

EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2025

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Brianna Dobias

Final Grade: Satisfactory/Unsatisfactory

Semester: Spring

Date of Completion:

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

Faculty eSignature:

Teaching Assistant: Stacia Atkins, BSN, RN

DIRECTIONS FOR USE:

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

METHODS OF EVALUATION:

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

ABSENCE (Refer to Attendance Policy)

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

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

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

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

UNSATISFACTORY CLINICAL PERFORMANCE

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

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

OTHER

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

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

Date	Care Map Top Nursing Priority	Evaluation & Instructor Initials	Remediation & Instructor Initials	Remediation & Instructor Initials
1/31/25	Impaired Skin Integrity	S/KA	NA	NA
3/29/2025	Impaired Urinary Elimination	S/NS	NA	NA

Note: Students are required to submit two satisfactory care maps over the course of the semester. If the care map is not evaluated as satisfactory upon initial submission, the student must revise the care map based on instructor feedback/remediation and resubmit. A maximum of two remediation attempts will be provided for a single care map and if still unsatisfactory, the student will be required to start fresh and initiate a care map on a new patient. At least one care map must be submitted prior to midterm.

Objective

1. Illustrate correlations to demonstrate the pathophysiological alterations in adult patients with medical-surgical problems. (2,3,4,5)*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies:			S	S	NA	S	NA	NA	S	S	NA	S	S				
a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting)			S	S	NA	S	NA	NA	S	S	NA	S	S				
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			S	S	NA	S	NA	NA	S	S	NA	S	S				
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			S	S	NA	S	NA	NA	S	S	NA	S	S				
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			S	S	NA	S	NA	NA	S	S	NA	S	S				
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	S	S	S	NA	NA	NI	S	NA	S	S				
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			S	S	S	S	NA	NA	S	S	NA	S	S				
g. Assess developmental stages of assigned patients. (Interpreting)			S	S	S	S	NA	NA	S	S	NA	S	S				
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		S	S	S	S	NA	NA	NI	S	NA	S	S				
Indicate your clinical site as well as your patient's age and primary medical diagnosis in this box weekly.	Meditech, FSBS, IV Pump Sessions		3T -83 AKI 83 Influenza A	3T -79 Exasperation of CHF, Cellulitis	Digestive health, Infection control, ECSC	Rehab- 88 Stroke, Right sided weakness, speech	No clinical	No clinical		Rehab- 72 Hip fracture	No clinical	4T- 65- Kidney stone with hydronephrosis 80-PE, intraabdominal malignant neoplasm	5T- 79 Stroke, Hypothermia				
Instructors Initials	DW		HS	KA	DW	MD	DW	SA	SA	SA	DW	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 3- (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 4 – 1a, b, c, e– You did a nice job discussing on clinical your patient's disease process and what nursing was doing to help the patient. You were able to discuss symptoms we were monitoring and managing in your patient as well as pertinent labs for your patient diagnosis. You also set a goal for your patient and were able to discuss your patient's work towards meeting that goal. KA

Week 4 – 1d – You did a nice job reviewing all your medications before you administered them to the patient. You were able to discuss the reason why the patient was taking the medication as well as what we were monitoring the patient for. You also were able to discuss what information was needed to determine if the medication should be administered (i.e. blood pressure, pulse). Considering writing a little more when researching your medications to help you answer all questions asked of you easily. KA

Week 5 (Obj 1)- Thought you are finished with all alternative site clinical, please be sure to read directions carefully in the future. The teal blue highlighted information above guides you in which competencies to self-evaluate for each of the alternative sites (DH, ECSC, and IC). Its important to take credit where it is due. DW

Week 6 Rehab Clinical Objective 1 E: This week in clinical you had a patient who you documented had a blood pressure of 72/53 mmHg. When identified this was documented you were able to state that you had only taken the blood pressure one time and then documented the blood pressure. You were also able to state that the patient had negative symptoms of hypotension. When we discussed the medical treatment for hypotension you were able to state symptoms the patient may experience with a low blood pressure and treatments that a nurse would provide. We discussed ways to improve verifying and reporting low blood pressures. You were able to recognize the medical treatments for potential hypotension; however, you did not follow medical treatment for identifying the blood pressure. This week you will receive a needs improvement for this competency so you can strive to enhance the care you provide for patients. Please be sure to strive to combine knowledge and practicing clinical judgment in a nurse role. MD

Week 6 Rehab Clinical Objective 1 H: Bri-this week we discussed being prepared for clinical in not only a physical way but also in a mental preparation. It is so important to arrive to clinical ready and prepared to take care of patients using clinical judgment and skillful practice. Throughout the clinical this week you noted to me that you were having a hard time. We are here to support you through nursing school to the best of our abilities. We discussed ways to help mentally prepare you for clinical by taking a few minutes prior to the day and organize interventions and care for your patient throughout the day. We discussed needing to be flexible throughout the day as well. Please know this is an important step in being prepared for every clinical and every shift in the hospital regardless of the role you are in. MD

Week 9 (a-h)- 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. However, you are receiving a “U” within the entirety of this objective due to incorrectly self-rating within the appropriate week. You rated in week 10 when per the course calendar March 10-14 is week 9, and unfortunately this is considered incomplete. 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. SA

Week 9 objective 1 (a-h) I received a “U” for these competencies because I self-rated myself for my week 9 clinical experience under the week 10 section. I will make sure to avoid this in the future by making sure I am rating myself under the right section before filling out my clinical tool. I will review my course calendar to make sure the dates match up with the correct week of my clinical experience. DW

Week 11 1(a-h) – Bri, great job this week discussing your patients' alterations in health and correlating it with the nursing care required. This week you cared for a patient that underwent a cystoscopy with ureteral stone removal and stent placement. Although she was discharged early on day 1, you still demonstrated good clinical judgment in our discussion and in the care provided. You were able to develop a care map related to impaired urinary elimination, demonstrating the clinical judgment that was learned through the experience. You correlated the signs and symptoms that she was experiencing prior to the procedure, and the manifestations post-operatively including pain, discomfort, and hematuria. We closely reviewed the diagnostic testing performed, including the ultrasound demonstrating hydronephrosis. You conducted research into new information learned and demonstrated a willingness and desire to learn. You were able to correlate her prescribed pharmacotherapy to her current medical problem and past medical history. You were able to research her cystoscopy procedure for medical management of the disease process. You identified the importance of adequate water intake related to nutritional needs to prevent recurrent stones and promote kidney health. Overall, great job! NS

