			NA	S	NA	S	S	NA	S	S	S	S					
a. Analyze the involved pathophysiology 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	S	NA	S	S	S	NA					
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			NA	S	NA	S	S	NA	S	S	S	NA					
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	S	NA	S	S	S	NA					
g. Assess developmental stages of assigned patients. (Interpreting)			NA	S	S	S	S	NA	S	S	S	NA					
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	NA 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	3T 67 generalized weakness in BLE, UTI	ECSC	5T 64 Multiple BCVA & 86 MCVA	4N 82 left femoral hip fracture. Dysphagia	SIMULATION #1		3T 69 Hematogenous Osteomyelitis	4N 73 UTI & Syncope	DH AND IC					
Instructors Initials	SA		DW	KA	SA	SA	NS	SA	SA	HS	NS						

**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, 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 4 – 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)- This week you were able to correlate the patient’s medications, treatment, and nutritional needs based on their reason for being on the Rehab floor and their past medical history. Great job! SA

Week 7 1(a-h) – Leah, you did a great job with a complex patient situation this week. You were challenged with new skills while caring for a patient requiring a higher level of care. You took on this challenge and demonstrated growth throughout the week. You did well correlating his medical problems with the nursing care required. You cared for a patient s/p hip fracture with replacement, who was also experiencing severe dysphagia, weight loss, and deconditioning due to recent hospitalizations. You correlated his symptoms of weakness, fatigue, and muscle wasting to his worsening dysphagia and poor nutrition. You correlated his pain and discomfort with his recent hip procedure. Diagnostic tests and lab values were reviewed, taking notice of the hardware in place to both hips. You correlated his prescribed medications to his current and past medical history. You did a good job discussing important clinical judgment components, including the importance of preventing aspiration pneumonia with continuous enteral nutrition being delivered via an NG tube. You identified the importance of adequate caloric intake and protein with the selection of the osmolyte enteral nutrition. Nursing care focused on preventing complications, therapeutic communication, and motivation. Overall you did a good job identifying priorities in our discussions and provided great nursing care. NS

Week 9 (1a-e)-Great job this week! You were able to identify the pathophysiology for your patient this week utilizing his history and the symptoms he was experiencing. You were also able to review the diagnostics that the patient had and able to discuss how they correlated with the patient’s history. You also did a nice job as the team leader looking into each patient and discussing associated pathophysiology related to symptoms and priority areas of concern for each patient. HS

Week 10 1(a-h) – Leah, good work this week caring for a patient admitted with syncope, UTI, and AKI. You did a nice job of making correlations between the alterations in your patient’s health status and the nursing care required. You analyzed the pathophysiology involved with her AKI, noting the underlying cause of the UTI leading to kidney impairment. You correlated the symptoms she was experiencing prior to being hospitalized such as syncope and urgency to the UTI. You also correlated her dark colored urine output to her kidney injury. Diagnostic tests were reviewed closely, specifically her urinalysis and urine culture, both indicating a UTI being present. You also discussed her elevated creatinine level and how it relates to the kidneys function. Her prescribed medications were discussed and correlated to her past medical history. You did a nice job researching the medications and answering her questions when prompted. Medical treatment for her UTI and AKI were discussed, including the use of antibiotics and fluids. Overall nice job putting the pieces together enhancing your clinical judgment this week! NS

Week 11 Digestive Health Clinical Objective 1H: This week you did a great job demonstrating evidence of research in being prepared for your clinical experience. Great job! MD

Week 11 Infection Control Clinical Objective 1A, B, E, H: This week you were able to analyze pathophysiology and correlate a patient’s symptoms with their disease process with the medical treatment they are receiving. You also were prepared for the clinical experience. Great job! MD

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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:			NA	S	NA	S	S	NA	S	S	S	NA					
a. Perform inspection, palpation, percussion, and auscultation in the physical assessment of assigned patient. (Noticing)			NA	S	NA	S	S	NA	S	S	S	NA					
b. Conduct a fall assessment and implement appropriate precautions. (Noticing)			NA	S	NA	S	S	NA	S	S	S	NA					
c. Conduct a skin assessment and implement appropriate precautions and care. (Noticing)			NA	S	NA	S	S	NA	S	S	S	NA					
d. Communicate physical assessment. (Responding)			NA	S	NA	S	S	NA	S	S	S	NA					
e. Analyze appropriate assessment skills for the patient's disease process. (Interpreting)			NA	S	NA	S	S	NA	S	S	S	NA					
f. Demonstrate skill in accessing electronic information and documenting patient care. (Responding)	NA S		NA	S	NA	S	S	NA	S	S	S	S					
	SA		DW	KA	SA	SA	NS	SA	SA	HS	NS	MD					

**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, 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 4 – 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)- While you were on clinical you performed a satisfactory physical assessment, communicated to myself and to the primary nurse appropriately, and you were able to satisfactorily document all information to Meditech documentation. SA

Week 7 2(a,e) – Good work this week with your assessments, noticing numerous deviations from normal. You prioritized your assessments effectively, focusing on his risk of aspiration, GI assessment, skin assessment, and musculoskeletal system. You noticed an abdominal hernia, muscle wasting, and impaired mobility, among other assessment findings. You were able to observe the modified barium swallow diagnostic test, noting aspiration and dysphagia present. You carefully assessed the NG tube system, ensuring proper placement, and maintaining patency. Nice job! NS

Week 9 (2 a-f)- While being team leader you performed focused assessment on the patients and communicating with each student on the priority concern as well as what was the area of focus for each of their patients. You were able to review the documentation on each students patient, and communicate any corrections that needed to be made and ensure that the documentation was complete. HS

