

EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2025

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student:

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
1/27/25	Infection	S/SA	NA	NA
1/31/25	Impaired Gas Exchange	S/KA	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	S	N/A	S	N/A	S	S	S	N/A	S		N/A	N/A	
a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting)			S	S	S	N/A	S	N/A	S	S	S	N/A	S		N/A	N/A	
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			S	S	S	N/A	S	N/A	S	S	S	N/A	S		N/A	N/A	
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			S	S	N/A	N/A	S	N/A	S	S	S	N/A	S		N/A	N/A	
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			S	S	N/A	N/A	S	N/A	S	S	S	N/A	S		N/A	N/A	
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	S	S	N/A	S	N/A	S	S	S	N/A	S		N/A	N/A	
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			S	S	N/A	N/A	S	N/A	S	S	S	N/A	S		N/A	N/A	
g. Assess developmental stages of assigned patients. (Interpreting)			S	S	N/A	S	S	N/A	S	S	S	N/A	S		N/A	N/A	
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		S	S	S	S	S	N/A	S	S	S	N/A	S		N/A	N/A	
Indicate your clinical site as well as your patient's age and primary medical diagnosis in this box weekly.	Meditech, FSBS, IV Pump Sessions		4N 60 years old, Surgical infection	3T 72 years old RSV and COPD	IC/DH	ECSC	3T/ 79 years old Pancreatitis/ gastritis	Sim Lab	MIDTERM	3T/ 58- & 65-year-old pts. Hyperdivcemia and Left seizure	5T/ 81-year-old male seizure	N/A	5T 55-year-old female Cervical Myelopathy		N/A	N/A	
Instructors Initials	MD	MD	SA	KA	DW	RH	HS	MD	MD	KA	SA	DW	MD				

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

Week 4 – 1a, b, c, e– You did a nice job discussing on clinical your patient's disease process and what nursing was doing to help the patient. You were able to discuss symptoms we were monitoring and managing in your patient as well as pertinent labs for your patient diagnosis. You also set a goal for your patient and were able to discuss your patient's work towards meeting that goal. KA

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

Week 7- (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 along with his significant history of co-morbidities, and the symptoms he was experiencing. You were also able to review the EGD he had on day one and discuss how the results correlated with his symptoms. 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 9 – 1a, b, c, e– You did a nice job discussing on clinical your patients' disease processes and what nursing was doing to help the patients. You were able to discuss symptoms we were monitoring and managing in your patients as well as pertinent labs for your patients' diagnoses. You worked well with both patients and did a nice job adjusting your care as needed for your patient with a history of MS who was having garbled speech. KA

Week 9 – 1d – You did a nice job reviewing all your medications before you administered them to the patient. You were able to discuss the reason why the patient was taking the medication as well as what we were monitoring the patient for. You also were able to discuss what information was needed to determine if the medication should be administered (i.e. blood pressure, pulse). You worked with your team leader to determine appropriateness of all medications before administering them. KA

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

Week 12 Rehab Clinical Objective 1 B-F: This week you were able to correlate the patient's symptoms, diagnostic tests, pharmacotherapy, treatment, and nutritional needs based on their reason for being on the Rehab floor and their past medical history. Great job! MD

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

**Evaluate these competencies for the offsite clinicals:

DH: N/A IC: 2f ECSC: N/A

Comments:

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

Week 3 (2a-f)- Excellent job assessing your patient's wound and changing the dressing. SA

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 7 (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 9 – 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 9 – 2b – You completed your patient's fall assessment and recognized the patient was a high fall risk. You ensured all measures for high fall risk were completed and documented appropriately in the EMR for your patient including that they were refusing all alarms. KA

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

Week 12 Rehab Clinical Objective 2 A, D, & F: While you were on clinical you performed a satisfactory physical assessment, communicated abnormal assessments to myself and to the primary nurse, and you were able to satisfactorily document all information to Meditech documentation. MD