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies:			S	S	NA	S	NA	NA	NI	S	NA	S	S				
a. Perform inspection, palpation, percussion, and auscultation in the physical assessment of assigned patient. (Noticing)			S	S	NA	NI	NA	NA		U	NA	S	S				
b. Conduct a fall assessment and implement appropriate precautions. (Noticing)			S	S	NA	S	NA	NA	S	U	NA	S	S				
c. Conduct a skin assessment and implement appropriate precautions and care. (Noticing)			S	S	NA	S	NA	NA	S	U	NA	S	S				
d. Communicate physical assessment. (Responding)			S	S	NA	U	NA	NA	U	U	NA	S	S				
e. Analyze appropriate assessment skills for the patient's disease process. (Interpreting)			S	S	NA	S	NA	NA	S	U	NA	S	S				
f. Demonstrate skill in accessing electronic information and documenting patient care. (Responding)	S		S	S	S	NI	NA	NA	NI	U	NA	S	S				
	DW		HS	KA	DW	MD	DW	SA	SA	SA	DW	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 3 (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 4 – 2a, d – You did a nice job thoroughly assessing your patient and notifying your nurse of any pertinent information. You were able to identify the focused assessment needing to be completed for your patient related to their diagnosis and monitored abnormal assessment findings. KA

Week 4 – 2f – You utilized the EMR to research your patient and determine what care needed to be provided to your patient throughout the day. You also utilized the EMR to research your patient's health history and information related to the patient's current hospital visit. KA

Week 6 Rehab Clinical Objective 2 A: During clinical this week as we discussed your assessment I noted that you had difficulty completing your patient's assessment at one time and it spanned throughout the morning. We discussed that due to your patient's therapy and the difficulties you experienced due to unexpected changes in your patient's schedule. It is important to complete the assessment in a timely manner in one meeting. I do understand the difficulties you experienced, but improving comfort and efficiency could be something to work toward. To encourage working toward this goal I rated this competency a needs improvement. I know you will be able to achieve this! MD

Week 6 Rehab Clinical Objective 2 D: As discussed in Objective 1 E, the patient had a blood pressure of 72/53 mmHg. This was not communicated to myself or the primary nurse. It is very important to know normal vital signs and when to report abnormal readings immediately. This is critical information to report also for the safety of the patient. Even though you stated that the patient did not have current symptoms of hypotension, the patient could still have had negative consequences including a fall due to symptoms while working with therapy or potentially requiring use of a medical emergency team based on patient condition which would need addressed immediately. Due to the extremely low blood pressure and it not being reported immediately for the safety of your patient, I have rated this competency an unsatisfactory. Please be sure to respond and explain how you will work on this for future clinical experiences. MD

Week 6 Rehab Clinical Objective 2 F: When reviewing your documentation, I noted that you had difficulty completing the assessment documentation. You did have questions on how to document a few of the assessment findings which we discussed, however, there were a few pieces that were left uncharted. I would like to encourage you to slow down when documenting and really review before saving the information you have chosen. A needs improvement rating has been given to encourage you to work toward more consistent and accurate documentation. MD

Week 6 (2d) I was given an unsatisfactory rating for this objective because I failed to communicate a blood pressure of 72/53 to the primary nurse or my instructor. I plan to avoid this mistake in the future by taking my time during my assessments to avoid overlooking critical findings such as this. Additionally, I plan to come to clinical earlier to put myself in the right headspace so I am more prepared and focused on making sure I am performing at my best capabilities. DW

Week 9 (2a-f)- 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 and therapy needs. However, you are receiving a "U" within the entirety of this objective due to incorrectly self-rating within the appropriate week. You rated in week 10 when per the course calendar March 10-14 is week 9, and unfortunately this is considered incomplete. 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. SA

Week 9 objective 2 (a-f) I received a "U" for these competencies because I self-rated myself for my week 9 clinical experience under the week 10 section. I will make sure to avoid this in the future by making sure I am rating myself under the right section before filling out my clinical tool. I will review my course calendar to make sure the dates match up with the correct week of my clinical experience. DW

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 GU system throughout the day, monitoring for improved 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		S	S	S	S	NA	NA	S	S	NA	S	S				
b. Demonstrate nursing measures skillfully and safely. (Responding)	S		S	S	S	U	NA	NA	U	S	NA	S	S				
c. Demonstrate promptness and ability to organize nursing care effectively. (Responding)			S	S	S	NI	NA	NA	S	S	NA	S	S				
d. Appropriately prioritizes nursing care. (Responding)			S	S	S	S	NA	NA	U	S	NA	S	S				
e. Recognize the need for assistance. (Reflecting)			S	S	S	S	NA	NA	U	S	NA	S	S				
f. Apply the principles of asepsis where indicated. (Responding)	S		S	S	S	S	NA	NA	S	S	NA	S	S				
g. Demonstrate appropriate skill with Foley catheter insertion, maintenance, & removal (Responding)			NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	S				
h. Implement DVT prophylaxis (early ambulation, SCDs, ted hose, administer enoxaparin or heparin) based on assessment and physicians' orders (Responding)			NA	S	NA	S	NA	NA	S	S	NA	S	S				
i. Identify the role of evidence in determining best nursing practice. (Interpreting)	S		S	S	S	S	NA	NA	S	S	NA	S	S				
j. Identify recommendations for change through team collaboration. (Reflecting)			S	S	S	S	NA	NA	S	S	NA	S	S				

	DW		HS	KA	DW	MD	DW	SA	SA	SA	DW	NS					
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****Evaluate these competencies for the offsite clinicals:** DH: 3a IC: 3a, f, i ECSC: 3a, j

Comments:

Week 3 (3 c, d, e)- You were able to prioritize your care for the day and adjust when necessary based on changes that occurred during the day. You were available to help others when needed, and ask for assistance when needed. (3h)- Your patient was up to the chair for early ambulation, therefore I changed this an S. HS

Week 4 – 3b – You had the opportunity to assess your patient’s AV fistula for a thrill and bruit. You did a nice job documenting your findings in the patient’s EMR after you assessed the site for both of these. Nice job! KA

Week 6 (3b and 4c) I gave myself a “U” for objectives 3b and 4c this week because I failed to appropriately respond to a critically low BP of my patient by rechecking the BP and reporting it appropriately. While the reading was incorrect, this was an unsafe practice that could have put my patient in danger if that BP was correct and left unacknowledged. I plan to avoid this mistake in the future by coming to clinical earlier to reflect on the assessments I need to complete and put myself in the right headspace to practice safe nursing skills. I also plan to take my time during my assessment to avoid missing any other signs/symptoms that could be serious to my patient’s safety. MD

Week 6 Rehab Clinical Objective 3 B: I agree with your unsatisfactory rating to demonstrating nursing measures skillfully and safely. When we discussed the patients extremely low blood pressure you stated that you had checked the patient’s blood pressure one time, documented the blood pressure of 72/53 mmHg, and then did not report it to myself or the primary nurse. This is a very critical safety issue. Even though you reported the patient did not have symptoms of hypotension, as a nurse, it is priority to call for assistance and recheck the blood pressure. Thank you for identifying this competency as an unsatisfactory rating and addressing how you will improve your practice of this competency. MD

