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

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

**Student**: Isabella Riedy

**Final Grade**: **Satisfactory/Unsatisfactory**

**Semester**: **Spring**

**Date of Completion**:

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

**Faculty eSignature**:

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

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**DIRECTIONS FOR USE**:

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

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**METHODS OF EVALUATION**:

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

**ABSENCE (Refer to Attendance Policy)**

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

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

## PERFORMANCE CODE

**SATISFACTORY CLINICAL PERFORMANCE**

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

**UNSATISFACTORY CLINICAL PERFORMANCE**

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

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

**OTHER**

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

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

| Date | Care Map Top Nursing Priority | Evaluation & Instructor Initials | Remediation & Instructor Initials | Remediation & Instructor Initials |
|---|---|---|---|---|
| 2/6/25 | Decreased cardiac output | S/RH | N/A | N/A |
| 3/20/25 | Impaired Physical Mobility | S/SA | N/A | N/A |

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 | S | S | S | NA | S | NA | S | S | S | | | | |
| b. Correlate patient's symptoms with the patient's disease process. (Interpreting) | | | NA | S | S | S | S | NA | S | NA | S | S | S | | | | |
| c. Correlate diagnostic tests with the patient's disease process. (Interpreting) | | | NA | S | S | S | S | NA | S | NA | S | S | NA | | | | |
| d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting) | | | NA | S | S | S | S | NA | S | NA | S | S | NA | | | | |
| e. Correlate medical treatment in relation to the patient's disease process. (Interpreting) | | | NA | S | S | S | S | NA | S | NA | S | S | S | | | | |
| f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting) | | | NA | S | S | S | S | NA | S | NA | S | S | NA | | | | |
| g. Assess developmental stages of assigned patients. (Interpreting) | | | NA | S | S | S | S | NA | S | S | S | S | NA | | | | |
| h. Demonstrate evidence of research in being prepared for clinical. (Noticing) | S | | NA | S | S | S | S | NA | S | 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 | Rehab 5T, 69, cerebral infarction, left basil ganglia CVA | Rehab 5T, 76, NSTEMI, Takosubo, Parkinson | 3T: Syncope, dehydration, hypokalemia, CKD | 3T: Altered mental status | NA | | Digestive Health and Erie County Senior | Rehab 5T: 74, Right CVA | 4N: 87, small bowel obstruction Team Leader | Infection Control | | | | |
| Instructors Initials | RH | | DW | MD | RH | HS | KA | SA | SA | MD | SA | 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** 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 5:** (1 c, d, e) This week you did a great job making correlations with your patient's diagnosis and their disease process. You were able to also discuss how each of their medications related to their diagnosis and how it would assist with their health journey. You were also able to discuss your patient's recent cardiac issues and how it was contributing to her stay and recovery. RH

Week 6 - (1 a, b, c, d, e)-Great job this week! This week you did a great job discussing your patient's pathophysiology of their illness. You were also able to review the diagnostics and discuss how they correlated with the patient's diagnosis. You were able to discuss the importance of the medications that your patient was taking and how they impacted the plan of care. HS

Week 7 – 1a, b, c, e– You did a nice job discussing on clinical your patient's disease process of hyponatremia and UTI 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 7 – 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 9 ECSC and DH Clinical Objective 1 G & H: In your CDG you provided for ECSC, you identified the developmental stages of the seniors at the center and came prepared to perform your activity based on this information. For DH, you were prepared for clinical. Great job! MD

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 a ton of awesome questions about leadership. Great job! SA

Week 11 1(a-h) – Izzy, you did a great job this week making correlations between your patients' alterations in health and the nursing care required. You were able to analyze the pathophysiology involved with your patient's small bowel obstruction related to adhesions from a previous hysterectomy procedure. You correlated her admitting signs and symptoms of nausea, vomiting, abdominal pain, and lack of BM for multiple days. You closely reviewed the diagnostic tests that were performed, identifying the dilated bowel loops while reading the abdominal xray impression notes, noticed low protein levels related to lack of nutrient intake and absorption, and low hgb levels related to blood loss during the surgery. You discussed the prescribed pharmacotherapy and made correlations to her current and past medical history. The medical treatment of an open laparotomy with bowel resection was discussed, and you identified the importance of monitoring for returning bowel function, promoting ambulation, and encouraging increased PO intake. Overall well done! NS

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

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

Week 5: (2a-f) This week you performed a full head to toe assessment on your patient as well as a fall/safety assessment and skin assessment. You were able to communicate any abnormalities in your assessment to myself and the nurse. You charted all your findings in the EHR appropriately. RH

Week 6 (2a-f)- You did a nice job with your assessment as well as documenting it within the electronic medical record. You also did a nice job communicating your findings to the RN. You were also able to discuss your focused assessment and the reasoning behind your decision of focus. HS

Week 7 – 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 7 – 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 7 – 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 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

Week 11 2(a,e) – You did a nice job with your focused and priority assessments this week, noticing numerous deviations from normal. You appropriately prioritized your patient's GI system throughout the day, monitoring for improved GI function and prevention of complications. NS

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

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

**Comments:**

Week 4 Rehab Clinical Objective 3 C & D: While caring for your patient you were able to identify all of the priority needs for your patient based on their condition and report you received from the night shift nurse. You were able to communicate your priority assessments for the day and what interventions needed to be completed during your shift. Great job! MD

Week 5: (3a, b, d) You used proper hand hygiene throughout both clinical days. You were able to care for your patient while assisting therapy in helping your patient with their ADLs all while keeping safety in mind. You also were able to prioritize your day and organize your day in a way that allowed you to get all things done in a timely manner. You did great working around and with all the various therapies your patient had this week. You did a good job educating the patient on the use of their TED hose for the prevention of DVT since your patient was having some edema in their legs. RH

Week 6 (3 c, d, e)- You were able to prioritize your care for the day and adjust care when necessary based on changes that occurred during the day. You were available to help others when needed, and ask for assistance when needed. You communicated effectively with the primary nurse after the IV site was leaking and you could not administer the medications. HS

Week 7 – 3b – You cared for a patient who was not alert and oriented to person, place, and time. After assessing the patient's orientation and documenting the patient's confusion in the EMR you ensured the patient's safety throughout the day. You tried to follow the patient's routines identified by the patient's POA and advocated for communications techniques that worked best for the patient. You also Your patient was documented as needing to be on a 1 on 1 supervision and you organized your care to ensure the patient always had the required supervision. You also advocated for your patient throughout your clinical experience. She was a unique patient to work with and I am proud you were able to recognize the care we were providing to the patient could be adjusted to better meet her unique needs. Nice job! KA

Week 9 ECSC and DH Clinical Objective 3 A & J: During these clinical experiences, you made sure to use standard precautions with the patients/clients. You also identified the areas of improvement for your activity at ECSC and provided recommendations for improving the activity. Great job! MD

Week 10 (3a-f,I,j)- Awesome job this week with prioritization of duties and showed excellence in all skills performed. SA