Week 10 2(a,e) – Your assessments were detailed and appropriately prioritized this week based on your patient’s condition. You noticed numerous deviations from normal which were accurately communicated in the chart. Specifically, you noticed a decreased urine output with dark/concentrated urine which is consistent with her AKI. You also noticed hypertension, the use of telemetry, an AICD/Pacemaker, assistance needed with ambulation, and altered skin integrity from recent mole removal. On day one you noticed that your patient’s right eye was reacting differently then her left, which was correlated with her history of TIA/Stroke. NS

Week 11 Infection Control Clinical Objective 2F: This week you were able to demonstrate accessing the electronic information and documentation in the EHR to obtain information on the different precautions on patients. Great job! MD

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:	NA S		NA	S	S	S	S	NA	S	S	S	S					
a. Perform standard precautions. (Responding)	NA S		NA	S	NA	S	S	NA	S	S	S	NA					
b. Demonstrate nursing measures skillfully and safely. (Responding)			NA	S	NA	S	S	NA	S	S	S	NA					
c. Demonstrate promptness and ability to organize nursing care effectively. (Responding)			NA	S	NA	S	S	NA	S	S	S	NA					
d. Appropriately prioritizes nursing care. (Responding)			NA	S	NA	S	S	NA	S	S	S	NA					
e. Recognize the need for assistance. (Reflecting)			NA	S	S	S	S	NA	S	S	S	NA					
f. Apply the principles of asepsis where indicated. (Responding)	NA S		NA	S	S	S	S	NA	S	S	S	S					
g. Demonstrate appropriate skill with Foley catheter insertion, maintenance, & removal (Responding)			NA	NA	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	S	NA	S	S	S	NA					
i. Identify the role of evidence in determining best nursing practice. (Interpreting)	NA S		NA	S	S	S	S	NA	S	S	S	S					
j. Identify recommendations for change through team collaboration. (Reflecting)			NA	S	S	S	S	NA	S	S	S	NA					
	SA		DW	KA	SA	SA	NS	SA	SA	HS	NS	MD					

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

Comments:

Week 4 – 3b – You had the opportunity of working with a patient who had not had a bowel movement for an extended time. You learned how to administer a bowel prep to the patient, along with checking for an impaction. You monitored the patient throughout the day for results from the medication and educated him on how the cramping is

associated with the medication and suggestive he may have a bowel movement soon. You ensured he had access to a commode for easy ambulation when he needed to have a bowel movement. KA

Week 6 (3a-j)- You were able to identify all of the priority needs for your patient based on their condition. You were able to communicate your priority assessments for the day and accommodate them around the therapy schedule. SA

Week 7 3(b,c,d) – Although you were quite busy throughout the day, you did well prioritizing your care. Day one was more chaotic, as your patient was undergoing evaluations from numerous therapy departments. As a result, our medication administration was delayed, however, this was discussed as being out of our control due to his schedule. You were prompt in your assessments, notified faculty of abnormal findings to follow up on, and managed your time well. New skills were performed caring for an NG tube with continuous enteral nutrition. You were required to crush medications to be administered via the tube, provided free water flushes, and programmed the tube feed pump for the correct rate and calculated the intake to be documented. Great job! NS

Week 9 (3 c, d, j)- Nice job this week as team leader! You were able to prioritize the plan for the day and adjust when necessary based on changes that occurred during the day. You were able to identify when your team members needed assistance and jumped in to help out. You ensured that each team member was completing all of the necessary care for each of their patients. HS

Week 11 Digestive Health Clinical Objective 3A: This week you performed standard precautions throughout your clinical experience. Awesome! MD

Week 11 Infection Control Clinical Objective 3A, F, I: This week you were able to perform standard precautions, apply the principles of asepsis when indicated, and identify best nursing practice in using the proper precautions for different situations. Awesome! MD

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:			NA	S	NA	S	S	NA	S	S	S	NA					
k. Administer PO, SQ, IM, or ID medications observing the rights of medication administration. (Responding)			NA	S	NA	S	S	NA	S	S	S	NA					
l. Ensure patient safety through proper use of EHR, IV flow sheet, and BMV. (Responding)			NA	S	NA	S	S	NA	S	S	S	NA					
m. Calculate medication doses accurately. (Responding)			NA	S	NA	S	S	NA	S	S	S	NA					
n. Administer IV therapy, piggybacks, IV push, and/or adding solution to a continuous infusion line. (Responding)			NA	S	NA	NA	S	NA	S	NA	NA	NA					
o. Regulate IV flow rate. (Responding)	NA S		NA	S	NA	NA	S	NA	S	NA	NA	NA					
p. Flush saline lock. (Responding)			NA	S	NA	NA	S	NA	S	NA	S	NA					
q. Monitor and/or discontinue an IV. (Noticing/Responding)			NA	S	NA	NA	S	NA	S	NA	NA	NA					
r. Perform FSBS with appropriate interventions. (Responding)	NA S		NA	NA	NA	S	S	NA	S	NA	NA	NA					
	SA		DW	KA	SA	SA	NS	SA	SA	HS	NS	MD					

**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 – 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, transdermal, and IV medications this week. You performed the medication administration process with beginning dexterity. KA

Week 4 – 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 did a nice job priming your piggy back 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 4 – 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 4 – 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)- 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. SA

Week 7 3(k-r) – Several skills were performed related to medication administration this week. You reviewed the indications, side effects, and nursing considerations for each prescribed medication. The rights of medication administration were observed, safety measures were implemented. You gained experience with crushing and dissolving PO medications to be administered via the NG tube. You also gained experience with reconstituting a powdered medication to be administered via an IV push. Appropriate technique was observed with the IVP, administering at the prescribed rate while monitoring the IV site for complications. You also reconstituted an IV antibiotic to be administered as an intermittent infusion. Good technique was observed while priming the tubing, paying careful attention to infection control measures with aseptic technique. A saline flush was performed to ensure patency of the IV site. On day two, you noticed possible infiltration of an IV site and quickly responded to assess the situation, and determined the need to stop the infusion and notify the bedside RN. A FSBS was obtained. Great work with your medication skills this week! NS