Week 6 (3c) I also gave myself an “NI” for objective 3c because I felt unorganized during my clinical on Rehab and feel that I need more practice coordinating my patient care with PT, OT, ST, and TDG. Having clinical on the rehab floor was very different from clinical on the floor and I felt overwhelmed with making sure my assessments and medication pass were done within a timely manner while the patient had various therapies throughout my clinical time. To be more organized in my patient care, I plan to make a timeline of when I want to have various assessments done along with a checklist of interventions that must be completed throughout my clinical time. MD

Week 6 Rehab Clinical Objective 3 C: Bri, I agree with the competency rating of needs improvement for this competency. You had some difficulties with time management this week. I know some of this was due to being unfamiliar with the schedules of rehab and your patient’s challenging therapy schedule, however, it is very important to complete interventions as soon as possible to ensure the patient’s wellbeing. This is something to work on for future clinical experiences. MD

Week 6 Rehab Clinical Objectives 3 D & E: I have changed these competencies to unsatisfactory due to being unable to prioritize and recognize the need for assistance with the patient’s blood pressure being extremely low. Even though you stated the patient did not have any symptoms at the time of completing the assessment, it is critical to prioritize this finding and reach out for assistance to determine the patient’s immediate needs. Please be sure to respond and explain how you will work on this for future clinical experiences. MD

Week 6 (3d & e) I was given an unsatisfactory rating for these objectives because I was unable to prioritize and recognize the need for assistance when my patient’s blood pressure was extremely low. I plan to prioritize this assessment and reach out for immediate assistance in the future by taking my time during my assessments to avoid overlooking abnormal and potentially dangerous assessment findings and/or vital signs. By taking my time with these assessments I can make sure I am not skipping over these findings and respond to them appropriately and reach out for assistance in addressing the issue. DW

Week 9 (3a-j)- Great job this week working with your patient and the therapy team. You observed all therapy sessions and appropriately prioritized all nursing care duties. However, you are receiving a “U” within the entirety of this objective due to incorrectly self-rating within the appropriate week. You rated in week 10 when per the course calendar March 10-14 is week 9, and unfortunately this is considered incomplete. 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. SA

Week 9 objective 3 (a-j) I received a “U” for these competencies because I self-rated myself for my week 9 clinical experience under the week 10 section. I will make sure to avoid this in the future by making sure I am rating myself under the right section before filling out my clinical tool. I will review my course calendar to make sure the dates match up with the correct week of my clinical experience. DW

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies:			S	S	NA	S	NA	NA	NI	S	NA	S	S				
k. Administer PO, SQ, IM, or ID medications observing the rights of medication administration. (Responding)			S	S	NA	NI	NA	NA	NI	U	NA	S	S				
l. Ensure patient safety through proper use of EHR, IV flow sheet, and BMV. (Responding)			S	S	NA	NI	NA	NA	NI	U	NA	S	S				
m. Calculate medication doses accurately. (Responding)			S	S	NA	S	NA	NA	S	U	NA	S	S				
n. Administer IV therapy, piggybacks, IV push, and/or adding solution to a continuous infusion line. (Responding)			S	S	NA	NA	NA	NA	S	NA	NA	S	NA				
o. Regulate IV flow rate. (Responding)	S		NA	NA	NA	NA	NA	NA	S	NA	NA	S	NA				
p. Flush saline lock. (Responding)			NA	S	NA	NA	NA	NA	S	NA	NA	S	NA				
q. Monitor and/or discontinue an IV. (Noticing/Responding)			S	S	NA	NA	NA	NA	S	NA	NA	S	NA				
r. Perform FSBS with appropriate interventions. (Responding)	S		S	S	NA	NA	NA	NA	S	NA	NA	NA	NA				
			HS	KA	DW	MD	DW	SA	SA	SA	DW	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 3 (3k, l, m, n, q)- You did a nice job with medication administration this week! You were able to administer an SQ, and IV push medication. 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. You did a good job researching the oral medications as well, and being prepared to administer them however, the patient decided to wait to take them until she was at home. You did a good job monitoring the site before during and after the administration of the medication. HS

Week 4 – 3k – You did a nice job administering your medications this week. You observed the rights of medication administration and was able to answer all questions about your medications. You had the opportunity to pass PO medications this week. You performed the medication administration process with beginning dexterity. KA

Week 4 – 3q – You did a nice job monitoring your patient’s IV site this week and documenting your assessment in the EMR. Great job! KA

Week 4 – 3r – You demonstrated proper technique when completing FSBS on your patient. You utilized the information received from the monitor to determine the need for insulin utilizing the patient’s prescribed coverage scale. You documented all information correctly in the EMR. KA

Week 6 Rehab Clinical Objectives 3 K & L: Bri, for medication administration on Thursday you were able to discuss your medications with great knowledge and made awesome connections. This includes the patient being on cefdinir and also having a penicillin allergy, being on a vibratab and also on magnesium oxide which can lead to interactions. I am very proud of all the research and care you placed into looking up and fully understanding your medications you were going to administer. You were also able to accurately review all rights of medication administration prior to giving the medications. I am rating you a needs improvement for these competencies because you needed several prompts to scan the patient and medications throughout the administration. You also needed reminding to verify the patient’s name and date of birth. During conversation about this, you stated you were very nervous because I was watching you administer medications. It is so important for instructors to be present for every medication administration to ensure safety for every patient. With our conversation, I would challenge you to work toward this nervousness and gain understanding of ensuring safety for patients. MD

Week 6 Rehab Clinical Objective 3 M: You had an awesome medication calculation this week! You were administering cefdinir suspension and you were able to accurately identify how much of the medication to administer. The desired dose was 300mg and the supply was 125mg in 5mL. You calculated that the patient was to receive 12mL of suspension which was accurate. Awesome job! MD

Week 9 (3k-r)- You did a nice job administering your medications this week. You observed the rights of medication administration and was able to answer all questions about your medications. You had the opportunity to pass PO meds and discuss those medications that had blood pressure parameters this week. However, you are receiving a “U” within the entirety of this objective due to incorrectly self-rating within the appropriate week. You rated in week 10 when per the course calendar March 10-14 is week 9, and unfortunately this is considered incomplete. 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. SA

Week 9 objective 3 (k-r) I received a “U” for these competencies because I self-rated myself for my week 9 clinical experience under the week 10 section. I will make sure to avoid this in the future by making sure I am rating myself under the right section before filling out my clinical tool. I will review my course calendar to make sure the dates match up with the correct week of my clinical experience. DW

Week 11 9(k-o) – Rights of medication administration were observed, safety checks performed, and BMV scanning utilized appropriately. You were well-prepared to discuss the indications, side effects, and nursing considerations for each medication. 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:			S	S	S	S	NA	NA	S	S	NA	S	S				
a. Integrate professionally appropriate and therapeutic communication skills in interactions with patients, families, and significant others. (Responding)			S	S	S	S	NA	NA	S	S	NA	S	S				
b. Communicate professionally and collaboratively with members of the healthcare team using hand-off communication techniques. (SBAR) (Responding)			S	S	NA	S	NA	NA	S	S	NA	S	S				
c. Report promptly and accurately any change in the status of the patient. (Responding)			S	S	S	U	NA	NA	U	S	NA	S	S				
d. Maintain confidentiality of patient health and medical information. (Responding)			S	S	S	S	NA	NA	S	S	NA	S	S				
e. Consistently and appropriately post comments in clinical discussion groups. (Reflecting)			S	S	S	S	NA	NA	S	S	NA	S	S				
f. Obtain report, from previous care giver, at the beginning of the clinical day. (Noticing)			S	S	NA	S	NA	NA	S	S	NA	S	S				
g. Provide a clear, organized hand-off report to your patient's next provider of care. (Responding)			S	S	NA	S	NA	NA	S	S	NA	S	S				
			HS	KA	DW	MD	DW	SA	SA	SA	DW	NS					