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	S	S	S	S	N/A	S	S	S	N/A	S		N/A	N/A	
a. Perform standard precautions. (Responding)	S		S	S	N/A	N/A	S	N/A	S	S	S	N/A	S		N/A	N/A	
b. Demonstrate nursing measures skillfully and safely. (Responding)			S	S	N/A	N/A	S	N/A	S	S	S	N/A	S		N/A	N/A	
c. Demonstrate promptness and ability to organize nursing care effectively. (Responding)			S	S	N/A	N/A	S	N/A	S	S	S	N/A	S		N/A	N/A	
d. Appropriately prioritizes nursing care. (Responding)			S	S	N/A	N/A	S	N/A	S	S	S	N/A	S		N/A	N/A	
e. Recognize the need for assistance. (Reflecting)			S	S	N/A	N/A	S	N/A	S	S	S	N/A	S		N/A	N/A	
f. Apply the principles of asepsis where indicated. (Responding)	S		S	S	S	N/A	S	N/A	S	S	S	N/A	S		N/A	N/A	
g. Demonstrate appropriate skill with Foley catheter insertion, maintenance, & removal (Responding)			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	
h. Implement DVT prophylaxis (early ambulation, SCDs, ted hose, administer enoxaparin or heparin) based on assessment and physicians' orders (Responding)			S	S	N/A	N/A	S	N/A	S	S	S	N/A	S		N/A	N/A	
i. Identify the role of evidence in determining best nursing practice. (Interpreting)	S		S	S	S	N/A	S	N/A	S	S	S	N/A	S		N/A	N/A	
j. Identify recommendations for change through team collaboration. (Reflecting)			S	S	N/A	S	S	N/A	S	S	S	N/A	S		N/A	N/A	
	MD	MD	SA	KA	DW	RH	HS	MD	MD	KA	SA	DW	MD				

**Evaluate these competencies for the offsite clinicals:

DH: 3a

IC: 3a, f, i

ECSC: 3a, j

Comments:

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

Week 3 (3a-j)- Great job this week following safety and fall precautions with your first patient. You did a great job working with the nurse for your second patient to get pain med order frequency changed! Successfully presented an EBP article for your CDG. SA

Week 4 – 3b – You had the opportunity to care for a patient on precautions. You ensured proper precautions were followed throughout the day. You made sure that the necessary supplies were easily available for those entering the patient's room. You also had the opportunity to care for a patient on a fluid restriction. You monitored your patient's I&O and assisted the patient in staying within the restriction's parameters. KA

Week 7 (3 c, d, e)- You were able to prioritize your care for the day and adjust care when necessary based on changes that occurred during the day. You were available to help others when needed, and ask for assistance when needed. HS

Week 9 – 3b – You had the opportunity to take care of a patient receiving frequent neurological checks because of their diagnosis of a potential stroke. You monitored the patient closely and reported any changes immediately. You recognized your patient needed additional time to respond and communicate related to his MS and garbled speech. You provided him with ample time to respond as well as simplified the questions you ask him. Nice job! KA

Week 10 (3a-f,h-j)- While caring for your patient you were able to identify all of the priority needs for your patient based on their condition and report you received from the night shift nurse. You were able to communicate your priority assessments for the day and what interventions needed to be completed during your shift. Great job! SA

Week 12 Rehab Clinical Objective 3 C & D: While caring for your patient you were able to identify all of the priority needs for your patient based on their condition and report you received from the night shift nurse. You were able to communicate your priority assessments for the day and what interventions needed to be completed during your shift. Great job! MD

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

**Evaluate these competencies for the offsite clinicals:

DH: N/A

IC: N/A

ECSC: N/A

Comments:

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

Week 3 (3k-r)- You successfully administered medications per orders and navigated documentation in Meditech appropriately. You did great with all IV skills and recognized how to improve from the first IV med administration, and successfully administered a second medication without interventions needed. Great job! SA

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

Week 4 – 3n – You did a nice job priming your piggy back and connecting your patient to the medication. You performed all IV skills with beginning dexterity. You documented all medication administration and line care appropriately in the EMR. Nice job! KA

Week 4 – 3p – You did a nice job flushing your patient's IV this week and ensuring patency of the IV line. You were able to document this appropriately in the EMR. KA

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

Week 4 – 3r – You demonstrated proper technique when completing FSBS on your patient. You provided the information to the RN immediately as she was completing her assessment on the patient who had a status change. KA

Week 7 (3k-r)- You did a nice job with medication administration this week! You were able to administer PO, SQ, and IV push medications. 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 were able to discontinue two saline locks prior to your patient being discharged home. HS

Week 9 – 3k – You did a nice job administering your medications this week. You observed the rights of medication administration and was able to answer all questions about your medications. You had the opportunity to pass PO and SQ medications this week. You performed the medication administration process with practiced dexterity. KA

Week 9 – 3q – You did a nice job monitoring your patient's IV site this week and documenting your assessment in the EMR. Great job! KA

Week 9 – 3r – You demonstrated proper technique when completing FSBS on your patient. You documented all information correctly in the EMR. KA

Week 10 (3k-m)- This week on Rehab you were able to identify the rights of medication administration appropriately and provided a comprehensive analysis of the medications you administered to your patient. Included in the analysis was the type of medication, side effects, and nursing implications for each medication. You were able to provide further information based on the medication you were administering that was included in the nursing implications you discussed. You also were able to identify safe practice for medication administration and performed them well. You used best judgement and understanding with the patient's preference in taking oral meds and giving them with applesauce. You also were able to use the BMV and document in the EHR appropriately. Awesome medication pass! SA