Week 9 (3k, l, m, p)- You did a nice job with medication administration this week! You were able to administer several oral medications during the medication pass. You followed the rights of medication administration and completed all checks prior to administering. You were able to research each medication and answer all questions related to the medications. As team leader you were also able to review medications with your team members prior to administration to determine the appropriateness of each medication as well as the proper indication for each medication. Great job! HS

Week 10 3(k,l,m,p) – Nice work with your medication administration this week! You were well-prepared to discuss each medication being administered, observed the rights of administration, and performed safety checks prior to administration. When your patient prompted you with a question regarding one of her medications, you used the appropriate resources to obtain the answer so that she was better informed. All dosage calculations were performed accurately. A saline flush was performed to confirm patency using appropriate aseptic technique. Overall great job! NS

Objective

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

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

**Evaluate these competencies for the offsite clinicals:

DH: 4a, b, d

IC: 4b, d, e

ECSC: 4a, b, d, e

Comments:

Week 4 – 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 4 – 4e – Leah, you did a nice job choosing an EBP article pertinent to your patient and responding to all the CDG questions on it. You thoughtfully responded to the questions as well as to your classmate. You included an in-text citation and reference in both your posts. Keep up the great 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 7 4(a) – Excellent job with your therapeutic communication this week. Your patient’s significant other was present during most of your care. You did well incorporating her in the plan of care and communicating the interventions being performed. You also communicated well with the patient during a difficult and frustrating time in his life. You used empathy and understanding of his situation to determine the best course of action while allowing him time to rest. Good job with your interactions with the patient, his wife, and the health care team. NS

Week 7 4(e) – Excellent work with your CDG this week focused on education. Descriptive details were provided. See my comments on your posts for further details. All criteria were met for a satisfactory evaluation. NS

Week 9 (4b,g) Excellent job on your SBAR report this week. You did a nice job including all of the necessary information on your patient for the shift. A couple areas that could have been discussed in further detail include, details on his pain including the rating he gave it and what you did to address the pain. You would want to pass on to the next nurse that the patient was either medicated and the last time he received medication, and the reassessment of the pain, or if he refused medication because he didn’t want it or felt like it didn’t really help that would be useful information for the next shift. You also mentioned that the hemoglobin was 3.67 which I believe you meant the RBC. Overall, you did a great job and gave a very detailed report including the situation, background, assessment, and recommendations for the patient. HS

Week 9 (4e)- Great job on your CDG this week, you met all of the requirements for a satisfactory evaluation. You did a nice job discussing your role as a team leader and how you were able to prioritize your day and the challenges that were faced while trying to manage the care of more than one patient. As you mentioned communication is key in these situations. Great job! HS

Week 10 4(e) – Your CDG was very well done this week. Since you were not able to attend clinical on day 2, we were not able to sit down and discuss your patient in more detail. This required you to conduct individual research to help make connections on your patient between her disease processes and nursing care required. I am impressed that you were able to make so many correlations through independent research, well done. Specifically, you did a great job correlating some of her UA results beyond simply stating bacteria present indicates a UTI. Great job! Noting her decreased urine output and dark urine being suggestive of her AKI was spot on. Her urine creatinine levels supported this diagnosis. All of this most likely stemmed from her UTI which could have been caused by her self-reported poor oral intake of fluids, specifically water. Nice job in your response to Jameson, making correlations to her patient’s prescribed medications. All criteria met. NS

Week 11 Digestive Health Clinical Objective 4A, B, D: This week in clinical you were able to integrate professional communication, use SBAR techniques, and maintain confidentiality of health and medical information for the patients you interacted with. Great job! MD

Week 11 Infection Control Clinical Objective 4B, D, E: This week you were able to communicate professionally and collaboratively with using SBAR with team members and maintain confidentiality of the health and medical records of the patients you searched. Also, you provided a CDG that was on time and met all of the requirements to obtaining a satisfactory rating. Great job! MD

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

**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 &B. Education related to medication (communicated what medication I was giving to the patient and what it was for. Also, side effects patient may experience.) I provided this education to my patient verbally with information I received on Skyscape. This was necessary so my patient understood the need for his medication and what side effects he may experience later. That way he could also verbalize if he was having an abnormal reaction to the medication. I used open ended questions to determine if my patient understood what and why he was taking certain medications. **Nice job following up to ensure he understood the education and what to look for when taking his medications. KA**

Week 6: 5A&5B Both of my patients this week were high fall risks and both of my patients were on medications that may make them dizzy. I educated my patients to get up slowly and sit on the side of their beds and dangle their feet off the edge before attempting to stand. I had them demonstrate the proper way to sit up in bed and slowly stand up using their walkers. I used skyscape to look up their medications and told them which medications they were taking that may cause them to feel dizzy and to report dizziness to either myself or another member of their medical team. **Great education! SA**

Week 6 (5a,b)- You are receiving a "U" as you did not self- rate the objectives a and b. "If the student does not self-rate, then it is an automatic "U". " Please respond to this section on your next tool submission. SA

I went back and self-rated on my week 6 clinical tool 5A&5B. Not sure how I missed it. In the future I will look over my clinical tool in more detail to make sure it is completed. NS