**Evaluate these competencies for the offsite clinicals:

DH: 4a, b, d

IC: 4b, d, e

ECSC: 4a, b, d, e

Comments:

Week 3 (4e)-Nice job on your CDG this week! You were able to select an EBP article that pertained to the patient that you provided care for. You were able to turn in your CDG on time, have the adequate word count for both posts, and you were able to provide to the conversation with the information you gave! You also had a reference and an in-text citation for both your initial post and peer response. Nice job! HS

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

Week 4 – 4e – Bri, you did a nice job locating an appropriate article and responding to the CDG questions on the article you found. You were thoughtful with your original response as well as your response to your peer. You included an in-text citation and in both posts. Remember to capitalize the first letter of each word of the title of your journal. Great job! Keep up the nice work! KA

Week 5 (4e)- According to the CDG Grading Rubric, you have earned a satisfactory for your Erie County Senior Center and Infection Control discussions this week. Your discussion was thorough and backed by evidence from Nurse Pocket Guide and Davis's Diseases and Disorders. Great job overall with APA formatting; just a couple thoughts for future improvement: 1. When you cite a direct quote from a resource, the intext citation should include a page or paragraph number that the quote can be found. A paragraph number is only used when the resource does not have page number, such as an electronic resource found in Skyscape. 2. If the resource has more than 2 authors, you will list the last name of the first author and then follow it with "et al.". Your corrected in-text citation would look something like this: (Doenges et al., 2022, para 1). 3. The authors first initial does not get included in the intext citation; for example, (Sawyer-Sommers, 2023). Keep in mind that there is an APA Formatting Examples document in the Clinical Resources on Edvance360 and online resources to help you (ex. Purdue Owl website- I really like this one! https://owl.purdue.edu/owl/research_and_citation/apa_style/apa_formatting_and_style_guide/general_format.html). I am always happy to help you if some of these resources are unclear to you. DW

Week 6 Rehab Clinical Objective 4 A: Bri, you had awesome communication skills with your patient and their family member. You were able to describe the medications you were administering to the family member when she had questions with minimal assistance. Keep up the good work with communication with patient's and family! MD

Week 6 (3b and 4c) I gave myself a "U" for objectives 3b and 4c this week because I failed to appropriately respond to a critically low BP of my patient by rechecking the BP and reporting it appropriately. While the reading was incorrect, this was an unsafe practice that could have put my patient in danger if that BP was correct and left unacknowledged. I plan to avoid this mistake in the future by coming to clinical earlier to reflect on the assessments I need to complete and put myself in the right headspace to practice safe nursing skills. I also plan to take my time during my assessment to avoid missing any other signs/symptoms that could be serious to my patient's safety. MD

Week 6 Rehab Clinical Objective 4 C: I absolutely agree with your rating for this competency of unsatisfactory for reporting the low blood pressure for your patient. You did not report this to the primary nurse or myself. When I addressed this with you, you stated that you charted this finding and forgot to report it. It is absolutely critical to halt any further interventions and therapies until extremely critical findings are addressed. Thank you for identifying this competency as an unsatisfactory rating and addressing how you will improve your practice of this competency. MD

Week 6 Rehab Clinical Objective 4 E: For clinical this week you provided a CDG that was satisfactory per the CDG rubric. In this CDG, you provided information on medications that the patient is currently taking and the impact they have on the patient's disease process. The reference and in-text citation you provided were satisfactorily completed. Please see me if you have further questions! MD

Week 9 (4a-g)- 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 the patient's SDOH needs. You also provided an in-text citation and a reference for the initial and peer response. However, you are receiving a "U" within the entirety of this objective due to incorrectly self-rating within the appropriate week. You rated in week 10 when per the course calendar March 10-14 is week 9, and unfortunately this is considered incomplete. 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. SA

Week 9 objective 4 (a-g) I received a “U” for these competencies because I self-rated myself for my week 9 clinical experience under the week 10 section. I will make sure to avoid this in the future by making sure I am rating myself under the right section before filling out my clinical tool. I will review my course calendar to make sure the dates match up with the correct week of my clinical experience. DW

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 patient situation and provided strong supporting details to help your classmates learn through your experience. 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:			S	S	NA	S	NA	NA	S	S	NA	S	S				
a. Describe a teaching need of your patient.** (Reflecting)			S	S	NA	S	NA	NA	S	U	NA	S	S				
b. Utilize appropriate terminology and resources (Lexicomp, UpToDate, Dynamic Health, Skyscape) when providing patient education. (Responding)			S	S	NA	S	NA	NA	S	U	NA	S	S				
			HS	KA	DW	MD	DW	SA	SA	SA	DW	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 3 (5a-5b) I educated my patient on appropriate areas to administer insulin (such as the abdomen and posterior area of the arms). This teaching was necessary because it was brought to my attention when administering insulin to my patient that he normally administers insulin in the shoulder area of his arm, which is not recommended for insulin injection. I educated the patient on appropriate areas to administer insulin according to Skyscape. **Great job! HS**

Week 4 (5a-5b) I educated my patient on the importance of turning and repositioning every two hours to avoid worsening their skin condition and to prevent the formation of pressure ulcers. This teaching was necessary because my patient had reddening and irritation on their coccyx area from episodes of incontinence and had several other risk factors for skin breakdown such as age, obesity, HTN, and CHF. I explained to my patient why turning and repositioning were necessary and what complications could occur from maintaining pressure on her coccyx area for prolonged periods according to Skyscape. My patient expressed understanding of this teaching and was given answers to her questions regarding the teaching. **This is great education for her, since with her kidney disease and diabetes she is prone to skin break down. I am glad she was receptive to your education. KA**

Week 5 (5a—5 b): This week, during my clinical days in digestive health, infection control, and the Erie County Senior Center, I did not have any patients and, therefore, did not have the opportunity to provide education to any patients. **DW**

Week 6 (5a-5b) I educated my patient on using an incentive spirometer and deep breathing because my patient was diagnosed with pneumonia and was in bed or a wheelchair AAT except to transfer briefly. This teaching was necessary because my patient's severely limited movement and pneumonia increased the risk of atelectasis and worsening pneumonia. I explained to my patient the reason for the incentive spirometer and deep breathing was to help keep his lungs healthy while he is lying in bed or in a wheelchair most of the day. I also educated him on how to do these interventions and how often they should be done throughout the day according to Skyscape. My patient expressed understanding of this teaching by demonstrating how to deep breath and use the incentive spirometer correctly. **This was awesome education to provide to your patient! Were you able to provide this education to the family member as well? How would you discuss this with her had she not been at the bedside? MD**