Week 12 Rehab Clinical Objective 3 K-L: This week on Rehab you were able to identify the rights of medication administration appropriately and provided a comprehensive analysis of the medications you administered to your patient. Included in the analysis was the type of medication, side effects, and nursing implications for each medication. You were able to provide further information based on the medication you were administering that was included in the nursing implications you discussed. You also were able to identify safe practice for medication administration and performed them well. You also were able to use the BMV and document in the EHR appropriately. Awesome medication pass! MD

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	S	N/A	S	S	N/A	S			N/A	N/A	
a. Integrate professionally appropriate and therapeutic communication skills in interactions with patients, families, and significant others. (Responding)			S	S	S	S	S	N/A	S	S	N/A	S			N/A	N/A	
b. Communicate professionally and collaboratively with members of the healthcare team using hand-off communication techniques. (SBAR) (Responding)			S	S	S	S	S	N/A	S	S	N/A	S			N/A	N/A	
c. Report promptly and accurately any change in the status of the patient. (Responding)			S	S	N/A	N/A	S	N/A	S	S	N/A	S			N/A	N/A	
d. Maintain confidentiality of patient health and medical information. (Responding)			S	S	S	S	S	N/A	S	S	N/A	S			N/A	N/A	
e. Consistently and appropriately post comments in clinical discussion groups. (Reflecting)			S	S	S	S	S	N/A	S	S	N/A	S			N/A	N/A	
f. Obtain report, from previous care giver, at the beginning of the clinical day. (Noticing)			S	S	N/A	N/A	S	N/A	S	S	N/A	S			N/A	N/A	
g. Provide a clear, organized hand-off report to your patient's next provider of care. (Responding)			S	S	N/A	N/A	S	N/A	S	S	N/A	S			N/A	N/A	
	MD	MD	SA	KA	DW	RH	HS	MD	MD	KA	SA	DW	MD				

**Evaluate these competencies for the offsite clinicals:

DH: 4a, b, d

IC: 4b, d, e

ECSC: 4a, b, d, e

Comments:

Week 3 (4a-g)- Excellent job communicating and working with the primary nurses on both your patients this week! You appropriately applied thorough content with your CDG discussion and EBP article. Please refer to the APA Formatting guide under clinical resources when citing all works. You did not follow the guidelines in keeping the

title of your article “Evaluation of a Patient-Centered Fall-Prevention Tool Kit to Reduce Falls and Injuries: A Nonrandomized Controlled Trial.”. Only the first word in both portions of the title “Evaluation” and “A” should be capitalized. The numbered pages are also missing. An example would be: Dykes, P. C., Burns, Z., Adelman, J., Benneyan, J., Bogaisky, M., Carter, E., Ergai, A., Lindros, M. E., Lipsitz, S. R., Scanlan, M., Shaykevich, S., & Bates, D. W. (2020). Evaluation of a patient-centered fall-prevention tool kit to reduce falls and injuries: A nonrandomized controlled trial. *JAMA network open*, 3(11), 1-10. <https://doi.org/10.1001/jamanetworkopen.2020.25889> You do not need to list all of the authors within the in-text citation, this example is, (Dykes et al., 2020). SA

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 – Abbie, you did a nice job locating an appropriate article that related to your patient and answering all the CDG questions on it. You met word count for your original post, but consider expanding some of your thoughts in your post in the future. Remember when in-text citing your reference include the page number or the paragraph number if there are no page numbers when citing a direct quotation. Also, below is how to reference your article. Some information was missing in your reference. On the whole it was a great attempt with just a few things to tighten up your APA format. Keep up the hard work! KA

Ceyhan, Y., & Tekinsoy, K. (2022). The effects of breathing exercises and inhaler training in patients with COPD on the severity of dyspnea and life quality: A randomized controlled trial. *Trials*, 23(707), 1-11. <https://doi.org/10.1186/s13063-022-06603-3>

Week 5 (4e)- According to the CDG Grading Rubric, you have earned a satisfactory for Infection Control discussion this week. Your discussion was thorough and backed by evidence from 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 in-text 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. Use the authors full last name, even if hyphenated, in the in-text citation. Your corrected in-text citation would look something like this: (Sawyer-Sommers, 2023, para 1). 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: (4e) According to the CDG Grading Rubric, you are unsatisfactory for your discussion this week. Your discussion was thorough; however, you did not provide a reference or an in-text citation for your post. Please refer to the CDG Grading Rubric to see what needs to be done for a satisfactory rating. Since you are receiving a “U” please address this “U” and how you will prevent getting another in the future. If you do not address the “U”, it will remain a “U” until it is addressed. RH