Week 7 5a&5b: My patient needed education on proper bed placement due to his hip fracture and dysphagia. I discussed with him the reasons why he needed to keep the foot of his bed flat (in order to prevent hip flexion and dislodging his newly placed joint) and the need to keep the head of his bed locked at 30 degrees (in order to prevent aspiration from his continuous tube feed). I used skyscape to look up these interventions. I also used skyscape to look up his medications and inform him of normal side effects. My patient also needed education when the RN needed to discontinue his IV site because it had gone bad and put in another one. Patient was getting an IV infusion

of Doxycycline and was informed that his new IV site started hurting of burning to alert us. He did and the nurse educator came in with an ultrasounds and correctly placed a new IV for the patient. I used skyscape to find the information that Doxycycline was a vesicant drug and could cause tissue damage if it infiltrated. The IV flow pump also gave me that medication when I was programing it. **Very good, Leah! These were important education points to address to prevent complications. I know he was quite uncomfortable in the bed due to the coccyx pressure injury and recent hip procedure. His most comfortable position was with the feet of the bed elevated; however, this was a contraindication due to his recent surgery. I am glad you were able to provide this education so that him and his wife understood what to avoid. Great job prioritizing education focused on preventing complications related to his priority problems. NS**

Week 8: 5A&B, I was the medication nurse in simulation this week and my patient needed to be educated on taking their medication regularly and the side effects of her medications. I utilized skyscape to educate my patient on the importance of taking her medication and on what she should watch out for after medication administration.

Week 9: 5A&B, My patient this week needed to be educated on the importance of being non-weight bearing on his right foot due to his Hematogenous Osteomyelitis. He kept trying to stand and pivot on it and I had to explain to him that non-weight-bearing is essential for healing. When weight is placed on the affected foot, it can exacerbate the infection and prevent healing, increasing the risk of further complications like amputation. I offered the use of a walker to help maintain mobility without putting weight on the affected foot. I also had to address his non-compliance with Diabetes medication at home. I explained how controlling his blood sugar levels is critical for preventing infections and that elevated blood sugar levels can impair the body's ability to fight infections and heal wounds effectively. I used skyscape to look up the information and used the discussion approach when communicating with my patient. I also asked him to repeat back what I said about being non-weight-bearing on his right foot and he repeated it back but was still non-compliant the next time I helped him move. I asked him again "are you supposed to be putting any weight on that right foot?" he said "no" and then picked it up for the remainder of the move. **Great job educating your patient. Excellent job using the teach back method in an attempt to make sure that the patient understood the information that you provided. HS**

Week 10 5a&b: My patient's renal ultrasound showed that she had moderate hydronephrosis this week and needed to be educated on what that meant. I discussed with her what that meant in layman's terms and then my instructor came in and explained it in further detail and drew a picture on her white board in case she was a visual learner. We also printed a patient education sheet from Lexicomp and gave it to her. I also connected the hydronephrosis to the reason we needed to collect strict I&O's on her, the need for her to stay hydrated and that it may be the reason she was experiencing urgency and retention. **Very good! It sounds like she got some much-needed education to help her understand what the HCP was telling her. Great job using the printed resource to help supplement the education provided. Often times providers will tell patient's something about their medical problems that they don't fully understand. That is where we can come in to help supplement and provide more details. Well done! NS**

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	NA	NA	NA	S	NA	S	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	S	NA	S	S	NA						
			DW	KA	SA	SA	NS	SA	SA	HS	NS	MD					

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

Comments:

See Care Map Grading Rubrics below.

Week 4: Financial strain- Pt does not receive routine check ups and was charted as a poor historian • Education • Physical activity-Pt has not been able to move around his house due to weakness in his legs for the past 3 weeks. He does not have an assistive device to help him walk at home• Substance use- Pt is a smoker and had a CIWA screening • Mental health-older man who came from home. Has a significant other but she did not come visit him and he has been there since the 27th. **You did a nice job highlighting many of the SDOH factors that affect his overall ability to manage his overall health. KA**

Week 4 – 6a – You satisfactorily completed your care map on your patient this week. Please see comments on the rubric at the end of the tool for details. KA

Week 6: Social and community support- One of my patients lives alone which may lead to isolation, impacting emotional well-being and access to assistance for daily tasks. Lack of a caregiver could make medication adherence, dietary changes, and therapy more challenging. **Great job recognizing their SDOH! SA**

Week 7 6B: My 82-year-old patient faces several challenges related to social determinants of health that may impact his recovery. Financial strain could arise from ongoing medical expenses, rehabilitation, and necessary home modifications. While his marriage suggests a support system, his wife’s ability to assist with his care remains a key consideration since she is also in her older years. His reliance on an NG tube or future PEG tube for dysphagia will affect his nutritional intake and quality of life, potentially limiting cultural or personal food preferences. Additionally, ensuring access to follow-up care and proper wound management for his stage 3 pressure ulcer is crucial. His living environment may also need modifications to prevent falls and support mobility after having hip surgery. **These are really good thoughts, Leah! His**

recovery process is going to be quite difficult with the complexities of his medical problems. While I agree that he seems to have an excellent support system, there will certainly be stressors that come with his recent health problems. He will require extensive care and support that can be provided in health care settings, but will present challenges at home. I think you brought up some important considerations related to his home environment and the changes that will be needed, leading to financial commitments that may be difficult. Good reflection! NS

Week 9 6B: The SDOH that I identified for my patient are socioeconomic status and health literacy. The patient's insurance denial for an extended care facility may indicate a financial barrier to necessary care. If he cannot afford out-of-pocket costs for care or therapy, this may contribute to his decision to discharge himself early. Financial constraints might also limit his access to medications or specialized care for diabetes management. His non-compliance with diabetic medications could be related to a lack of understanding of the importance of controlling his blood sugar, managing infections, and the consequences of non-compliance. It seemed that he was not fully grasping the severity of his infection or the role that his blood sugar levels play in wound healing. Those are excellent SDOH for your patient. He definitely had concerns regarding his care once he left the hospital. Insurance companies can be challenging to work with as they can dictate an individual's plan of care. That emphasizes the importance of educating our patients. With all of the information that we are able to provide them it will allow for them to have an impact in their healthcare. HS