~~Week 10~~ (5a-5b) One teaching need of my patient was the purpose and importance of using TED hose for lower extremity edema. This teaching was necessary because my patient was previously refusing to wear the TED hose even though edema was seen in her LLE. I explained to my patient that the TED hose would help improve circulation, prevent blood clots, and reduce edema in her lower legs, according to Skyscape. My patient expressed understanding of this teaching and agreed that the stockings wear important, considering her lengthy cardiovascular history, to wear the TED hose as ordered. **Ted hose are definitely great for their circulation! Nice education! However, you are receiving a “U” within the entirety of this objective due to incorrectly self-rating within the appropriate week. You rated in week 10 when per the course calendar March 10-14 is week 9, and unfortunately this is considered incomplete. 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. SA**

Week 9 objective 5 (a-b) I received a “U” for these competencies because I self-rated myself for my week 9 clinical experience under the week 10 section. I will make sure to avoid this in the future by making sure I am rating myself under the right section before filling out my clinical tool. I will review my course calendar to make sure the dates match up with the correct week of my clinical experience. **DW**

Week 11 (5a-b) One teaching need of my patient was the importance of drinking plenty of fluids to prevent future kidney stones and the correlation between these two areas. This teaching was necessary because my patient was not well educated of the risk/ causative factors of kidney stones and had questions regarding how much water she should be drinking and why it was necessary. I explained to my patient that drinking plenty of water would help to prevent sediment from building up in the urinary tract and flush it out, which would in turn help prevent additional kidney stones according to Skyscape. My patient expressed an understanding of this teaching and agreed that she should be drinking much more water. She explained that she would find ways to make sure she is doing so at home and not forgetting. **Very good! This was an essential teaching need related to her history of kidney stones and promotion of health moving forward. 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! NS**

Week 12 (5a-b) One teaching need of my patient was the importance and need for the use of a foley catheter. This teaching was necessary because my patient had a few questions about his foley, such as why he needed it and for how long. This patient did not want to have the foley any longer and asked multiple times to have it taken out. I explained to him that the Foley had to stay in because he was experiencing urinary retention and incontinence when he was admitted, which over time, can damage and weaken the bladder, according to Skyscape. I also explained that as soon as the doctor thought the catheter was no longer needed, we would take it out. My patient expressed understanding of this teaching by stating that he understood why it was important to keep the foley in for now and was also very happy when I told him I could take it out.

Objective																	
6. Implement patient-centered plans of care utilizing the nursing process, clinical judgment, and consideration for cultural, ethnic, and social diversity. (2,3,4,5)*																	
Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
a. Develop and implement a priority care map utilizing the nursing process and clinical judgment. (Noticing, Interpreting, Responding, Reflecting)			NA	S	NA	NA	NA	NA	S	NA U	NA	S	NA				
b. Identify factors associated with Social Determinants of Health (SDOH) &/or cultural elements that have the potential to influence patient care.** (Noticing, Interpreting, Responding, Reflecting)			NA S	S	S	S	NA	NA	S	S U	NA	S	S				
			HS	KA	DW	MD	DW	SA	SA	SA	DW	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 3- (6b) One social determinant of health that could influence my patient's care was his social community and access to quality healthcare. These two social determinants of health could influence my patient's care because his social group and access to healthcare allowed him to have the support and resources available to treat his medical needs. **I changed this to an S because you did address it. However, be more specific in upcoming weeks regarding what you are referring to regarding his social group and access to healthcare. Are you stating he has a good support system? HS**

Week 4 (6b) One social determinant of health that could influence my patient's care was her social community. My patient's social community, especially, her husband was able to help in her care at home through managing her home medications, assisting in ambulation, personal hygiene, and providing emotional support. My patient specifically mentioned her husband as her primary social community because she lives at home with him and he takes care of much of her health needs which greatly assists my patient in getting the medical, emotional, and physical care she needs assistance with at home as she is often unable to do these things on her own. **I am glad you were able to discuss how your patient has some social determinants of health that positively affect her overall health and management of her disease process. Nice job!**

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

Week 5 (6b) While I did not have any patients this week at clinicals, one social determinant of health that could influence the health of the people attending the ECSC was their social circle. By having a large social community along with the resources, the ECSC provides to these individuals, they are able to have healthier mental, emotional, and physical well-being. I noticed that most if not all individuals at the ECSC seemed well taken care of and happy to be able to interact with their peers during lunch and activities. DW

Week 6 (6b) One social determinant of health that could influence my patient's care was his education and ability to receive education. My patient recently had a stroke and was likely affecting his ability to remember instructions and education given to him as he often had to be re-told instructions. By having a lowered ability to receive education, the patient may not be able to follow said education which may hinder his ability to avoid complications of his conditions. However, this patient had a great support system in the form of his daughter who was very involved in his care and willing to receive education and implement the instructions given to her and the patient. This will allow for the patient to follow his care plan more effectively and therefore lower his risk of complications at home. This is very true! A great support system can definitely have an awesome impact on the care of the patient if they are able to return home or to help them advocate with their further care at a SNF. MD

~~Week 10~~ (6b) One social determinant of health that could influence my patient's care is their ability to be physically active has been greatly diminished following her hip fracture and surgery. While this patient was encouraged to remain active after surgery and participate in physical therapy and occupational therapy, they often did not want to participate due to the pain in their hip. If this patient remains less physically active, they may experience negative health effects such as delayed surgical recovery. This aspect of this patient's social determinants of health is crucial because of their associated risk factors for delayed surgical recovery, such as pain, history of smoking, difficulty ambulating, and history of heart issues. Nice recognition of your patient's SDOH! However, you are receiving a "U" within the entirety of this objective due to incorrectly self-rating within the appropriate week. You rated in week 10 when per the course calendar March 10-14 is week 9, and unfortunately this is considered incomplete. 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. SA

Week 9 objective 6 (a-b) I received a "U" for these competencies because I self-rated myself for my week 9 clinical experience under the week 10 section. I will make sure to avoid this in the future by making sure I am rating myself under the right section before filling out my clinical tool. I will review my course calendar to make sure the dates match up with the correct week of my clinical experience. DW

Week 11 6(a) – Satisfactory care map submission for the priority problem of impaired urinary elimination. See the attached grading rubric for more details. NS