Week 11 3(d) – This week you were assigned the role of team leader in charge of overseeing the care of three patients. You used good clinical judgement in our discussions related to patient prioritization. You used good priority setting frameworks in developing your priorities and did well managing care throughout the day. You appropriately prioritized the patient that was admitted with a recent hip fracture requiring surgery that was experiencing a change in mental status, prioritizing her safety. You then switched your focus to the patient admitted with an incidental finding of a PE and a newly identified omental tumor. Although his respiratory status was stable, the risks associated with a PE made him a high priority patient, well done. Your third priority patient was your assigned patient from the day prior that you knew well. She was multiple days post-op following surgery for a bowel obstruction progressing well towards her goals. Additionally, you maintained professionalism in your communications with your peers and remained calm in providing guidance throughout the day. NS

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

****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 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 5: (3k-m) This week you performed medication administration. You identified all medications and were able to provide an analysis of all medications administered including type of medication, side effects, and nursing care performed after administration. You also performed all checks prior to administration to ensure you were giving the correct dosages of each medication to the correct patient. You were able to scan all medications in the EMAR and chart them appropriately. You administered all PO medications this week. RH

Week 6 (3k-q)- You did a nice job with medication administration this week! You were able to administer PO medications and do an IV flush and connect IV fluids. You followed the rights of medication administration and completed all checks prior to administering. You were able to research each medication and answer all questions related to the medications. HS

Week 7 – 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 and SQ medications this week. You performed the medication administration process with beginning dexterity. You made sure all medications were administered in pudding as recommended by nursing and completed additional assessments when administering prn medication to your patient. KA
Week 7 – 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 10 (3k-m,r)- 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 topical medications this week. You performed appropriate documentation for non-administered insulin as well. Great job! SA

Week 11 9(k-o) – Rights of medication administration were observed, safety checks performed, and BMV scanning utilized appropriately. Several PO, a subQ, and an IVP medication were administered appropriately. You gained experiencing withdrawing a medication from a vial, reconstituting a powdered medication to be administered IVP, performed accurate dosage calculations, and overall demonstrated good confidence in your approach. Well done! 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:** 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 | NA | | | | |
| 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 | S | | | | |
| c. Report promptly and accurately any change in the status of the patient. (Responding) | | | NA | S | S | S | S | NA | **S** | NA | S | S | NA | | | | |
| d. Maintain confidentiality of patient health and medical information. (Responding) | | | NA | S | S | S | S | NA | **S** | 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 | S | | | | |
| f. Obtain report, from previous care giver, at the beginning of the clinical day. (Noticing) | | | NA | S | S | S | S | NA | **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** | NA | S | S | NA | | | | |
| | | | **DW** | **MD** | **RH** | **HS** | **KA** | **SA** | **SA** | **MD** | **SA** | **NS** | | | | | |

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

**Comments:**

Week 4 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 that was interesting and detailed about your patient. The reference and in-text citation you provided were appropriate for your discussions. However, please take note that when

using a reference inside of a sentence such as “Tabers states…” you need to place the year of the publication behind it. So like this “Tabers (2021)…”. Please see me if you have further questions! MD

Week 5: (4b, e, f, g) You did a good job staying in communication with the nurse caring for your patient this week. You were able to use SBAR communication to keep the nurse informed of the care you provided and if there were any changes in your patient’s status. You were also able to provide an SBAR handoff at the end of the day to the next provider of care. You did great with your clinical discussion post and finding an evidence-based article that related to your patient this week. RH

Week 6 (4e)- Nice job on your CDG this week! You successfully met all of the requirements on the rubric for your initial posting and the response to a peer. You answered all of the questions with a thorough explanation for each medication. You also provided an in-text citation and a reference for the initial and peer response. Nice job! HS

Week 7 – 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 7 – 4e – Isabella, you did a terrific job responding to all the CDG questions on the education you provided to your patient, the PCT, and the POA. You were very thorough with your responses to the questions. You were considerate with your response to your classmate and ensured your response added to the discussion. You included an in-text citation and reference in both of your responses. Keep up the excellent work! KA

Week 9 ECSC and DH Clinical Objective 4 A, B, D, & E: You utilized professionally appropriate and therapeutic communication skills with your peers, patients in DH, and the seniors while maintaining confidentiality of patient/client medical information. Additionally, you provided a satisfactory CDG! You did a great job identifying the activity, functional abilities of the clients, and areas of improvement for the activity. You also provided satisfactory reference and in-text citations. Great job! MD

Week 10 (4a-g)- Great work with your CDG requirements this week! You answered all questions appropriately with good supporting details and utilized an appropriate, reputable resource to support the discussion. All criteria were met. Great work! SA

Week 11 4(b) - You satisfactorily provided SBAR hand-off report during debriefing. I thought you did a very nice job in accurately communicating your patient’s situation. You were well-prepared by reviewing all pertinent information related to your patient. You provided the information at a good pace, were clear in your descriptions, and included most relevant details in your report. NS

Week 11 4(e) - Great job with your CDG post this week. Your responses to the question prompts were thorough and well supported. You painted a clear picture of your team leader experience and provided strong supporting details to help your classmates learn through your experience. Your response post to Brooke provided additional thought and insight into the conversation. The discharge process is certainly overwhelming early on your career, because you want to be thorough and make sure the patient understands the teaching, but you also know they are just excited to leave and may not catch or understand everything being told. Just so you are aware, the patients advocate’s at firelands do a follow up post discharge where they reach out to patients to ensure they have an understanding of their prescriptions, discharge orders, and follow up appointments. It takes a team effort and this is something you will gain comfort in the more you do it. Good thoughts and great job continuing the conversation to learn more! All criteria met per the CDG grading rubric. NS

**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 | S | S | S | NA | S | NA | S | S | NA | | | | |
| **b. Utilize appropriate terminology and resources (Lexicomp, UpToDate, Dynamic Health, Skyscape) when providing patient education. (Responding)** | | | NA | ~~S~~ NI | S | S | S | NA | S | NA | S | S | NA | | | | |
| | | | **DW** | **MD** | **RH** | **HS** | **KA** | **SA** | **SA** | **MD** | **SA** | **NS** | | | | | |