Week 10 6b: I identified a couple SDOF with my patient. One being economic stability. She is 73 years old and may be on a fixed income and have high healthcare costs may limit access to medications, follow-up care, and home health support for both her and her husband. Her husband is in his 80's and is in a wheelchair. This brings me to my second SDOH being caregiver role strain. If she is her husband's primary caregiver, her own health concerns (e.g., syncope, fatigue, mobility issues) may make it difficult for her to assist him. Also goes the other way, if her husband is the one who is going to be taking care of her when she gets out of the hospital, it may be difficult because he is wheelchair bound. They also may have to home and environmental factors at play. There could be some fall risk with syncope and mobility issues, she is at increased fall risk, especially if her home lacks accessibility modification such as grab bars and non-slip surfaces. Her husband's wheelchair use may also limit their ability to make necessary modifications. Good thoughts, Leah! The caregiver role strain is an important one to note. On the second day, she opened up to Lily about some of her struggles related to her husband's declining health. With her focus being so much on caring for him, this can negatively impact her health outcomes. I partly wonder if she ignored some of her early UTI symptoms because she was more concerned about his well-being. This is a challenging situation. We can try to consult with case management for discharge planning; however, much of their focus will be on her health problems, not her husbands. In discussing these areas with her, we could always recommend services aimed at helping older adults in the community. NS

Week 10 6(a) – Satisfactory care map completed on the priority nursing problem of impaired urinary elimination. See the attached grading rubric for more details. NS

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

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,b,f)- Due to you not filling out this competency (a & b) correctly, you have received a “U” for both of these competencies. For competency (f), you received a “U” for not correctly filling out the whole tool including self evaluation. Please address each “U” on your next clinical tool in order to receive a Satisfactory evaluation. If you do not address these “U”, you will continue to receive a “U” until it is addressed. SA

Week 3- 7a. I think my strength during the first two weeks of class was learning and implementing IV flow rates and calculating carb ratio and in order to choose the correct insulin dosage required. I have never been very good at math so I am proud that I did so well in this particular area. **DW** **7b.** My weakness this past two weeks would definitely be aseptic and sterile procedure. I figured it out okay and performed it correctly in lab check offs but was second guessing myself every time. In order to fix this, I will go over trach suctioning and trach care three times with a partner until the aseptic and sterile technique feel like second nature.

Great goal! DW **7f.** I must have completely checked out when the clinical tool assignment was being discussed in class. In the future I will stay present until the end of class in order to not miss important information. **DW**

Week 4: 7A & 7B I think that my strength this week was being able to make more sense of the patients chart and making connections as to why certain labs and diagnostics were being ordered. I also made a lot of connection on medications and why my patient was receiving certain meds due to lab results. I also feel I did a good job at my med pass, Sub Q injection, Saline Flush and Bolus IV push. What I think I need to improve on is getting my medication passed in a timely manner. I think it will be much easier now that I have actually done it on a real patient. In order to get faster, I will walk through the steps of IV, IM, Sub Q injections 3 times with a partner and make sure I am confident with the steps, so I am not second guessing myself. **You did a great job with your medication administration process this week and demonstrated a strong knowledge in the medications you administered. Time management will come with time and practice. Great job making a plan on how to improve this in the future. KA**

Week 1 & 2 REMEDIATION: 7A & 7B & 7F- I think that my strength in weeks one and two was recalling all of the information we learned last semester in lab. Going back over the Foley Catheter, NG tube, wound care, I was impressed with my ability to remember how to perform the procedures. The repetition of repeating the skill in the first two weeks of lab only solidified the proper steps in my mind in order to prepare me for clinicals. My weakness was remembering the basics; IE (was my hands before the assessment of my mannequin in lab, checking their name and birthdate, putting their side rails back up.) It seems that I was so focused on the larger skills that the basics were slipping through. In order to remedy this, I will review the infection control and safety protocols, and role play with another classmate 4 times to make sure that these steps become like second nature again. I must have let my mind wonder in class when we were going over how to fill out the clinical tool for the first two weeks OR I assumed I knew how to do it. In the future, I will not assume I know what the lecture is going to say and do my best to stay present in class as to not miss any more important information. **KA**

Week 5 7A & 7B: I think my strengths this week was communication, responding, and leadership with the seniors at ECSC. I went into the situation feeling confident and took it upon myself to talk with them, ask questions and make a connection. I feel that I preemptively address many of their needs by offering coffee refills and clearing the trays of seniors with impaired physical mobility. My weakness this week was probably missing opportunities to educate some of the seniors on interventions and helpful tips on how they could improve mobility and potentially make their day to day lives a little easier. While I was listening to some of their stories, I could have given some suggestions but instead I just listened. To remedy this, I will talk with three elderly people in my family and make education part of my active listening skills. I will prioritize offering evidence-based interventions as a suggestion to make their activities of daily living slightly less demanding. **Great ideas! SA**

Week 6 7A & 7B: I think my area of strength this week was flexibility. I had two different patients and they both had crazy schedules. Both had PT, OT, and ST. One the first day my patients schedule was changed and on the second day my patients ST was not even on the schedule. On the first day I had imaging, lab, dietary and the NP come in while I was trying to get a focused assessment. I was able to shift priorities and adapt to the situation and still get everything that needed to be accomplished done. I think my weakness this week was patient hygiene. I was so busy with getting my patients to all of their therapy, passing meds, assessments and documentation that I didn't even think of offering a bag bath or wipes to my patient on the second day. In the future I will practice the act "habit stacking." For every remaining clinical I have this semester, I will offer some form of hygiene directly after my head-to-toe assessment. If I end my assessment with "lets get you cleaned up this morning" it will make it a priority for me and not something that falls by the wayside. **Prioritizing on the Rehab floor can be frustrating. But you have a great plan for future patients. SA**