Week 6- I got an unsatisfactory because I did not follow the rubric and put an in-text citation and reference in my response. I will prevent this in the future by making sure there is an in-text citation and reference when needed when responding to my CDG’s. I will also always check the requirement needed from me for each CGD in the future. HS

Week 7 (4e)- Nice job on your CDG this week! You successfully met all of the requirements on the rubric for your initial posting and the response to a peer. You answered all of the questions with a thorough explanation. Great job on your patient education. You identified the need specific to your patient, and found information to review with the patient. You also provided an in-text citation and a reference for the initial and peer response. Nice job! HS

Week 9 – 4b – You completed the SBAR worksheet and provided your RN with handoff communication related to your patient utilizing the SBAR you developed. You did a great job keeping her up-to-date throughout the whole shift so she was aware of any changes with your patient in real time. You also practiced your SBAR during debriefing and provided an accurate report to your classmates and faculty and was receptive to the constructive feedback provided. KA

Week 9 – 4e – Abbi, you did a great job responding to all the CDG questions on your patient’s SDOH risk factors and appropriately resources to assist with these factors. You were thoughtful with your initial response as well as your response to your peer. You included an in-text citation as well as a reference in both of your posts. Keep up the terrific work! KA

Week 10 (4a,c,f)- You provided a CDG that was satisfactory per the CDG rubric. In this CDG, you provided information on your team leading experience. The reference and in-text citation you provided were satisfactorily completed. SA

Week 10 (4b,g)- This week as Team Leader you were tasked to give a formal SBAR report to me at the end of the clinical week on Rehab. You had clear communication, appropriate priorities, detailed, and organized with delivery of the information. We discussed in person after your SBAR to include specific on the medical and surgical diagnosis and histories flowed together with appropriate information. Awesome job working with your peers and showing interest in leadership! Great work this week! SA

Week 12 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 patient satisfaction and restorative care that was interesting and detailed regarding your patient. The reference and in-text citation you provided were satisfactory. Please see me if you have further questions! MD

Objective

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

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

5a & b- You must address this competency in the comments below for all clinicals on **3T, 4N, or Rehab- describe the patient education you provided; be specific- include the topic, method of delivery, reason for teaching need, materials to support learning through above resources (if applicable), and method used to validate learning.

Example: Education related to orthostatic hypotension (changing positions slowly by sitting at the side of the bed or chair for a few minutes before moving to another position, utilizing the walker when ambulating) was provided to my patient through discussion and demonstration. This was necessary to maintain patient safety as he/she was experiencing a drop-in blood pressure and dizziness when getting out of bed. A patient education sheet was printed from Lexicomp and given to the patient. The teach back method was used to validate learning.

Comments:

Week 3: The education I provided to the patient is more on infection to his surgical site and some symptom to look for if it were to get worse. I spoke with him as a discussion of how he knew to come in for his surgical site to be looked at and taught him some other symptom he would start to have if it were to get worse overtime. I educated this to him to make sure he knows when he goes home if more symptoms or sign start to happen to immediately come back for more medical attention before it could be more life threatening. I used skyscape to help me give him more examples of indications of worsening infection. This was important to teach him because his wound was pretty infected, and they talked about maybe discharging him before the infection cleared up and I wanted him to feel more relieved in knowing when it would be a time to come back. Him asking questions and engaged in the conversation let me know it was validated learning. Great education and discussion with the patient. Skyscape is a great tool for various resources. Awesome! SA

Week 4- The education my patient needed was more on her 11:30 medication I gave her. She really did not know what the medication was prescribed for, and she really didn't feel comfortable taking it at first because it was not one of the medications she takes at home. The medication was Dicyclomine, and I told her it was for her IBS-C. I taught her also what to look for if it caused complications as well as what was expected if the medication was being effective. I told her it could cause her a paralytic ileus at the worst complication. I also taught her it should make her have regular bowel movements while being less active in the hospital. I spoke with her, and we discussed it where questions were asked, and I answered her questions. I used skyscape to find out the description of the medication and what it was used for. It was important to educate her on this medication because I wanted her to feel more comfortable in taking this medication because it could benefit her during the long of her stay. Her asking questions to let me know my teaching was effective and that she was engaged in the conversation. Great job providing her with medication teaching! KA

Week 7- As for my patient and his diagnosis, I felt it was best to educate on his diet. We had a conversation about his daily diet, and it seemed to me as if he had a high fat diet. As I researched gastritis it said they should have smaller meals that contain soft foods. I did my education research on Lexicomp, and I was able to print off a packet that had education on the diet and what was considered in that diet. His biggest risk factor was his diet, so I felt that was my priority education he needed. He was having

flare-ups with all the stress he was putting on himself due to his diet. I know this education was effective because he was asking questions and giving examples that showed understanding. **Great job! HS**