****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):** I provided my patient with education on the importance of drinking fluids. My patient was on honey thickened liquids so their desire to drink was decreased. This thick texture can make it difficult for patients to meet their needs. Some data that could support the need for increased fluid intake was my patient's urine being on the darker side, not voiding as often as they should be, had slight skin tenting, fatigue, constipation, and at one point had a significantly low blood pressure. I made sure to communicate this to my patient and the importance of meeting the daily nutritional needs, especially with the amount of physical activity they were participating in during the day. While educating I made sure to use terminology that the patient could understand, using short and simple sentences that included the important points. This ensures that the patient does not become overwhelmed and disconnected in the conversation. When educating, I made sure to include the positive effects of increasing fluid intake. This included an increase in energy levels, mental focus, physical performance, and decreased constipation. Educating on some of the positive effects can help the patient's drive to participate and implement the education that you are providing. Encouraging a couple sips an hour compared to just one sip an hour. I also made sure to ask what they would like to drink and if there was a specific beverage that they like to drink at home. While the liquid still had to be honey thick, making sure that it is a drink they typically enjoy may increase the chances of getting more fluids in. I made sure to utilize the teach back method to make sure they understood the main points of the education provided. You provided amazing education for your patient!!! I absolutely love the detail about all of the education that you gave her! However, for 5B it asks where specifically did you obtain this information which you did not provide. For this competency it is asking for a specific resource. This could be anything from Lexicomp to even your Nursing Foundations/MSN book. Let me know if you have any questions! MD
**Week 5 (5a&b):** I provided my patient with education regarding her medications and disease processes. My patient had a hard time understanding her medications and the illnesses that she is diagnosed with. Since she lacked this knowledge, she did not know the importance of her diet, fluids, exercise, medication therapy, etc. My patient is on a heart healthy diet and a fluid restriction due to cardiovascular problems. She was also struggling when understanding why some symptoms were occurring. Using skyscape and the electronic health record I put together a list of her medication information and researched her diagnosis's. This medication education and the sheet I provided her with helped her understand the importance of adherence to her medication therapy. It also helped her understand as to why she was struggling with certain symptoms including dizziness, lightheadedness and nausea, they were side effects to almost all her medications and illnesses. I made sure to educate on the importance of adhering to the heart healthy diet and fluid restriction that she is on, using skyscape. This ensured that she had an understanding as to why she is on the fluid restriction and

the importance of diet. The fluid restriction is because of her impaired cardiovascular function which can cause fluid retention/overload causing decreased output, peripheral and pulmonary edema, impaired circulation, etc. The heart healthy diet and exercise are to ensure prevention of further complications and illnesses. Adhering to medication therapy is important to maintain current illness and prevent further complications. You provided excellent education for your patient this week! She was so grateful for all your help and you spent such a great deal of time reviewing her medications with her so she understood them all. You also provided a wonderful handwritten paper for her to refer to that was easy to read and understand. RH

**Week 6 (5a&b):** I provided my patient with education on hypokalemia and the reasons for her medication treatments. One thing that my patient was diagnosed with during her admission was hypokalemia. Her potassium was 2.1 at the beginning of her stay, after multiple bags and oral potassium her levels were brought up to 2.8. While it has elevated this is still extremely low and is coming up too slowly. There were many reasons as to why her potassium dropped this low and is taking its time to come up. When I was caring for her, we hung another 20 meq of potassium diluted in 0.9% sodium chloride (250mLbag) along with 20 meq of oral potassium. When I told my patient that her potassium was still low and that she would need to receive more bags and oral potassium, she was extremely frustrated and over it. I feared that she would refuse treatment because of her frustration so I took any opportunities that I had to educate her on the importance of her medications. I used skyscape to educate on how severe hypokalemia could be especially because she already had cardiac problems. Hypokalemia can cause cardiac complications that can be life threatening. I also educated her on unpleasant symptoms that could worsen if she did not receive her treatment and that it can take time to raise her potassium level. I made sure she understood what I was saying because I used plain language that was simple and not too alarming. She repeated the important information and was willing to receive her medication even though she still was not excited about the situation. Great job! It was very important that she was aware of the necessity of receiving the potassium. HS

**Week 7 (5a&b):** I provided my patient with education on increasing her daily fluid intake. My patient was admitted for altered mental status, because of this she was confused, disoriented, resistant to care, compulsive, and unable to communicate. She was unable to remember her daily activities including eating, drinking, and voiding. Based on her assessment I was able to tell that she was not drinking enough water. I observed dry skin and throat, confusion, weakness, impaired voiding, constipation, and altered electrolyte values. I used skyscape to educate my patient on increasing daily fluid intake. Including how her health could improve by increasing fluids and what complications it could prevent. Her symptoms of constipation, weakness, confusion, electrolyte imbalances, and dryness could subside. Even though my patient was unable to comprehend and retain the information provided I still made sure to try. Unfortunately, she was unable to repeat any of the information when utilizing the teach back method. My patient was on a 1:1 observation so I made sure to communicate the importance of her being provided with fluids to the patient care tech and the support system that would visit her. This would ensure that she would consume the adequate amount of daily fluids. I love how you recognized that traditional education was not going to be effective with this patient and found a way to incorporate the intervention into her daily routine. You also made sure to include important people in her care in the education including the PCT and the POA. Terrific job! KA

**Week 10 (5a&b)**: I provided my patient with education on medication adherence and medication information. I used Lexicomp to provide resources on education based off my patient's higher risk medications. These medications included the anticoagulant Enoxaparin, antiplatelet clopidogrel and aspirin. I ensured to educate on these medications because of their high risk of bleeding. Communicating that something like a fall could be fatal so I ensured that the patient knew the signs and symptoms to report if bleeding is suspected. Another piece of information regarding these types of medications is that clopidogrel should be tapered and not immediately stopped. I educated on all their medications; however, I ensured to focus on these specific medications because of their risks. Other information on the other medications included proper nutrition while taking, when to take, expected signs and symptoms, reportable signs and symptoms, and how to take the medications. Great recognition and focus on the major concerns for your patient! SA

**Week 11 (5a&b):** I provided my patient with education on the incentive spirometer and fluid intake. I utilized skyscape to provide information to my patient regarding the benefits of the incentive spirometer and increasing fluids. My patient had a small bowel resection because of an obstruction, she is now on a clear liquid diet. I noticed that she was not drinking much water, so I asked her about it, and she explained to me how water is not her favorite beverage. I asked her what she typically likes to drink and got those for her. I made it clear that drinking plain water is important for healing and recovery, however I made sure she had fluids that she enjoyed increasing her overall intake. Using skyscape, I communicated how increasing fluids can benefit her in the recovery process. Increasing fluids would prevent dehydration, aid in having bowel movements, promote proper circulation, and overall maintenance of proper nutrition so the body can recover appropriately. I also communicated the importance of using the incentive spirometer about 10-15 times every hour. She was on 2 liters of oxygen with an SPO2 of 99%, so we decided to wean her off the oxygen. She was able to maintain a SPO2 of 100% without any oxygen therapy. She also has an intermittent productive cough so I explained that using the incentive spirometer would promote lung expansion, adequate oxygenation, clear mucous, and prevent any respiratory complications. What a thorough and detailed response! Well done. These are essential educational topics for her in the post-operative period. I am happy to hear that you emphasized the importance of adequate water intake. This is something many of us, myself included, struggle with on a daily basis. Sometimes we can meet out patient's half way and provide options to promote intake. There are good, healthy options for additives for water that might help increase intake. Good thoughts on the incentive spirometer and her oxygenation status. Excellent reflection. 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 | NA | S | NA | NA | NA | S | NA | S | NA | NA | | | | |
| b. **Identify factors associated with Social Determinants of Health (SDOH) &/or cultural elements that have the potential to influence patient care.**** (Noticing, Interpreting, Responding, Reflecting) | | | NA | S | S | S | S | NA | S | NA | S | S | NA | | | | |
| | | | **DW** | **MD** | **RH** | **HS** | **KA** | **SA** | **SA** | **MD** | **SA** | **NS** | | | | | |