Week 6 (7f)- You are receiving a “U” in this objective for the failure to self- evaluate in objective 5. Please review and respond to this on your next tool. SA

Remediation week 6 (7f)- I see that I did not go back and self-evaluate in objective 5 after I wrote about the education I gave to my patient and where I found it. I have addressed it above in objective 5. In the future I will look over my clinical tool with more precision and make sure that I am in the right column for the week and make sure that all boxes are checked. **Thank you! NS**

Week 7 7a&7b: I think my strength this week was utilizing different methods during medication administration. I was able to properly crush and dilute oral medication and administer it through my patient's nasogastric tube. I was also able to notice when my patient's IV site was no longer good and reported to the RN that it needed to be replaced before we administered his vesicant IV drug. **Excellent strengths to note! You were challenged this week with a patient situation you have not yet experienced. I thought you rose to the challenge and gained valuable experience. Great work! NS**

My weakness this week was connecting with my patient. He had so much going on already and then failed his modified diet screening and was visibly sad. I tried my best to comfort him on the elevator ride back to his room but just felt awkward and like it was not helping or I was not saying the right things. To correct this, I will read chapter 2 of my RN fundamentals textbook from last semester about communication. This chapter covers essential topics such as establishing effective communication with patients. It also provides methods for developing good communication skills, which are vital for patient care. **This is a hard situation. There isn't a textbook that can put you**

in these situations and give you all the right answers. Sometimes just being present and empathetic goes a long way, without actually saying anything. He has been through a very difficult time recently and it was evident that it was weighing on him mentally. I think you have a great plan for guidance in these situations. Showing a caring attitude and having empathy for the situation shows how much you care to impact others in this profession. Keep up the hard work! NS

Week 8 7A&7B: This week my strength was reading and interpreting lab values and also setting up an IVPB. My weakness this week was administering an IM injection. To improve this skill, I will go over the correct needle sizes for each type of injection and practice choosing the correct needle size in open lab. I will have another student test me 3X per type of injection, intradermal, IM and Sub Q. This will be done in open lab and before my next clinical experience. Thank you for going above and providing this feedback! SA

Midterm Comment – Leah, great job throughout the first half of the medical-surgical nursing semester. It appears that you have had the opportunity to perform numerous skills, enhance your clinical judgement, provide patient care, and reflect on your experiences. You are satisfactory in all competencies at this point of the semester, awesome work! Continue to seek out opportunities for the competencies presented in objective 3 related to medication administration, specifically IV therapy, regulating an IV flow rate, and flushing an IV. Also, be sure to notify faculty regarding limited experience with caring for a patient with a foley catheter so that they can seek out opportunities for you. Be sure to seek out opportunities for fingerstick glucose checks as well. The more experience you can get the better! You have satisfactorily completed one of the required care maps for the semester. Continue to work hard as we enter the second half of the semester, you are doing a great job! SA

Week 9 7A&B: I think my strength and weakness this week was medication administration. I have become very comfortable with the process of pulling medications out of the pixis machine and using the MAR. As team leader, I was able to help other patients with the pixis and Mar as well. I also was able to give an insulin injection this week that went well. However, my weakness when it comes to medication is the amount of time it takes me to look them up. I have a hard time remembering popular medications from week to week which slowed me down when it came to looking up the medications for my team members. To remedy this situation, I will go back to ATI and review the medications that we have learned up to this point and do all the flashcards 3 more times for each section (respiratory, endocrine, musculoskeletal) to become more familiar and give myself a refresher. Medication administration is a thorough process that takes time for each and every medication pass. You will begin to become more comfortable with the medications as you have each additional experience. Each time you look them up it will help you to remember them a little more into the future. Great job! HS

Week 10 7a&b: My strength this week was anticipating my patient's needs and being able to make a connection with her. I was on top of getting her up and to the bathroom, up to the chair to eat, refilling her water glass, getting her snacks, and getting her personal hygiene issues taken care of. Chatting with her was easy and fun. We found that we had a lot in common and were able to joke around with each other. She was sad when I told her I was leaving because she wanted me to do her bladder scan. I told her I would be back the next day and then I had to call off clinicals. I still feel bad that I told her I would be back and then I was unable to make it. This is what nursing is all about! We can have all the knowledge in the world, but if we can't care for the person themselves, we aren't doing our jobs. I am happy to hear that you had a good relationship with your patient in the short time caring for her. She opened up to Lily on day 2 about being lonely and not having many people to talk to with her husbands health and mental decline recently. You taking the time to connect and care for her made a significant impact. Awesome strength! NS

My weakness this week was putting all the pieces of her lab work together. She had so many lab values associated with her UTI that it was overwhelming for me. I will take the time to look up normal lab values for a urinalysis and what they mean. I will make some quizzes and test myself 3 times so that I am more familiar with each what each one means and what the normal levels should be. Great plan for improvement! I feel bad I didn't get to go over these with you during the first day of clinical. I had planned on sitting down with you on day 2 to help enhance your understanding. However, you did a nice job making correlations in your CDG post. I think you will learn how these are interpreted and connected during the renal unit. Nice job! NS

Week 11 7a&7b: My strength this week was my knowledge of infection control. I was able to recall and notice the appropriate PPE and signage for each isolation room without looking at a reference. Because of my background in environmental services, I am very familiar with the proper protocol and that proved accurate and relevant in the clinical infection control. This is awesome! Do you think this will help enhance your practice in your work? MD My weakness this week was not taking control or being more assertive in my learning experience during the digestive health clinical. I was waiting for instruction as to what I should be doing from the DH nurses and not getting any. I should have taken it upon myself to jump in and ask to follow and ask more questions. My next clinical is in 5 tower and last time I noticed a lot of waiting around

when my patient was in ST, OT, and PT. Next week when I am in my clinical on 5T I will ask ST, OT, and PT at least 3 questions each to make sure that I am maximizing my education and not just waiting around to be educated. This is an amazing goal! I will be on the lookout for answers to all of the questions! MD