Week 9- As for my patient I felt as if it was best to teach him the signs of hyperglycemia. He came in feeling unwell and not himself and so I printed a packet of the effects and signs and symptoms of hyperglycemia. I also taught him how to reduce the risk of getting high blood sugar with diet as well. It is important he know this because it can lead him to more hospital stays that are not wanted. I used Lexicomp for my teaching and we had a conversation for this teaching. I know it worked because he gave me some feedback of why he is unable to maintain a normal blood sugar and was able to take my suggestions of support he could possibly get after he leave the hospital. **Great job! KA**

Week 10- As for my patient I educated him about his glioma because he was describing it to me but wanted to know more details on how it affects him. I printed an educational packet on gliomas and went over it with him. I used a packet from Lexicomp that he was able to keep. It is important for him to know what's going to happen overtime with his body. I know my teaching of going over the packet worked because he asked some questions and used some teach back as well. **Awesome job! This is something he can review at home and allow him to prepare to ask his providers further questions and know how he can work on his recovery! SA**

Week 12- As for my patient, I felt as if it was best to teach her pain management using nonpharmacological ways. Our first interaction this morning was her explain how much pain she was in and that her medication doses for pain has been reduced. So, I took it upon myself to ease her pain in many ways by using a cold patch on her incision, being an open ear to listen to her pain, finding distractions to get her mind of the pain, and also finding a good position on bed to help relax her neck. It was important for me to teach her this because she is getting discharged Friday, and I don't know what pain medication she is going home with so it is important for her to know there is other methods than medication as well. I used skyscape to educate my patient on the different methods of pain management. We had a conversation with her asking questions as well as her demonstrating what was being taught to her. I know this method had gave her some relief because she had verbalized her appreciation toward my work to help her pain. **Great education! MD**

Objective

6. Implement patient-centered plans of care utilizing the nursing process, clinical judgment, and consideration for cultural, ethnic, and social diversity. (2,3,4,5)*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
a. Develop and implement a priority care map utilizing the nursing process and clinical judgment. (Noticing, Interpreting, Responding, Reflecting)			S	S	N/A	N/A	N/A	N/A	S	S	NA	N/A	N/A		N/A	N/A	
b. Identify factors associated with Social Determinants of Health (SDOH) &/or cultural elements that have the potential to influence patient care.** (Noticing, Interpreting, Responding, Reflecting)			S	S	N/A	N/A	S	N/A	S	S	S	N/A	S		N/A	N/A	
	MD	MD	SA	KA	DW	RH	HS	MD	MD	KA	SA	DW	MD				

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

Comments:

See Care Map Grading Rubrics below.

Week 3: Some SDOH that affected my patient is the lack of education he had after having his appendix removed on surgical site care and how to help his healing process. Also not knowing that his medical history leads him at higher risk for infection and being able to identify when his site was infected until the pain got worse.

Week 3 (6a,b)- Care Map was satisfactory. Refer to feedback on Care Map rubric attached in tool. Education is an extremely important factor for this patient. Educating the patient on the wound care and other risk factors that may delay wound healing would benefit this person who may not have an understanding of the risks of smoking. SA

Week 4- Some SDOH That my patient had was very positive. She had a really good at home support for her son and daughter that provided her with at home care and transportation. She also is very knowledgeable and educated in her history of COPD, so she is keeping it very maintained and knows how to effectively handle her breathing overall through the 17 years of having this history. You did a nice job discussing this on clinical with me and how her SDOH factors were positively affecting her versus negatively affecting her. KA

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

Week 7- Some SDOH that my patient had was more positive. He was very good at keeping up with his chronic illnesses and had a very detailed daily routine to help maintain his health. He also had a very great support system that helped with transportation and kept up with housework. As an older patient he is still very independent and does not need living assistance as of now. That is a great example of a positive SDOH. Your patient seemed to be very knowledgeable and in control of his health. HS

Week 9- Some SDOH that my patient had was being able to finically support his chronic illnesses he has been dealing with. He was not able to afford the cost of insulin, and he also had no transportation to get to the pharmacy as well. It is important for him to find some type of support to be able to maintain his health or he will be in the hospital a lot more. You did a great job discussing your patient's identified factors in your CDG this week! KA

Week 10- Some SDOH my patient experience was living alone without any assistance. This is affecting him negatively because he is having a lot of health issues that is causing him to become weaker and have an unsteady gait. It is getting harder for him to perform his ADL alone, so their care needed for him is not getting done. They are looking for some full-time living facilities for him so he can keep up with his health. Great job identifying their SDOH. With this patient still living independently, what are some resources he can utilize so that he remains in contact with others and possibly be checked on daily or even weekly? SA

Week 10 (6a)- With both care maps previously completed, you can place NA under this section. SA