Week 11 (6b) One social determinant of health that could influence my patient's care is their ability to fully understand patient teachings regarding her health. During clinical, my patient needed to be educated in various ways and with much explaining multiple times before understanding the teaching being provided to her. Due to my patient's difficulties understanding health information, her health may be affected by being unable to follow discharge instructions or other patient teachings that are important to her well-being and the prevention of further health issues. This patient would benefit from being educated simply and directly with plenty of time given to answer questions and clear up any misinterpretation of the education. Additionally, my patient has a very limited support system, including only her brother and sister, whom she does not see or talk to very often. Due to this minimal support system, my patient would not be able to receive help following through with discharge instructions or other instructions given to her at home. I do agree that this is a concern for her health outcomes. Her whole admission situation raises some flags related to adequate understanding. I would imagine that she was educated about her procedure ahead of time and the need to have a ride home due to anesthesia. Her lack of understanding led to her remaining in the hospital overnight. In our interactions with her, she repeated the same questions numerous times due to lack of understanding. I would be concerned about her outcomes post-discharge based on what we saw during our care. Good thoughts! NS

Week 12 (6b) One social determinant of health that could influence my patient's care is their support system at home. My patient has a great support system in the form of his wife of 30 years, whom he lives with at home, and his 3 children, whom he sees regularly. Because my patient has a great support system, this could affect his mental health in a positive way while also giving him motivation to continue to be active in his rehabilitation and recover more quickly. My patient mentioned that he would like to go home and see his wife because he was not able to see her while in the hospital, and he missed her a lot.

Because he is unable to see his wife while in the hospital, it is important to make sure he remains motivated and positive throughout his stay on 5T so he can continue to recover and go home as soon as possible.

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 U		S	S	S	S	NA	NA	S U	S U	NA	S	S				
b. Reflect on an area for improvement and set a goal to meet this need.** (Reflecting)	S		S	S	S	S	NA	NA	S U	S U	NA	S	S				
c. Demonstrate evidence of growth, initiative, and self-confidence. (Responding)	S		S	S	S	S	NA	NA	S U	S U	NA	S	S				
d. Follow the standards outlined in the FRMCSN Student Code of Conduct Policy. (Responding)	S		S	S	S	S	S NA	NA	S U	S U	NA	S	S				
e. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions. (Responding)	S		S	S	S	S	S NA	NA	S U	S U	NA	S	S				
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (Responding)	S		S	S	S U	S	S NA	NA	S U	S U	NA	S	S				
g. Demonstrate the ability to give and receive constructive feedback. (Responding)	S		S	S	S	S NI	S NA	NA	NI U	S U	NA	S	S				
h. Actively engage in self-reflection. (Reflecting)	S		S	S	S	S	S NA	NA	S U	S U	NA	S	S				
	DW		HS	KA	DW	MD	DW	SA	SA	SA	DW	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 7a-7b: When practicing giving IM medication, I had trouble remembering not to immediately pull the needle out after injecting the medication. I plan to take an extra few seconds before administering any medications to go through the proper steps instead of rushing through the process to avoid making this mistake in the future. (7a) Unfortunately, you are earning a U for this competency due to omitting a comment on your strength for week 1 and 2. Take a little more time while completing your tool on a weekly basis, and also consider giving it a double check before submitting to ensure all requirements are complete. This is your first week completing the tool, so don't give yourself a hard time. You will get the hang of it. (7b) Bri, This is a great start to a goal, but I would like to encourage you to make your future goals more actionable in the moment and not waiting for the next opportunity. For example, instead of waiting for the next IM injection, you could pull out your NF Potter & Perry textbook and review the skill twice before your first clinical next week. Do you see the difference between yours and the specific goal that I suggested that creates change and improvement in real time, not just hoping it will be different the next time you attempt the skill. Please make all future goal statements like this to avoid any unnecessary NI's or U's in this competency. DW

(7a) I received a "U" in this competency for failing to reflect on one strength for weeks 1 and 2. I plan to avoid this in the future by taking more time to review my comments on my clinical lab tool to make sure all areas are filled out appropriately. As for weeks 1 and 2, I feel that one strength I demonstrated was being able to accurately determine the amount of insulin needed to be injected in the lab and injecting it appropriately. HS

Week 3 (7a-7b) One area of strength I would like to reflect on from this week was that I demonstrated how to administer an IV-push medication and insulin appropriately after determining the indications, side effects, contraindications, dose, and nursing considerations. One area I would like to improve on from this week is being more confident in my medication administration. I plan to improve on this area by going over my checklists and notes on medication administration at least twice before my next clinical. Sounds like a good plan! HS

Week 4 (7a-7b) One area of strength I would like to reflect on from this week was, I feel that I was able to connect with both of my patients on a more personal level and in turn was able to incorporate their personal beliefs and opinions into the care I provided to them. By being able to connect to my patients they seemed to be in a more positive mood and in one instance more willing to participate in their care. One area I would like to improve on from this week is incorporating my assessments and interventions together to provide more efficient care and making fewer trips into my patient's room to complete my care. I plan to improve on this area by looking at the interventions and assessments I need to make before entering the patient's room to decide which interventions and assessments can be completed in the same trip into their room. Terrific idea! This will also allow you to ensure all supplies are gather before entering the room making the time you spend with your patient more organized helping to improve your efficiency. This is a skill that does come time. I know you will get there. KA

Week 5 (7a-7b) One area of strength I would like to reflect on from this week is, that I feel that I have gained a much better understanding of infection control patient precautions, which illnesses or diseases require which precautions, and what PPE should be used when caring for those patients to avoid spreading the infection to others. DW One area I would like to improve from this week is my organizational skills. This week I felt very overwhelmed with my school and work schedule which has caused me to fall behind on some of my school assignments. I plan to prevent this in the future by making a more detailed planner that includes due dates, test days, clinical days, where my clinicals are, and the supplies I will need for my clinical days. By making a more detailed planner, I will be more prepared for lectures and clinical days and avoid missing any deadlines. This is great reflection and your goal should help tremendously. Thank you for addressing the issue that I am addressing below in 7f. The goal you set for week 5 will count as your statement addressing the U for 7f. There is nothing more you need to do to address the U for this tool, but if you need any help with organization, I am always available. DW

(7f)- Unfortunately, you have earned a U for professionalism due to the late submission of your clinical tool. The tool is due weekly by 2200 on Saturday; however, you submitted your week 5 tool at 12:35 a.m. on Sunday, 2/9/25. As I mentioned above, thank you for being proactive and self-aware to address the issue of late submission. I am confident your increased organization will help provide consistency in the long run. DW

Week 6 (7a-7b) One area of strength I would like to reflect on from this week is, that I feel that I was able to appropriately implement skin precautions and fall precautions for my patient by making sure a preventative dressing was in place and intact on his coccyx and cushioning his weaker right arm and leg to avoid skin break down from rubbing and hitting his wheelchair. I also made sure to have adequate help and use appropriate ambulatory devices to ensure my patient was able to transfer from bed to wheelchair safely with his right-sided weakness. I absolutely agree with this! You did an amazing job with performing these interventions! MD One area I would like to improve on from this week is completing my assessments and med pass in a timely manner that is cohesive with the scheduled therapies of my patient. I plan to improve in this area by making a list of interventions and assessments that must be completed throughout the day that align with my patient's therapy schedule. I agree with this area of

improvement. I feel that you will be able to work on this with every clinical you have! Be sure to reach out to an instructor if you need assistance with anything! We are here to help you enhance your skills, organization, management, and clinical judgment to become a great nurse! MD