Student Name: Leah Shelley		Course 6					
Date or Clinical Week: 4		Objective:					
Criteria		3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)	3	You did a nice job listing the abnormal assessment findings, labs/diagnostics, and risk factors your patient had. KA
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)	3	
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	You did a nice job listing all the nursing priorities your patient had and highlighting the highest priority. You set an appropriate goal for you chosen nursing priority. You highlighted the relevant data in the noticing section that is associated with your nursing priority. I would highlight the neck pain, fall risk, and albumin level as well for your impaired physical mobility nursing priority. You identified 3 complications and signs and symptoms the nurse would assess for with each. KA
	5. State the goal for the top nursing priority.	Complete			Not complete	3	
	6. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	2	
	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	You did a nice job including all relevant nursing interventions and making sure they are individualized, realistic, and include rationales. You nursing interventions were not prioritized. Remember assessments are first, followed by other nursing tasks, and education is last. Only half of your nursing interventions had frequencies. You can time interventions in many ways for the one you did not time here are some options: as at all times, prn, every interaction, on ambulation, before discharge, on admission, daily. KA
	10. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	0	
	11. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	2	
	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	You did a nice job reassessing all highlighted data in the noticing section. You stated you would continue your plan of care. KA
	15. Evaluation includes one of the following statements: <ul style="list-style-type: none"> Continue plan of care Modify plan of care Terminate plan of care 	Complete			Not complete	3	

Reference

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

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

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

Faculty/Teaching Assistant Comments: You satisfactorily completed you care map. See comments above for areas to improve on in the future. KA

Total Points: 40/45

Faculty/Teaching Assistant Initials: KA

Student Name: Leah Shelley		Course Objective: 6					
Date or Clinical Week: Week 10							
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 9 abnormal assessment findings were listed based on the patient care provided. Numerous detailed diagnostic and lab results were listed as identified in the patient's chart. Based on the patient's medical history and age, a thorough list of risk factors were identified.
	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	A detailed list of 10 nursing priorities were identified, with impaired urinary elimination being identified as the top priority problem based on her UTI and AKI. An appropriate goal statement was provided directly related to the priority problem. Most relevant data were highlighted as it pertained to the top priority problem. Consider including her elevated BP as a relevant detail, as AKI can be supported by hypertension. Three priority potential complications were identified, each including specific signs and symptoms to monitor for.
	5. State the goal for the top nursing priority.	Complete			Not complete	3	
	6. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	7. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	3	
	8. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	3	
Responding	9. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	2	A list of 11 nursing interventions were identified and listed related to the impaired urinary elimination. A few others that you could consider: Assessing her neurological status (because of the syncope and risk for confusion related to the UTI), daily weights (related to the AKI and potential for fluid retention), reviewing lab results (monitoring for improvement/worsening creatinine levels related to the AKI). Just some things to think about! Each listed intervention was prioritized appropriately with assessment interventions taking highest priority. Each listed intervention included a frequency. Individualized interventions were included
	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	

							with specific medication orders.
--	--	--	--	--	--	--	----------------------------------

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	An appropriate rationale was provided for each.
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	A thorough evaluation of the patient's progress was provided by listing reassessment findings. Based on the findings, it was appropriately determined to continue the plan of care.
	15. Evaluation includes one of the following statements: <ul style="list-style-type: none"> Continue plan of care Modify plan of care Terminate plan of care 	Complete			Not complete	3	

Reference

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

<p>Total Possible Points= 45 points 45-35 points = Satisfactory 34-23 points = Needs Improvement* < 23 points = Unsatisfactory*</p> <p>*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.</p> <p>***Students that are not satisfactory after 2 attempts will be required to meet with course faculty for remediation. ***</p> <p>Faculty/Teaching Assistant Comments: Great job with your care map on impaired urinary elimination! You did a nice job asking questions and researching your patient's condition to gain a better understanding of the nursing care required. You used this information to demonstrate your clinical judgement in developing this care map, well done. You have now completed both required care map submission for the semester, congratulations! Continue to practice care maps during your studying to enhance your understanding and develop your clinical judgement. Let me know if you have any questions! NS</p>	<p>Total Points: 44/45 – Satisfactory</p>
	<p>Faculty/Teaching Assistant Initials: NS</p>

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

Student name: Leah Shelley								
Skills Lab Competency Evaluation	Lab Skills							
	Week 1	Week 1	Week 1	Week 1	Week 1	Week 2	Week 2	Week 9
	Insulin (2,3,5,7)*	Assessment (2,3,4,5,7)*	IV Math Application (3,7)*	Lab Day (1,2,3,4,5,6,7)*	IV Skills (2,3,5,7)*	Trach (1,2,3,4,5,6,7)*	EBP (3,7)*	Lab Day (1,2,3,4,5,6,7)*
	Date: 1/7/25	Date: 1/7/25	Date: 1/8 or 1/9/25	Date: 1/8 or 1/9/25	Date: 1/10/25	Date: 1/15 or 1/16/25	Date: 1/15 or 1/16/25	Date: 3/11/25
Evaluation:	S	S	S	S	S	S	S	S
Faculty/Teaching Assistant Initials	SA	SA	SA	SA	SA	SA	SA	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 1/9/2025. KA/DW/HS/SA