****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 (6b):** Factors associated with the social determinants of health regarding my patient included the categories: transportation, support system, financial strain, physical activity, substance use, mental health, and disabilities. My patient now suffers with severe impaired physical mobility following a stroke. This creates the need for a structured support system and my patient has quite a small one. They only have their son, grandson, and daughter-in-law. My patient said that they are not active in anything within the community. My patient will always need transportation assistance and help with daily activities. While they do live with their grandson, he may not be able to always help. They also have many pets living in the home, including two cats and a dog. Not only does this create a risk for injury but it also is a constant responsibility that someone will need to keep up with. Taking care of pets at home is something that my patient will not be able to do as easily. This also can also impact my patients access to quality food and nutrition. My patient also suffers from depression, stress, and insomnia which can negatively impact an individual. With new medical bills and impaired mobility, this can impact one's depressive state and further contribute to stress and insomnia. Finally, my patient has been struggling with substance abuse, specifically smoking for the past 20 years. These are all fantastic SDOH! MD

**Week 5 (6b):** Factors associated with the social determinants of health regarding my patient included the categories: health care access and quality, neighborhood and built environment, and community and social context. Health care access and quality: health literacy-My patient was having trouble understanding her medication and diagnosis. Being uneducated on the details that are important to maintain her health and prevent any further complications. Neighborhood and built environment: access to healthy food- My patient lives with her husband and is typically used to having an unbalanced diet. Since she lives with another person and does rely on them some of the time to purchase food, it can prevent access to a healthy diet. This is the diet that my patient will need to continue to maintain and better her health. Social and community context:

stress and support system-My patient has a large support system that is made up of family and friends. However, some of these individuals have created a stressful environment for my patients regarding their well-being. This added stress that she is aware of and has negatively impacted her health and well-being along with having a negative effect regarding her illnesses. Great job looking at multiple aspects of your patient's home life to determine some of her social determinates of health this week. RH

**Week 6 (6b):** Factors associated with the social determinants of health regarding my patient included the categories: education assess and quality, neighborhood and built environment, and healthcare assess and quality. Educational access and quality: My patient's education on medication and diagnosis processes is limited. They need further education on the medications that they should and should not be taking along with the common side effects. This would prevent further risk of complications and prevent possible future hospital stays. Neighborhood and built environment: My patient lives in a nursing home so their access to quality food is limited, possibly not being provided with the diet that they should be consuming. This also creates an impaired living environment for my patient since they are separated from their support system. Healthcare access and quality: Since they live in a nursing home their care is not directly provided by their support system so it could become compromised. Nursing homes become costly quickly and this negatively impacts the patient and their support system. You have provided excellent examples of SDOH factors specific to your patient. HS

**Week 7 (6b):** Factors associated with the social determinants of health regarding my patient included the categories: access to quality education, access to health care services and cost, economic stability, and neighborhood and built environment. Access to quality education: my patient came in with altered mental status and has autism and dementia. They were unable to communicate and was disoriented, this made them unable to comprehend or retain any educational information. This created impaired access to quality education. Access to health services and costs: my patient currently lives in a nursing home which can add up quickly. Nursing homes and assistive care facilities are not cheap, and this impacts not only the patient but also their support system. Nursing homes could also impact the patients access to care based off of the patient to nurse ratios. Economic stability: Since my patient lives in a nursing home their access to quality nutrition could be impaired based off what is available to them. Most patients at the hospital are placed on a diet that will benefit them, outside of the hospital this is not always the case. Access to quality food may not be available as frequently. Neighborhood and built environment: my patient does not have any family; however, she does have two power of attorneys. They are friends of hers and have been supporting her for years. These individuals do what they can, but they expressed to me that they cannot always be there everyday at the nursing home for her and can only do so much. This severely impairs her support system and puts her overall health at risk. Most interactions and care provided to her are from strangers and not people she is familiar with which can negatively impact her autism and dementia. You did such a great job thoroughly assessing your patient's SDOH risk factors. Do you have any suggestions of resources that may benefit her and help address some of these areas of concern? KA

**Week 10 (6b):** Factors associated with the social determinants of health regarding my patient included: healthcare access and quality, economic stability, neighboorhood and built environment, and social and community context. Economic stability: my patient has chronic health diagnoses that impact her daily living. Hospital stays, appointments, rehabilitation, and management of her illnesses cost a lot of money for her and her support system. This could negatively impact on the patients' health care quality and access along with access to quality housing and food. Neighborhood and built environment: my patient lives with her daughter who works nights 5 days out of the week. While she does have access to quality housing, she does not have the help that she needs when she is home. This can also impact the consistency of quality access to healthy foods. My patient also spends all her time within the house because of her impaired mobility so she does not have a large support system within the neighborhood. This could impact on her overall health, not having help when needed or consistent access to quality food. Social and community context: my patient lives with her daughter and spends most of her day inside the house, not participating in much activity. She is not active within the community other than going to an occasional church service. My patient also talked about having some friends, however, she mentioned that they do not understand her situation and do not support her in the way that she hopes for. This creates an impaired support system which is essential for patients in many ways, especially stroke patients. All of these factors can impact my patient's healthcare access and quality. Nice SDOH. The lack of support is so important to a person's well-being and recovery. There are many organizations that can help this patient with at home care, and there are many programs for social functions as well. You did a great job at connecting with them this week! SA

**Week 11 (6b):** Factors associated with the social determinants of health regarding my patient included: Healthcare access and quality, education, and economic stability. Healthcare access and quality: my patient lives in a nursing home which means that costs can add up quickly. This could negatively impact the patient and their support system. Based off nurse patient ratios and other factors within nursing homes, the access to quality care could be compromised. This is not always the case; however, it is possible, especially with high patient ratios. Education: my patient has a lack of understanding of their current illness and history. She has not been provided with significant education regarding her current situation or her diagnosis history. Not being properly educated on proper nutrition, physical activity, and prevention measures could impact her overall health and possibly lead to further complications. Economic stability: since my patient lives in a nursing home her access to proper nutrition is compromised. Being provided with consistent proper nutrition based off her history and current illness is compromised. This plays a significant role in managing health as well as being provided with the appropriate interventions. Very good! While hospitalized patient's have around the clock care and support to help meet outcomes. Upon

discharge, each patient has a unique situation that can impact their health. We noticed that she appeared to have a very strong support system and family that cared about her health and well-being. This makes a huge difference in post-discharge outcomes. I certainly agree with you in regards to nursing home care. I could be wrong, but I believe she came from an assisted living which has its own risks, but does allow for more independence in nutrition, etc. However, I believe she was being discharged to the skilled nursing facility, which would be a part of the nursing home, not assisted living. As a result, I think your thoughts on her SDOH provide good insight into factors that can impact her. Great job! 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)** | S | | NA | S | S | S | S | NA | S | 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 | S | | | | |
| c. Demonstrate evidence of growth, initiative, and self-confidence. (Responding) | S | | NA | S | S | S | S | NA | S | 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 | 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 | S | | | | |
| f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (Responding) | S | | NA | S | S | S | S | NA | S | 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 | S | | | | |
| h. Actively engage in self-reflection. (Reflecting) | S | | NA | S | S | S | S | NA | S | S | S | S | S | | | | |
| | **RH** | | **DW** | **MD** | **RH** | **HS** | **KA** | **SA** | **SA** | **MD** | **SA** | **NS** | | | | | |