Week 12- Some SDOH my patient had this week was being knowledgeable about her health overall from being a nurse herself. As well as having so much support and such a positive attitude toward getting better so she really pushed herself on this rehab floor to regain 90% of her strength back. She has improved so much physically due to the hard work she put in with every session offered to her. This is wonderful! It seemed that her partner was also very involved! MD

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
a. Reflect on an area of strength. ** (Reflecting)	S		S	S	S	S	S	N/A	S	S	N/A	S		N/A	N/A		
b. Reflect on an area for improvement and set a goal to meet this need.** (Reflecting)	S NI		S	S	S	S	S	N/A	S	S	N/A	S		N/A	N/A		
c. Demonstrate evidence of growth, initiative, and self-confidence. (Responding)	S		S	S	S	S	S	N/A	S	S	N/A	S		N/A	N/A		
d. Follow the standards outlined in the FRMCSN Student Code of Conduct Policy. (Responding)	S		S	S	S	S	S	N/A	S	S	N/A	S		N/A	N/A		
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	N/A	S	S	N/A	S		N/A	N/A		
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (Responding)	S		S	S	S	S	S	N/A	S	S	N/A	S		N/A	N/A		
g. Demonstrate the ability to give and receive constructive feedback. (Responding)	S		S	S	S	S	S	N/A	S	S	N/A	S		N/A	N/A		
h. Actively engage in self-reflection. (Reflecting)	S		S	S	S	S	S	N/A	S	S	N/A	S		N/A	N/A		
	MD	MD	SA	KA	DW	RH	HS	MD	MD	KA	SA	DW	MD				

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

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

Comments:

Week 1- My strength this week was being able to perform a head-to-toe assessment without forgetting to ask all the questions needed to pass the head to toe. **Awesome!**

My weakness this week was not going over check offs from foundations to be good and fluent at doing the task. This is so important to review your check off information before each lab and clinical. You are receiving a NI due to not including a goal on how you will work on your area of improvement. Be sure to include a goal for how you will improve on your area of improvement every week. MD

Week 3- My strength this week was being confident enough to lead myself into giving PO medication without feeling stressed or nervous. My weakness this week was being so nervous to give my first IV antibiotic of the year and forgetting to clamp the tubing while priming it which led to many bubbles in the tube. My goal to improve this for my next clinical is to not be so nervous and take my time when preparing my IV meds so mistakes don't happen. I will go over and watch videos on IV tubing before the next clinical. Great plan for improvement before next clinical. Mistakes are going to happen, but you handled yourself professionally and will see it happens to everyone! I look forward to seeing you improve and grow this semester! SA

Week 4- My strength this week was being confident in teaching her the knowledge I knew as well as connecting her history to her diagnosis for symptoms she is experiencing. For example, smoking cessation, medication knowledge, connecting RSV to her symptoms. You did a nice job seeing the bigger picture with this patient and connecting the dots. KA

My weakness this week was being able to find things to keep me busy because my patient was very independent with her care. For my next clinical, I am going to find way to keep me busy even if it just helping other people on the floor because I might be able to experience more. Great idea. Faculty also have a tool kit that have different activities you can do that can help you look at different aspects of your patient care. You can always ask one of us for this and we can give you an activity to complete. KA

Week 5- My strength this week was being able to follow direction and being able to go out on the floors and following what was needed of me. DW
My weakness this week was not being able to ask all the questions, I wanted to get more knowledge due to lack of time. To fix this I will find appropriate times to ask all the questions I have in the future. Is the problem actually efficiency and time management or is it nervousness in asking questions? This detail is important, as it can help you set an actual goal. Just saying you will do better next time doesn't really promote improvement. You are essentially hoping for the best next time. What action could you take now so that the likelihood of meeting the goal is higher next time? Sometimes you have to think outside of the box. For example, if you are nervous to ask questions, over the next two weeks of clinical, you could introduce yourself to at least 4 people and offer to help them with something. Do you see how this is actionable? Please be sure to write these types of goals in the future to avoid an unnecessary U in this competency. I am always willing to help, so if you need clarification or assistance with writing goals, please let me know. DW

Week 6- My strength this week was being a little less nervous and not as stressed about going into clinical this week. I was able to learn a lot with a clear mind into going into this clinical. RH

This week's weakness was not being able to relate to the elderly people and understanding how some of them have no clue about the knowledge in this generation. By the next clinical, I am going to interact with 2 new elderly people at work and challenge myself to have a full conversation with them. Coming up with topics to discuss with people further outside your generational age can be difficult but practice will definitely help! RH

Week 7- My strength this week was being able to take what I learned in lab about insulin and being able to confidently administer it to my patient. I felt very knowledgeable on how to prep the insulin pen and administer it. You did a nice job with your medication administration! HS