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

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

Week 2

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

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

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

<u>Simulation Evaluation</u>	Student Name: Leah Shelley							
	Performance Codes: S: Satisfactory U: Unsatisfactory	vSim- Vincent Brody (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	vSim- Juan Carlos (Pharmacology) (*1, 2, 3, 4, 5, 6)	vSim- Marilyn Hughes (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	Simulation #1 (Musculoskeletal & Resp) (*1, 2, 3, 4, 5, 6, 7)	Simulation #2 (GI & Endocrine) (*1, 2, 3, 4, 5, 6, 7)	vSim- Stan Checketts (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	vSim- Harry Hadley (Pharmacology) (*1, 2, 3, 4, 5, 6)
	Date: 1/27/25	Date: 2/10/25	Date: 2/24/25	Date: 2/26 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	KA	SA				
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA				

* Course Objectives

Comments:

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Malone Phillips- A Leah Shelley-M

GROUP #: 1

SCENARIO: MSN Scenario #1 – Musculoskeletal/Respiratory

OBSERVATION DATE/TIME(S):

CLINICAL JUDGMENT COMPONENTS	OBSERVATION NOTES
<p>NOTICING: (2) *</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 	<p><u>Focused Observation</u></p> <p>Focused on full pain assessment on left leg</p> <p>Focused on 6P's- identified all</p> <p>Obtained complete set of VS (temp, BP, HR, RR, SpO2)</p> <p><u>Recognizing</u></p> <p>Recognized abnormal findings in 6P's – left foot blue</p> <p>Recognized heart rate, respiratory rate and blood pressure elevated</p> <p><u>Information Seeking</u></p> <p>Sought additional information on pain on left lower leg</p> <p>Sought information regarding ability to ambulate prior to surgery to establish baseline for after surgery</p> <p>Medication nurse sought information on pain prior to administering pain medication</p> <p>Assessed allergies</p> <p>Reassessed pain after medication</p> <p>Did not seek information on pronouns</p> <p>Sought information regarding patient not taking medications at home</p>
<p>INTERPRETING: (1) *</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 	<p><u>Prioritizing Data</u></p> <p>Prioritized Neuro assessment</p> <p>Removed sock to assess foot</p> <p>Prioritized education rather than calling provider immediately</p> <p>Did not prioritize removing pillow/ice from leg</p> <p>Prioritizes giving pain medication</p> <p><u>Making Sense</u></p>

	<p>Did not remove pillow or ice</p> <p>Medication nurse identified elevated creatinine questioned provider on pain medication dose related to labs</p> <p>Made sense of tetanus shot being given in ER</p> <p>Made sense of importance on starting IV antibiotics and fluids prior to surgery</p> <p>Made sense of appropriate dose of Morphine</p> <p>Subcutaneous needle used for IM injection</p>
<p>RESPONDING: (2,3,4,5,6) *</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 	<p><u>Communication</u></p> <p>Does not address conflict with off-going nurse, however continues to ask all pertinent questions in an attempt to get more information.</p> <p>Calm communication with pt. throughout interactions</p> <p>Good communication with medication nurse regarding patient concerns</p> <p>When calling provider- SBAR missing some information</p> <p>Kept pt. informed regarding loosening the dressing, and removing the pillow</p> <p>Called wife and informed her of changes in surgery related to changes in condition</p> <p>Kept patient informed after speaking with wife</p> <p>Good teamwork on administering the IV fluids</p> <p>SBAR with surgery nurse appropriate however, did not clarify pronouns when informing surgery nurse</p> <p><u>Intervention</u></p> <p>Educated pt on upcoming ORIF surgery and importance of ambulating</p> <p>Educating patient on risk of blood clot post-op</p> <p>Identified need to loosen dressing to relieve pressure on leg</p> <p>Removed pillow and loosened dressing</p> <p>Did not remove ice</p> <p>Administer IM Morphine</p> <p>Wasted appropriate amount of Morphine</p> <p>Used hand for safety on needle</p> <p>Assessed IV site and flushed site prior to initiating IV fluids</p> <p>Good teamwork medication nurse sought assistance from assessment nurse when initiating IV fluids</p>

	Did not confirm consent completed prior to surgery
<p>REFLECTING: (7) *</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Nice job on the group discussion regarding the scenario. The group was able to independently evaluate and analyze personal clinical performance. They were able to demonstrate commitment to ongoing improvement, and discuss strengths and weaknesses. A discussion occurred regarding the inappropriate behavior of the off-going nurse and how that situation could be handled. A discussion was held regarding the importance of a thorough SBAR when communicating with other healthcare providers. The significance of selecting the appropriate needle was discussed. The students identified that they were unaware that it was an ice pack on the patients leg, however we discussed the importance of removing anything from the leg that could be causing additional pressure.</p>
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric.</p> <p>E= Exemplary A= Accomplished D= Developing B= Beginning</p> <p>Scenario Objectives:</p> <ol style="list-style-type: none"> 1. Select focused physical assessment priorities based on individual patient needs. (2)* 2. Implement appropriate nursing interventions based on patient’s assessment. (1,3,6)* 3. Communicate appropriately with the patient, family, team members, and healthcare providers incorporating elements of clinical judgment and conflict resolution. (4,7)* 4. Provide patient-centered care with consideration to cultural, ethnic, and social diversity. (2,3,6)* 5. Provide appropriate patient education based on diagnosis. (5)* <p>* Course Objectives</p>	<p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful information. Recognizes subtle patterns and deviations from expected patterns in data and uses these to guide the assessment. Actively seeks subjective information about the patient’s situation from the patient and family to support planning interventions; occasionally does not pursue important leads.</p> <p>Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. In most situations, interprets the patient’s data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse.</p> <p>Responding: Assumes responsibility; delegates team assignments; assesses patients and reassures them and their families. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. Displays proficiency in the use of most nursing skills; could improve speed or accuracy.</p> <p>Reflecting: Independently evaluates and analyzes personal clinical performance, noting decision points, elaborating alternatives, and accurately evaluating choices against alternatives. Demonstrates commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops specific plans to eliminate weaknesses.</p>

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