****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 & 2 7(a):** An area of strength for me over the past two weeks was staying organized. We received a lot of important information in the first week of class, so I made sure to create and additional calendar with every piece of information from the syllabus, handouts, assignments, course outline, and the clinical schedule to ensure that I am prepared for all of these activities. I

plan to continue to stay organized and on top of all information. I plan to do this by utilizing my resources including handouts and the Calanders making sure to look at these and my email multiple times a day. This is a great plan, not only for this course but for all courses in the program! RH

**Week 1 & 2 (7b):** An area of improvement for me over the past two weeks was prepping and organizing the material for the course quizzes, specifically in week two. In week two we had a total of three quizzes and a tracheostomy lab checkoff. I found it hard to prepare and study the material during the short amount of time that we had. These types of quizzes are quite new compared to nursing foundations. I was not sure how to fully prepare for the quizzes and how to use the little time that I had wisely. I plan to better this area of weakness by learning from each quiz I take. Noticing where the material is being pulled from and the type of application questions that are asked. For the future, my goal is to use lecture notes, the course textbook, and ATI when preparing for the course quizzes instead of just utilizing my lecture notes. An additional goal that I have is to use my course calendar and see where I can add additional study time for each quiz. This is a good goal. The use of ATI and NCLEX practice questions will also allow you to get more familiar with how we ask questions and how to identify what the question is asking. The library at the school has various NCLEX practice books as well if you need additional resources. I found it helpful to schedule specific study time while I was in nursing school. This allowed me to treat that time as a job rather than always moving it around and saying I could do it later. RH

**Week 4 (7a):** An area of strength during this clinical for me was time management. My patient was in dining group which is at 0830 so I had to complete and document my assessments on pain, physical re-assessment, wound management, safety, patient rounds, and vital signs before 0830. Within this time frame I also had to bathe and dress my patient along with passing their medications. My goal is to continue to be efficient in time management and completing all assessments thoroughly. I plan to do this by creating a to do list before going into the room to ensure I complete all assessments and documentation efficiently. I can also make sure to take advantage of opportunities that can save time. Since my patient needed a bath around the same time, I would complete my head-to-toe assessment, I completed both at the same time. This saved time and made it so that I was not bothering that patient twice, once for their bath/dress and then again for their head to toe. Completing my head to toe while bathing and dressing my patient also allowed me to get a better picture on my patient and their abilities. You definitely has amazing time management skills! It is always great to continue to grow in this area! Some weeks may be harder then others in the time management area but I have faith you have a great foundation to keep working on it! MD

**Week 4 (7b):** An area of improvement for me this week was finding a way to engage more when my patient is at therapy. Since this type of clinical is new to me I found the therapy sessions a little uncomfortable when just being present and not actively engaging or helping. I did not want to interrupt or intrude while they were working with my patient completing interventions. I plan to better this by making sure to take notes during the therapy sessions on the interventions that they are completing. Along with observing and noting how my patient is doing during this time. I also plan to offer my help during the sessions along with letting them know that I am willing and wanting to learn about the interventions that they are completing with my patience. My goal is to implement my plan and try to find opportunities where I can engage more during my patient's session. This is an amazing goal! It is definitely important to know and understand how an interprofessional team works and benefits the patients in all areas! MD

**Week 5 (7a):** An area of strength during this clinical for me was being attentive to my patient. My patient had a little anxiety regarding her disease processes and medications. I made sure to research her medications and disease processes to provide her with the information she was looking for. I put together a medication sheet with all of the information regarding her medication, so she was more knowledgeable on those details. She was also on a fluid restriction and had a full day of therapy. This created the need for collaboration with the nurse regarding her fluids. With the time frames that I had I ensured to answer all her questions, answer her call lights, complete all assessments, and create that therapeutic relationship. My goal is to continue this strength, and I plan to do this by ensuring that if I have a free break to check up on my patients and provide them with anything that they may need in a timely manner. You did so well being attentive to your patient and all their needs and the patient was so grateful for you. RH

**Week 5 (7b):** An area of improvement during this clinical for me was navigating through my patient's chart. When looking at the whole picture of my patient including their background, history, provider notes, diagnostic tests, etc. I find it hard to understand all the information when navigating through it all. Especially the diagnostic test and provider notes. It can be hard to understand what is being said and what it means in regard to my patient. My goal is to get better at understanding the information provided when going through my patients chart to receive all the information needed. I plan to do this by ensuring that I give myself allotted time each clinical to practice navigating through the chart. Along with reading and writing down the notes and testing, to then research the information provided to gain an understanding of my patient's full picture. This does begin to get easier as you learn about more disease processes and more abnormalities. Once you get through more body systems this semester, it will start to "click" a little more and it will not be as overwhelming. RH

**Week 5:** (7e) Your patient this week was very complimentary of you, not only to myself but to the nursing staff on the unit as well. The night shift nurse made it a point to tell us that the patient was so impressed with your care that you provided, great job! RH

**Week 6 (7a):** An area of strength for me during this clinical was adapting to my patients care efficiently. I passed the medications on day two of clinical, so I had little time to research my patient's medications. I made sure to complete all my morning assessments and documentation in a timely manner so I would be able to have time to research each medication that I was passing. My patient was then prescribed non-routine IV fluids based on their morning labs. This created an unusual routine for me and provided me with many learning opportunities. I adapted to the situation efficiently and worked with the nurse, doctor, and clinical instructor when providing the medications. My goal is to continue to be able to efficiently adapt to unexpected situations. I plan to do this by remaining calm when unexpected situations occur. Deep breathing, clearing my mind so I can comprehend apply the information that I have learned along with thinking critically, connecting all dots. Great job adapting! Nursing is full of challenges and making changes to our plan for the day. HS

**Week 6(7b):** An area of improvement during this clinical was applying all information that we learned in class. There were a couple times during this clinical that I had forgotten some little things that we learned in class that I could've applied when caring for my patient. While it is hard to remember all the information that is given to us, I do believe that I can do better at this. One example of this is pausing IV fluids before taking a blood pressure on that arm. I did not realize or remember from class that we are supposed to hit pause on the IV pump before taking

the blood pressure. This could cause the IV to blow/go bad. This could severely impact the patient if they do not have many options for an IV site. Little things like this are important to know so my goal is to pay more attention to the small details and skills provided during lectures so I can provide my patient with the highest possible quality care. I plan to do this by making sure to study the little and big details given during lecture and lab, recording lectures to then be able to listen back and not miss any details provided. With each experience in the clinical setting your knowledge base will continue to grow. Be sure to discuss pausing the IV pump with the instructor prior to doing so. HS