~~Week 6 (3b and 4c) I gave myself a “U” for objectives 3b and 4c this week because I failed to appropriately respond to a critically low BP of my patient by rechecking the BP and reporting it appropriately. While the reading was incorrect, this was an unsafe practice that could have put my patient in danger if that BP was correct and left unacknowledged. I plan to avoid this mistake in the future by coming to clinical earlier to reflect on the assessments I need to complete and put myself in the right headspace to practice safe nursing skills. I also plan to take my time during my assessment to avoid missing any other signs/symptoms that could be serious to my patient’s safety.~~

~~Week 6 (3c) I also gave myself an “NI” for objective 3c because I felt unorganized during my clinical on Rehab and feel that I need more practice coordinating my patient care with PT, OT, ST, and TDG. Having clinical on the rehab floor was very different from clinical on the floor and I felt overwhelmed with making sure my assessments and medication pass were done within a timely manner while the patient had various therapies throughout my clinical time. To be more organized in my patient care, I plan to make a timeline of when I want to have various assessments done along with a checklist of interventions that must be completed throughout my clinical time.~~ Please take note that comments regarding unsatisfactory performance in competencies need to be placed under the objective it is associated with. This will also apply to comments you rate as needs improvement. I relocated these comments to the appropriate objectives for this week. Let me know if you have questions. MD

Week 6 Rehab Clinical Objective 7 G: We had a long conversation on the actions taken for the low blood pressure finding and also with medication administration. During the conversation it seemed as though there was an excuse for each action (forgetting to report the blood pressure due to therapy and also the nerves with me observing your medication administration). I discussed giving you 2 challenges to work on for future clinical experiences. The first challenge is to work on the nervousness of being observed by instructors. I discussed with you that with every encounter with patient’s and family they will be observing your every action. You stated that this would not be a problem because they do not make you nervous. Take note: instructors are present to ensure safety for the patient while you are in nursing school. We are there to also assist you in learning how to communicate and work with potentially difficult patient’s and family members. It is important to understand our purpose for being present with you and all students. The second challenge I ask you to work on is being open to learning. During our discussion I noted some resistance for understanding my purpose as an instructor and providing you feedback. It is important to know that instructors are here to encourage and educate to help you grow and learn from actions during nursing school. We strive to assist students in becoming the best nurses you can be. I want to encourage you to work on accepting guidance and constructive feedback when given to you by instructors. We are here to help you grow in nursing! MD

Week 7 (7d-h)- These evaluations were changed to NA due to no clinical experiences scheduled for this week. With that said, that you for addressing the previous weeks evaluations that were identified as opportunities for growth. DW

Midterm Comment – Bri, good job throughout the first half of the medical-surgical nursing semester. It appears that you have had the opportunity to perform various skills, enhance your clinical judgement, provide patient care, and reflect on your experiences. You are satisfactory in most 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. You also have a “U” in competencies 2d, 3b, d, & e, and 4c. You also have NI’s in competencies 1e, &h, 2a, & f, 3k, &l, and 7g, please review these competencies and let’s turn the next half of the semester around to get these changed to “S.” SA

~~Week 10~~ **Week 9** (7a-7b) One area of strength I would like to reflect on from this week is I feel that I was much more organized and efficient in my care. By making a list of interventions and assessments I needed to complete, I was able to organize my time more effectively. One area I would like to improve on from this week is my understanding of common medications that are regularly passed to patients admitted to the hospital. I plan to improve on this area by making a list of some of the medications I noticed I have passed multiple times and looking more deeply into these medications. I also plan to research more common medications given in the hospital that I may not have passed but are still common to be prescribed to the patients I may take care of in the future to have a better understanding of those medications. **It is always a great idea to continue to review medications! However, you are receiving a “U” within the entirety of this objective due to incorrectly self-rating within the appropriate week. You rated in week 10 when per the course calendar March 10-14 is week 9, and unfortunately this is considered incomplete. 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. SA**

Week 9 objective 7 (a-b) I received a “U” for these competencies because I self-rated myself for my week 9 clinical experience under the week 10 section. I will make sure to avoid this in the future by making sure I am rating myself under the right section before filling out my clinical tool. I will review my course calendar to make sure the dates match up with the correct week of my clinical experience. **DW**

Week 11 (7a-b) One area of strength I would like to reflect on from this week is that I felt more confident in setting up and administering an IV medication. I feel that going to the most recent lab experience and practicing setting up an IV medication was a large factor in this confidence and ability to administer the medication efficiently. One area I would like to improve on from this week is having a better understanding of how to provide discharge instructions or other patient education to a patient. I plan to improve on this area by looking for opportunities at clinical to follow a nurse discharging a patient and ask them questions where needed. I think that this experience would help me have a better understanding of what a patient’s discharge process looks like and provide me with different ways to provide patient education in a way they can easily follow. **Good reflection on these areas, Bri! You did a great job with your medication administration and exuded confidence. Practice goes a long way in increasing confidence in these skills. I am happy to hear that your practice improved your abilities! Good thoughts on improvement! NS**

Week 11 (7a-b) One area of strength I would like to reflect on from this week is I properly removed a foley catheter which is a skill I have not had the chance to do until this week. One area I would like to improve on from this week is making sure to report off to the nurse more often and before leaving the floor. By having better communication with the nurse, we can make sure that the patient is receiving adequate care and no areas of their care are being neglected. I will improve on this area in the future by writing myself a note incorporated into the schedule of assessments and other areas of care for the day to make sure I am not forgetting to communicate any findings with the nurse.

Student Name: Brianna Dobias				Course Objective:			
Date or Clinical Week: 4							
Criteria		3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)	2	You did a nice job completing the noticing section and including pertinent assessment findings, lab/diagnostics, and risk factors for your patient. Remember to include at least 7 positive assessments. I know your patient did have more positives including being on oxygen. I know you did not look at your patient’s wounds because they were covered, but you would want to include wound appearance if you knew what it was. Outside of this you did a great job on this section. KA
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)	3	
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	You list all pertinent nursing priorities and highlighted the highest nursing priority. You highlighted pertinent findings in the noticing section that related to your nursing priority. You established a relevant goal for your nursing priority. You wrote 3 complications and related signs and symptoms that the nurse would assess for related to your nursing priority. KA
	5. State the goal for the top nursing priority.	Complete			Not complete	3	
	6. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	7. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	3	
	8. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	3	
Responding	9. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	You did a nice job writing nursing interventions for your nursing priority that were relevant, prioritized, included frequencies, individualized, realistic, and included rationales. Remember when timing your education it can be on admission, before discharge, daily, or prn. KA
	10. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	11. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	12. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	

Criteria		3	2	1	0	Points Earned	Comments
	13. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	You did a nice job reassessing all your highlighted findings in your noticing section and identifying you would discontinue the plan of care due to your patient being discharged. KA
	15. Evaluation includes one of the following statements: - Continue plan of care - Modify plan of care - Terminate plan of care	Complete			Not complete	3	

Reference

An in-text citation and reference are required.