My weakness this week was being able to wake my patient up in the morning to get him going without him being in a bad mood. By next clinical, I'm going to try different ways at work on how to get my patient motivated in the morning instead of making them mad. Maybe trying better ways of waking them up or waking them up and giving them time to fully open their eyes. This can be very challenging for some patients, and the response you get from patients are often very different. HS

MIDTERM- Great job in the first half of the semester Abbi! Keep working towards working with Foley catheters and practicing all the skills you have learned this semester! MD

Week 9- My strength this week was being able to prioritize my time for being able to talk with my patient about his struggles but also provided the physical aspect of care for this patient as well. You worked very well with this patient and did a nice job adapting your care to help communicate with him related to his garbled speech that was affecting his communication with others. KA

My weakness this week was being able to communicate effectively with my patient who had a hard time communicating back with me. He was very frustrated with the staff because communication was not effective. By the next clinical I will educate myself on different ways of communication and being able to provide supplies for different communication methods. I thought you communicated with him well, but maybe implementing some of the other communication methods you identify may be help such as a picture board or having him write down what he wants to say. KA

Week 10- My strength this week was being an open ear for my patient and giving some advice and input on his concerns that he was having. Awesome, thank you for listening! SA

My weakness this week was being able to manage my care because the patient likes to talk. By the next clinical I will research ways to effectively prioritize my care then having time to listen to my patient's stories if time allows. It is tough to find a healthy boundary to be a supportive listener to your patient and still getting work done. What are some things you could say to let them know you continue speaking but have other obligations? SA

Week 12- My strength this week was being able to provide focused care on my patient and really identify what she needed to give my patient the best care. I really felt confident in the care given to my patient this week and was able to identify this care needed on my own. You did an awesome job! MD

My weakness this week was feeling intimidated with caring for a licensed RN because I felt like she had more knowledge than me and it definitely made me second guess my care at times. By my next assessment given I want to practice 3 times of assessments before, so I don't show I am nervous and become more confident in my own knowledge. This is a great area of improvement! It will also come with time and practice! MD

Student Name: Abigail Foote				Course 6			
Date or Clinical Week: 1/24/2025				Objective:			
Criteria		3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)	3	Appropriately listed 8 abnormal assessment findings. Be specific to site of infection and blood pressure result.
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)	3	Appropriately listed 7 abnormal lab/diagnostic tests.
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)	3	Appropriately listed 6 risk factors.
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	Correctly listed nursing priorities with highlighting top priority. Consider “Impaired Skin Integrity” as an additional nursing priority.
	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	Completed an appropriate goal statement.
	7. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	3	Correctly highlighted all relevant data.
	8. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	3	Listed three appropriate potential complications, including the signs and symptoms for each correctly. No need to use “risk for”, but this is ok.
Responding	9. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	All interventions listed are appropriate to the patient, prioritized, have correct frequency, and are realistic. Several interventions are missing a frequency. #8 “promote” should be “prevent further infection”. Watch spelling ie; “smoking cessation”, not “sensation”. Consider listing medication orders specific to the patient.
	10. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	11. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	2	
	12. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	

Criteria		3	2	1	0	Points Earned	Comments
	13. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	Listed rationales for all interventions correctly.
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	All findings were correctly highlighted.
	15. Evaluation includes one of the following statements: - Continue plan of care - Modify plan of care - Terminate plan of care	Complete			Not complete	3	Completed an evaluation statement correctly. Used in text citations and reference.

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 on the Med/Surg Care Map. Could have specified the infection site. Several interventions were missing a frequency. A suggestion for an intervention is to monitor labs to see if antibiotics are working and seeing improvement on the abnormal lab values. Overall, priority, interventions, and evaluations were listed appropriate to this patient. Great work! SA

Total Points:

44 Satisfactory

Faculty/Teaching Assistant Initials:

SA

Student Name: Abigail Foote				Course 6			
Date or Clinical Week: 4				Objective:			
Criteria		3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)	3	You did a nice job including all the positive assessment findings, labs/diagnostics, and risk factors for your patient. In the future make sure to include if the patient is on O2 or room air when documenting the patient's pulse ox. KA
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)	3	
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	You did a nice job including all the patient nursing priorities and highlighting the highest priority. You stated an appropriate goal for your chosen nursing priority. You highlighted all relevant data in your noticing section that supported your nursing priority. You identified 3 potential completions and signs and symptoms the nurse should 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 that were relevant, prioritized, included frequencies, individualized, and realistic. All pertinent nursing interventions were listed except assessing patient's vital signs and administering O2 as needed to maintain the patient's pulse ox. None of your interventions included rationales, but you included all other parts for each intervention. Please do not forget this step in the future. 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	0	
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 reassessed all highlighted data in the noticing section and identified you would continue your plan of care. 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: You satisfactorily completed your second care map! Congratulations! See comments above for areas you can improve on in the future when writing your care maps. KA