**Week 7 (7a):** An area of strength for me this week was finding different ways to try and communicate with my patient. My patient was admitted for mental status changes. When performing my assessment, I observed that she was only oriented to self, confusion, resisted care, combative at times, weak, had unclear repetitive speech, frequent falls, bruising, anxious, incontinent, and could not perform ADLs. Her history included dementia, iron deficiency, autism, Gerd, urinary tract infections, anxiety, and depression. Since she was so confused and could not communicate, this made it hard when providing care and education. It was hard to perform assessments and communicate with my patient since she was not understanding what was going on. I was able to talk to her power of attorney when they visited and got some helpful information that could improve her care. He noted that at her baseline she liked her pills counted for her and interventions explained in detail before they are performed. This was helpful even though she may not have fully understood what I was saying. Incorporating a similar environment comparable to the nursing home could help improve her overall mental status. I also made sure to grab the binder that had letters, pictures, and words on pieces of paper so if she knew what she wanted to say she would be able to point to it. This did work during breakfast; she was able to say what she did and did not like to eat. This also helped her get words out when speaking, seeing the actual work written could help her connect with what she was thinking about saying. My goal is to continue to adapt to my patients needs to promote their overall health and care. I plan to do this by utilizing the resources that are available with each patient and trying them in hopes of seeing improvement. Making sure to communicate with nurses, support systems, and looking into my patients chart to get the full picture and little details that could improve their overall wellbeing. Another resource that was available that we tried was a busy blanket, this helps patients that are agitated. Having something they can do throughout the day can help prevent situations like trying to get out of bed compulsively or pulling on IVs. Resources like the busy blanket and communication binder can sometimes be forgotten about and not utilized. I can tell you learned so much from caring for this patient. I am proud of how you tried to figure out how to provide the best care to her and constantly advocated for what was best for her. KA

**Week 7 (7b):** An area of improvement for me this week was charting within the electronic health record. Since my patient was so confused and disoriented, they were unable to communicate with me. I had to use alternative assessments like the FLACC pain score and base my assessments only off what I observed. I was thorough with my assessments but when it came to charting, I stumbled a little because I could not confirm some of my findings with my patient. One example would be dizziness, I could tell when my patient sat up, they seemed to have dizzy like body language and it took a second for them to get their balance. I observed this but I could not confirm with the patient that this is what they were feeling or if it was as normal movement for them. Another example would be that when I performed their gastrointestinal assessment their abdomen was somewhat firm. I knew that it had been a couple days since they had a bowel movement, and they had not been intaking the adequate amount of nutrients. This would support possible constipation; however, I could not confirm verbally with the patient if this was normal or not for them. This decreased my confidence when documenting my patients care because I wanted to make sure what I was observing was confirmed with the patient themselves. I was hesitant to chart information that I had not confirmed with my patient verbally. This was my first disoriented patient, so my goal is to continue learning with each patient and really dive deep into what my patient presents to me to get the full picture with the situation that I am in. Unfortunately, with patients that have altered mental status and cannot communicate we have to go off what we observe and may not get the opportunity to verbally confirm certain things with them. I plan to do this by using my clinical judgment and use multiple aspects from my assessments to document what I am observing from my patient to support my documentation. I also can add nursing notes and other notes with details to further support my documentation. This is a great plan. I agree when you care for patient's who are unable to communicate with you or who are disoriented you are left with providing interventions based on what you can objectively assess. You did a nice job learning as you went and if what you were doing did not work you tried a different method. You also sought out information from those who knew her best to help decide on the best interventions and ways to communicate with her. Terrific job this week! KA

Midterm Comment – Izzy, 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):** An area of strength for me this week was communicating and helping the individuals at the Erie County Senior Center. Some individuals within the group had difficulty hearing, understanding, and moving. I had to alter the way I communicated with some of the individuals, adapting to their needs. For the individuals that were hard of hearing, I simply got closer to them so they could see my lips move and talk into the better ear. Other individuals had a hard time understanding the concepts of painting and planting a flower. To help with this I explained the instructions in multiple different ways and demonstrated what they were to do. Most had a harder time getting around and used assisted devices, I made sure to pay attention if any of these individuals needed help or where struggling. I gave them time to try things on their own, however once I noticed that they needed interference to aid with the activity I stepped in. My goal is to continue to notice and pay attention when individuals need help. It can be frustrating to the elderly community when they cannot perform tasks how they once used to. Ensuring good communication and adapting to all their needs can positively impacts these individuals in many different ways. I plan to do this by recognizing and paying attention to my surroundings and noticing when an individual may need assistance, or more time to complete something themselves. I hope to volunteer at nursing homes and in the community to get a better understanding for these individuals' expectations. When to interfere and help or when to let them have their independence and work through the task. This is fantastic! You would be an amazing volunteer! MD

**Week 9 (7b):** An area of improvement for me this week was being more prepared for my clinical on digestive health. While I reviewed the common procedures that are typically done within digestive health, I should have done more research. This would include reviewing photos, videos, anatomy, and other information on the actual procedures. My goal for the future regarding

other new clinical sites is to be prepared on the specific areas I'd be involved with. I plan to do this by using my textbook and other creditable websites to review definitions and content to gain knowledge that I can use during my clinical experience. This is a great goal! MD

**Week 10 (7a):** An area of strength for me this week during clinical was medication pass. Previous clinical experiences when doing medication passes, I wasn't comfortable when taking medications out of the pixus and then navigating the MAR when documenting the medications. This clinical medication pass I noticed that I was more comfortable and independent when navigating the MAR and the pixus along with using my clinical judgement when administering specific medications. I did not have to ask as many questions to my instructor and felt more comfortable when communicating to my patient about the medications. My goal is to continue to get more comfortable with medications and administering them. I plan to do this by taking all medication administering opportunities during each day of clinical. Volunteering to administer flu shots, PRN medications, and collaborate with the nurse. I agree, great job! SA

**Week 10 (7b):** An area of improvement for me this week during clinical was communicating with the nurse. While I make sure to communicate any new abnormal findings regarding my patient along with current vitals, blood sugar, and overall status. I could do a better job communicating with the nurse to get an overall picture of my patient, especially if they have had my patient for previous days in a row. The nurses have a lot of experience and typically know a lot about our patients. We can use this to our advantage when caring for our patients and getting their overall picture. My goal is to communicate with my patient's nurse during my future clinical experiences. I plan to do this by taking any opportunity to sit down with my patient's nurse and gather any addition information regarding my patient, their support system, doctors, etc. Working on communication with other nurses will help you prepare when you also need to interact with the providers and charge nurses. This can also help build confidence when speaking to your patient or family members. Proper communication ensures that all information is covered and portrayed appropriately for the patients care and mitigates risks for errors or misunderstandings. Great job! SA