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

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

Total Possible Points= 45 points

45-35 points = Satisfactory

34-23 points = Needs Improvement*

< 23 points = Unsatisfactory*

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

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

Faculty/Teaching Assistant Comments: Bri, you satisfactorily completed your care map. See comments above for areas to consider in the future when you are completing your next care map. Nice work! KA

Total Points: 44/45

Faculty/Teaching Assistant Initials: KA

Student Name: Brianna Dobias				Course Objective: 6			
Date or Clinical Week: Week 11							
Criteria		3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)	3	A thorough list of abnormal assessment findings were listed based on the care provided throughout the week. Abnormal diagnostics were identified and reviewed in the patient's EMR. Risk factors were identified based on the patient social/medical history. Well done!
	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	Important nursing priorities were identified related to the patient's situation. Based on the care provided, kidney stones, and subsequent cystoscopy procedure, impaired urinary elimination was appropriately selected as the top priority problem. A relevant and realistic goal for the patient was provided. All relevant details from the noticing section were appropriately highlighted as being related to the top priority problem. Potential complications were identified, with specific signs/symptoms to monitor for.
	5. State the goal for the top nursing priority.	Complete			Not complete	3	
	6. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	7. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	3	
	8. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	3	
Responding	9. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	A list of 12 nursing interventions were provided. Interventions were appropriately prioritized with assessments taking highest priority. Each listed intervention included an appropriate frequency, and medication interventions provided individualized patient prescriptions.
	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	Appropriate rationale was provided for each listed intervention.
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	A list of re-assessment findings were provided in the evaluation section reflecting the most recent assessments performed. This was to determine effectiveness of the plan of care and progress towards the intended goal. Based on the information provided, it was appropriately determine to discontinue the plan of care as the patient had met her goals and was discharged safely.
	15. Evaluation includes one of the following statements: - Continue plan of care - Modify plan of care - Terminate plan of care	Complete			Not complete	3	

Reference

An in-text citation and reference are required.

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

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

Total Possible Points= 45 points
45-35 points = Satisfactory
34-23 points = Needs Improvement*
< 23 points = Unsatisfactory*

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

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

Faculty/Teaching Assistant Comments: Great job with your care map on impaired urinary elimination! You did a nice job throughout the day asking questions and researching your patient’s condition to gain a better understanding of the nursing care required. You used this information to demonstrate your clinical judgement in developing this care map, well done. You have now completed both required care map submission for the semester, congratulations! Continue to practice care maps during your studying to enhance your understanding and develop your clinical judgement. Let me know if you have any questions! NS

Total Points: 45/45 – Satisfactory

Faculty/Teaching Assistant Initials: NS

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

Student name: Brianna Dobias								
Skills Lab Competency Evaluation	Lab Skills							
	Week 1	Week 1	Week 1	Week 1	Week 1	Week 2	Week 2	Week 9
	Insulin (2,3,5,7)*	Assessment (2,3,4,5,7)*	IV Math Application (3,7)*	Lab Day (1,2,3,4,5,6,7)*	IV Skills (2,3,5,7)*	Trach (1,2,3,4,5,6,7)*	EBP (3,7)*	Lab Day (1,2,3,4,5,6,7)*
	Date: 1/7/25	Date: 1/7/25	Date: 1/9/25	Date: 1/9/25	Date: 1/10/25	Date: 1/16/25	Date: 1/15/25	Date: 3/10 or 3/11/25
Evaluation:	S	S	S	S	S	S	S	S
Faculty/Teaching Assistant Initials	MD	KA/RH	DW	NS	SA	DW	KA	KA
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA

*Course Objectives

Comments:

Week 1

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

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

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

Week 2

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

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

Week 9 Lab Day (3/11/25) – You were required to demonstrate a head-to-toe assessment and medication administration skills due to your rating in these clinical competency areas at midterm. You satisfactorily demonstrated a head-to-toe assessment and medication administration skills. Your assessment was mostly smooth from beginning to end. You did need 1 prompt related to missing the pain assessment portion of this skill. You were able to respond appropriately with the necessary assessment information. During your medication administration skill you followed the rights of medication administration and appropriately administered the correct medications to your assigned patient along with making the necessary preparations for the administration (i.e. cutting 1 tablet in half to make the correct dose of the medication). You scanned the patient each time a new medication was administered and we discussed that once the patient is scanned and verified you would scan all the medications without needing to rescan the patient each time. You were receptive to all feedback as well as further discussion about making checklists to help you stay organized when multiple things are going on with a patient. Keep up the hard work! KA

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

<u>Simulation Evaluation</u> Performance Codes: S: Satisfactory U: Unsatisfactory	Student Name: Brianna Dobias							
	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	KA	DW	SA	SA				
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA				

* Course Objectives

Comments:

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): 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) * - Focused Observation: E A D B - Recognizing Deviations from Expected Patterns: E A D B - Information Seeking: E A D B	Obtain vitals. Notice patient is SOB and moves to respiratory assessment. Vitals obtained (SpO2, BP, pulse) Pain assessment: location, rating, description, Notice redness of right lower leg and moves to cardiovascular assessment. Notices +1 edema, pulses present (compares bilaterally), 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) * - Prioritizing Data: E A D B - Making Sense of Data: E A D B	Prioritize vitals first then respiratory assessment due to reports of shortness of breath. Prioritize oxygen therapy (nasal canula at 2L) Removes sock to visualize bilateral feet. Compares pulses and edema in bilateral feet/lower legs 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) * - Calm, Confident Manner: E A D B - Clear Communication: E A D B - Well-Planned Intervention/Flexibility: E A D B - Being Skillful: E A D B	Set patient up in bed due to reports of shortness of breath. Educate patient on cough/deep breathing to assist with oxygen levels. Educate on incentive spirometry. Percocet administration: perform all checks, scan patient, scan medications. Administers correct dose. 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.

	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. Ask patient preferred name and pronouns. 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. Attempt to educate on importance of medication compliance (pill organizer, phone reminders) 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. 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) * - Evaluation/Self-Analysis: E A D B - Commitment to Improvement: E A D 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 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 Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric. E= Exemplary A= Accomplished D= Developing	Lasater Clinical Judgement Rubric Comments: 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. 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

B= Beginning Scenario Objectives: 1. Select focused physical assessment priorities based on individual patient needs. (2)* 2. Implement appropriate nursing interventions based on patient's assessment. (1,3,6)* 3. Communicate appropriately with the patient, family, team members, and healthcare providers incorporating elements of clinical judgment and conflict resolution. (4,7)* 4. Provide patient-centered care with consideration to cultural, ethnic, and social diversity. (2,3,6)* 5. Provide appropriate patient education based on diagnosis. (5)* * Course Objectives	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. 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. 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.
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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