Total Points: 42/45

Faculty/Teaching Assistant Initials: KA

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

Student name: Abigail Foote								
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	MD	MD	MD	MD	MD	MD	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. MD

Week 2

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

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

Week 9

(Lab Day- Skills Review)- You satisfactorily participated in lab by practicing IM/Subcut Injections and NG Tube. 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: Abigail Foote							
	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: 2/27/25	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	HS	MD				
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA				

* Course Objectives

Comments:

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

Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Marilyn Miller (A) Abigail Foote- (M)

GROUP #: 1

SCENARIO: MSN Scenario #1 – Musculoskeletal/Respiratory

OBSERVATION DATE/TIME(S): 2/27/2025 0800-1000

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	<u>Focused Observation</u> Focused on full pain assessment on left leg Removed sock Completed an assessment of the 6 P's (Pain, pulse, pallor, paresthesia, paralysis, pressure) Assessed left dorsalis pedis and compared to the right pulse Then focused on VS (temp, BP, HR, SPo2) <u>Recognizing</u> Recognized 6 abnormal P's Recognized increased BP <u>Information Seeking</u> Assessed allergies Sought additional information regarding shortness of breath Recognized the significance of the tetanus shot in the ER Sought information on compliance with home medications and provided education on the importance of taking prescribed home medications Educated patient on post op complications
INTERPRETING: (1) * • Prioritizing Data: E A D B • Making Sense of Data: E A D B	<u>Prioritizing Data</u> Prioritized neuro assessment for 6P's Prioritized removing sock Prioritized removing pillow and ice from left leg Prioritized calling provider for left leg concerns Prioritized listening to lung sounds after neuro and pain assessment Prioritized administering pain medications, IV fluids and IV antibiotics <u>Making Sense</u>

					Makes sense of left leg complications related to pressure of potential compartment syndrome Recognizes medical emergency and need to contact provider Does not make sense of correct dosage calculations with Morphine Incorrect dosage calculation gave 0.5ml of morphine rather than 2ml=4mg Makes sense of the importance of initiating the IV fluids and antibiotics prior to surgery Did not make sense of ORIF being internal hardware with surgery
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					<u>Communication</u> Good communication with patient regarding plan of care Sought preferred pronouns from patient SBAR missing background on patient when calling provider only informed provider of name and left foot concerns Communicated with wife regarding change in surgery time due to foot being “blue” Verified name and DOB prior to Morphine Report with surgery nurse SBAR disorganized and missing information. Informed weak pulse, foot blue, VS, meds given- pain medication, antibiotic and IV fluids Did not address conflict from report <u>Intervention/Skillful</u> Administers pain medication and antibiotics in a timely manner Removed ice and pillow Reassessed pain scale after morphine Incorrect needle size Incorrect dose of morphine given Correct needle safety Flushed and assessed IV site prior to connecting IV fluids Educated on the importance of taking home medications Reassessed 6 P’s after pain medication given Attempted to complete consent form (Provider performing surgery to complete consent only)
REFLECTING: (7) * • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B					Nice job on the group discussion regarding the scenario! The group was able to independently evaluate and analyze personal clinical performance. They were able to demonstrate commitment to ongoing improvement, and discuss strengths and weaknesses. A discussion was held regarding the importance of a thorough SBAR when communicating with other healthcare providers, as well as the importance of reading back the providers orders. The significance of selecting the appropriate needle was also discussed, as well as the proper dosage calculation for medication administration for the appropriate dose of Morphine to be given. The group was able

	to discuss the significance of the surgeon completing and discuss the informed consent with the patient.
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 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	Lasater Clinical Judgement Rubric Comments: Noticing: Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful information. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Assertively seeks information to plan intervention; carefully collects useful subjective data from observing and interacting with the patient and family. Interpreting: Focuses on the most relevant and important data useful for explaining the patient’s condition. In simple, common, or familiar situations, is able to compare the patient’s data patterns with those known and to develop or explain intervention plans; has difficulty, however, with even moderately difficult data or situations that are within the expectations of students; inappropriately requires advice or assistance. Responding: Assumes responsibility; delegates team assignments; assesses patients and reassures them and their families. Shows some communication ability (e.g., giving directions); communication with patients, families, and team members is only partly successful; displays caring but not competence. Interventions are tailored for the individual patient; monitors patient progress closely and is able to adjust treatment as indicated by patient response. Is hesitant or ineffective in using nursing skills. Reflecting: Independently evaluates and analyzes personal clinical performance, noting decision points, elaborating alternatives, and accurately evaluating choices against alternatives. Demonstrates commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops specific plans to eliminate weaknesses.

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