**Week 11 (7a):** An area of strength for me this week during clinical was time management regarding prioritizing patient care. I was leader during Thursdays clinical and as part of the requirements I had to prioritize my patients along with specific interventions. I was able to prioritize care, medication administration, and specific interventions based off each patient's information. While prioritizing care I made sure to continue to communicate with the other students and help with whatever they needed. Managing priority problems, possible complications, medication administration timing, routine interventions, and additional interventions to promote each patient's overall health. I plan to continue to stay calm while managing and prioritizing multiple patients. I plan to do this by creating organizational papers, delegating appropriate interventions if needed, using calming techniques when under stress like deep breathing, and ensuring good communication skills. I can practice these skills during other clinical opportunities along with possibly getting advice from others to better these skills. I can tell that you put a lot of thought and time into your clinical reflections, that is awesome to see! I agree with your stated strengths this week. I thought you did a great job in our discussions related to priorities, goals, and patient care. You demonstrated strong clinical judgement throughout the day and adapted to what was thrown your way. That's what the team leading experience is all about, getting exposure to the care of multiple patients and how to organize your thoughts. Another goal of the team leading experience is to provide you the opportunity to work along side your peers and develop leadership skills. As you mentioned during clinical, patience is a large part of being a team leader. Our peers and co-workers often work differently then us, and we have find a way to communicate without being overbearing. You voiced some of your nerves associated with certain situations and in your reflection have identified excellent methods to help in the future. I love the reflection, great job! NS

**Week 11(7b):** An area of improvement for me this week during clinical was communication with other students. This week I was team leader during Thursdays clinical, this required me to collaborate with the other students and prioritize specific interventions. I found it hard when knowing how to communicate appropriately regarding certain situations. I did not want to overstep or be taken the wrong way when communicating with my fellow students. It was difficult when trying to help but not overstep when completing interventions and tasks. Asking them if they completed specific things and aiding them when completing specific skills. This also goes hand in hand when knowing when to intervene. It was challenging to know if they needed help or just time to try and complete specific interventions. My goal is to communicate appropriately when collaborating with other students and nurses. Along with noticing when to step in or when to give them time to work through the task. I plan to reach this goal by practicing different communication approaches with students during future clinical opportunities to get practice for these situations. As well as asking the other students how they would approach specific situations and get their input on what communication and guidance they would appreciate and/or not appreciate. Another great reflection! I think this was a good learning experience for you. I appreciated your openness in discussing some of your concerns and how you felt in certain situations. It can be hard to lead others, however, I truly thought you did a great job. Strong plan for improvement moving forward. You continuously demonstrate some amazing qualities and I can't wait to see where life takes you in nursing, you have a very bright future! NS

**Week 12 (7a):** An area of strength this week for me during the infection control clinical was being comfortable and confident. For the infection control clinical me and another student were alone completing the designated tasks. Part of the requirements for the clinical involve accessing the patient chart and documentation. The other requirements included going to each patient room and checking their isolation status and cart. Making sure that it is appropriate and fully stocked. While completing these tasks I felt comfortable and confident in my abilities to be able to access the charting, go to patient's rooms, and access the par supply room to restock the isolation cart. I

was able to navigate around the entire hospital and through the patient's chart without the need for any assistance from the infection control staff or any instructors. Being able to complete a clinical that involved some patient care and accessing charting without any need for assistance helps me when feeling more confident entering a normal clinical day. My goal is to continue feeling comfortable and confident in the clinical setting and when completing tasks. Hoping that this will help me grow when considering that this time next year I will be in advanced med surg. My plan to continue feeling confident and comfortable in the clinical setting is to take any opportunity to learn when in these settings. Using any free time to help others with tasks and/or talk to other nurses and address any questions and topics that I would like to learn more about.

**Week 12 (7b):** An area of improvement for me this week during the infection control clinical was completed infection surveillance. While I was able to complete the task of surveilling staff members on their hand hygiene practice, I found it difficult. It was hard to not make it obvious when watching individuals go into patient's room monitoring if they used hand sanitizer when going in and out. I found it uncomfortable to watch people and stare while standing in the hallway. This kind of stopped me from surveilling some individuals to see if they were completing appropriate hand hygiene. My goal is to, when surveying individuals hand hygiene to try and not make it obvious and standby to see them as they enter the room and exit. My plan to do this would include ensuring to smile and be positive when making rounds so these individuals know that you are not there to just write negative notes down. Staying at the sides of the hallways where there are cubbies to stand and watch staff while also working on notes. This will help the situation feel less awkward and give an individual the opportunity to surveillance not only when they go into a room but also when they leave.

| Student Name: Izzy | Course Objective: |
|---|---|
| Date or Clinical Week: MSN week 5 | |

| | 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 provided a very detailed list of assessment findings, labs, diagnostics, and risk factors. RH |
| | 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 | 4. You provided a thorough list of nursing priorities for this patient. RH<br><br>7. Provided 4 potential complications with multiple signs/symptoms related to each one. RH |
| | 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 | **(lists at least 3)** | **(lists 2)** | | **(lists < 2)** | 3 | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | to monitor for each complication. | | | | | | |
| Responding | 9. List all nursing interventions relevant to the top nursing priority. | **> 75% complete** | **50-75% complete** | **< 50% complete** | **0% complete** | 3 | All interventions are prioritized and individualized to 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 | |
| Reflecting | 14. List all of the highlighted reassessment findings for the top nursing priority. | **>75% complete** | **50-75% complete** | **<50% complete** | **0% complete** | 3 | |
| | 15. Evaluation includes one of the following statements:<br>• Continue plan of care<br>• Modify plan of care<br>• Terminate plan of care | **Complete** | | | **Not complete** | 3 | |

## 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:**
This care map is very thorough and thought out. Great job collecting all the data on your patient and putting it together. Your interventions are specific and individualized to your patient. Also, great job using multiple references to ensure you are using correct interventions and

**Total Points:** 45/45

**Faculty/Teaching Assistant Initials:** RH

| | |
|---|---|
| providing a great list of nursing priorities. RH | |

| Student Name: Isabella Reidy | Course Objective: 6 |
|---|---|
| Date or Clinical Week: MSN 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 | You did a nice job including all abnormal patient assessment findings, lab/diagnostics, and risk factors. |
| | 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 the patient's nursing priorities and highlighting the highest priority. You wrote an appropriate goal for your chosen nursing priority. You identified 3 complications for the nursing priority and listed signs and symptoms the nurse would assess for each complication. |
| | 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 | You did a great job including all pertinent nursing interventions and prioritizing them. You made sure all interventions included frequencies, were individualized, realistic, and had rationales. |
| | 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 | You did a great job reassessing all highlighted data in the noticing section. You identified you would continue your plan of care for your patient. |
| | 15. Evaluation includes one of the following statements:<br>• Continue plan of care<br>• Modify plan of care<br>• Terminate plan of care | **Complete** | | | **Not complete** | 3 | |

## 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

**Faculty/Teaching Assistant Initials:** SA

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

| Student name: Isabella Riedy | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Skills Lab Competency Evaluation** | **Lab Skills** | | | | | | | |
| | **Week 1** | **Week 1** | **Week 1** | **Week 1** | **Week 1** | **Week 2** | **Week 2** | **Week 9** |
| Performance Codes:<br>**S**: Satisfactory<br>**U**:Unsatisfactory | **Insulin** (2,3,5,7)* | **Assessment** (2,3,4,5,7)* | **IV Math Application** (3,7)* | **Lab Day** (1,2,3,4,5,6,7)* | **IV Skills** (2,3,5,7)* | **Trach** (1,2,3,4,5,6,7)* | **EBP** (3,7)* | **Lab Day** (1,2,3,4,5,6,7)* |
| | **Date:** 1/7/25 | **Date:** 1/7/25 | **Date:** 1/8 or 1/9/25 | **Date:** 1/8 or 1/9/25 | **Date:** 1/10/25 | **Date:** 1/15 or 1/16/25 | **Date:** 1/15 or 1/16/25 | **Date:** 3/10 or 3/11/25 |
| Evaluation: | S | S | S | S | S | S | S | S |
| Faculty/Teaching Assistant Initials | RH | RH | RH | RH | RH | RH | RH | MD |
| **Remediation: Date/Evaluation/Initials** | N/A | N/A | N/A | N/A | N/A | N/A | N/A | NA |

*Course Objectives

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

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

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

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

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

| **Simulation Evaluation**<br><br>Performance Codes:<br><br>**S**: Satisfactory<br><br>**U**: Unsatisfactory | **Student Name: Isabella Riedy** | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | **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 | RH | KA | SA | | | | |
| **Remediation: Date/Evaluation/Initials** | NA | N/A | 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): Dobias (A), Riedy (M)
GROUP #: 2
SCENARIO: MSN Scenario #1 – Musculoskeletal/Respiratory
OBSERVATION DATE/TIME(S): 2/27/25 1015-1215

| CLINICAL JUDGMENT COMPONENTS | | | | | OBSERVATION NOTES |
|---|---|---|---|---|---|
| **NOTICING: (2) *** | | | | | Obtain vitals. Notice patient is SOB and moves to respiratory assessment. Vitals obtained (SpO2, BP, pulse) |
| • Focused Observation: | E | A | D | B | Pain assessment: location, rating, description, |
| • Recognizing Deviations from Expected Patterns: | E | A | D | B | Notice redness of right lower leg and moves to cardiovascular assessment. Notices +1 edema, pulses present (compares bilaterally), |
| • Information Seeking: | E | A | D | B | Notice crackles lung sounds |
| | | | | | Patient reports shortness of breath multiple times before identify need to call healthcare provider. |
| | | | | | Notice refusal of SCD and PT/OT |
| | | | | | Inquire about smoking history and medication compliance at home. |
| **INTERPRETING: (1) *** | | | | | Prioritize vitals first then respiratory assessment due to reports of shortness of breath. Prioritize oxygen therapy (nasal canula at 2L) |
| • Prioritizing Data: | E | A | D | B | Removes sock to visualize bilateral feet. Compares pulses and edema in bilateral feet/lower legs |
| • Making Sense of Data: | E | A | D | B | Prioritize pain medication to assist with patient pain level |
| | | | | | Makes sense of morphine dosage calculation (states giving 2 mL and 4 mg of morphine). |
| | | | | | Interpret ABG as respiratory alkalosis. |
| | | | | | Makes sense of enoxaparin dosage calculation. |
| **RESPONDING: (2,3,4,5,6) *** | | | | | Set patient up in bed due to reports of shortness of breath. |
| • Calm, Confident Manner: | E | A | D | B | Educate patient on cough/deep breathing to assist with oxygen levels. Educate on incentive spirometry. |
| • Clear Communication: | E | A | D | B | |
| • Well-Planned Intervention/ | | | | | Percocet administration: perform all checks, scan patient, scan medications. Administers correct dose. |

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|---|---|---|---|---|---|
| Flexibility:<br>• Being Skillful: | E<br>E | A<br>A | D<br>D | B<br>B | Call healthcare provider. No Situation or Background offered when calling, jumps right to assessment findings. After prompting fills in S and B well. Receives new orders from healthcare provider. Does not read back orders for verification.<br><br>Morphine administration: performs all checks on patient. use of proper needle size and proper IM technique. Does not waste any medication in syringe. Administers 6 mg rather than order dose of 4 mg.<br><br>Ask patient preferred name and pronouns.<br><br>Call healthcare provider with updated results of labs and radiology. Receives additional order for enoxaparin. Does not read back orders. Call healthcare provider back to read back order and verify route.<br><br>Attempt to educate on importance of medication compliance (pill organizer, phone reminders)<br><br>Educate on importance of SCDs and movement for prevention of clots. Reassure patient that therapy will help patient more confident in their movement to prevent falling.<br><br>Enoxaparin administration: educate on what medication is and why patient needs it. Performs all checks. Administers with correct technique. Use of needle safety. |
| **REFLECTING: (7) ***<br>• Evaluation/Self-Analysis:<br>• Commitment to Improvement: | <br>E<br>E | <br>A<br>A | <br>D<br>D | <br>B<br>B | Group led discussion regarding patient scenario. Began with discussion of report with off shift nurse. Students noted the nurse was short and not very informative. Students were not sure how to handle the situation and said they wanted more information from the nurse. Discussion moved to how to report or how to approach this type of behavior and what would be a professional way to do so. Discussion then moved to what group members prioritized in their scenario. First group prioritized pain and noticed the compartment syndrome quickly. Group said they wanted to make sure the compartment syndrome did not get worse and wanted to work quickly to implement appropriate interventions. Second group stated their initial priority was going to be pain and the post-operative site but it changed once they started assessing the patient to a respiratory and cardiovascular assessment. Group as a whole did medication math to ensure correct dosage calculation was done for morphine administration. Each group member realized that 2mL was to be administered for the morphine but they did not waste any medication in the syringe. Group identified they actually gave 6mg of morphine rather than the ordered 4mg due to not checking the syringe and wasting. Discussion was had about proper waste with witness as well as when to waste (before |

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| | administration). Discussion of why antibiotics are necessary prior to surgery as well as when a patient has an open fracture. Importance of writing down orders from healthcare provider and reading back orders to healthcare provider was stressed. Discussion about liability and who would be responsible for incorrect orders due to lack of readback. Each group member included a goal for improvement as well as something they thought they did well during this simulation. |
| **SUMMARY COMMENTS: * = Course Objectives**<br><br>**Satisfactory completion of the simulation scenario is a score of "Developing" or higher in all areas of the rubric.**<br><br>**E= Exemplary**<br><br>**A= Accomplished**<br><br>**D= Developing**<br><br>**B= Beginning**<br><br>**Scenario Objectives:**<br><br>1. Select focused physical assessment priorities based on individual patient needs. (2)*<br>2. Implement appropriate nursing interventions based on patient's assessment. (1,3,6)*<br>3. Communicate appropriately with the patient, family, team members, and healthcare providers incorporating elements of clinical judgment and conflict resolution. (4,7)*<br>4. Provide patient-centered care with consideration to cultural, ethnic, and social diversity. (2,3,6)*<br>5. Provide appropriate patient education based on diagnosis. (5)*<br>* Course Objectives | Lasater Clinical Judgement Rubric Comments:<br><br>Noticing: Attempts to monitor a variety of subjective and objective data but is overwhelmed by the array of data; focuses on the most obvious data, missing some important 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.<br><br>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.<br><br>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 the most obvious data; monitors progress but is unable to make adjustments as indicated by the patient's response. Is hesitant or ineffective in using nursing skills.<br><br>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. Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. |

**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