

EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2025

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Madison Wright

Final Grade: Satisfactory

Semester: Spring

Date of Completion: 4/25/2025

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: M. Dunbar DNP, RN

Teaching Assistant: Stacia Atkins, BSN, RN

DIRECTIONS FOR USE:

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

METHODS OF EVALUATION:

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

ABSENCE (Refer to Attendance Policy)

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

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

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

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

UNSATISFACTORY CLINICAL PERFORMANCE

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

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

OTHER

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

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

Date	Care Map Top Nursing Priority	Evaluation & Instructor Initials	Remediation & Instructor Initials	Remediation & Instructor Initials
2/10/2025	Acute Pain	S/HS	NA	NA
2/17/25	Risk for Falls	S/RH	N/A	N/A

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

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies:			S	NA	S	S	S	NA	S	S	S	S	NA		NA	NA	S
a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting)																	
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			NA	NA	S	S	S	NA	S	S	S	NA			NA	NA	S
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			S	NA	S	S	S	NA	S	S	S	NA			NA	NA	S
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			NA	NA	S	S	S	NA	S	S	S	NA			NA	NA	S
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	NA	S	S	S	NA	S	S	S	NA			NA	NA	S
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			NA	NA	S	S	S	NA	S	S	S	NA			NA	NA	S
g. Assess developmental stages of assigned patients. (Interpreting)			NA	S	S	S	S	NA	S	S	S	NA			NA	NA	S
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		NA	S	S	S	S	NA	S	S	S	NA			NA	NA	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		Digestive Health, Infection Control	ECSC Activity	3T, 66 F, Cholecystitis and Pancreatitis	Rehab, 76 F, Parkinsons Exacerbation	3T, 80 M, Altered Mental Status and Acute Cystitis	SIM	MIDTERM	4N, 68 M with Syncope, and 83 F with Left Hip	5T, 81 M Seizures, Team-lead	3T 61 M, Septic Arthritis	Break Week 1		NA	NA	FINAL
Instructors Initials	MD	MD	DW	DW	HS	RH	KA	MD	MD	NS	SA	KA	DW	MD	MD	MD	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 (Obj 1)- Madison, at a very minimum, please be sure to evaluate the teal highlighted competencies for the alternative clinical sites listed above (DH, IC and ECSC). These are noted on all objectives in this tool. 1b and 1h should have also been evaluated. Please keep this in mind for your remaining Erie County Senior Center experience. DW

Thank you, I did not realize. I have made sure I addressed them this time around! DW

Week 5 - (1 a, b, c, d, e)-Great job this week! You were 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 6: (1c, d, e) this week you did a great job of discussing your patient's pathophysiology of their illness as well as discussion of their medications. You were able to correlate why each medication was related to their care. RH

Week 7 – 1a, b, c, e– You did a nice job discussing on clinical your patient's disease process of acute cystitis and what nursing was doing to help the patient. You were able to discuss symptoms we were monitoring and managing in your patient as well as pertinent labs for your patient diagnosis. You also set a goal for your patient and were able to discuss your patient's work towards meeting that goal. KA

Week 7 – 1d – You did a nice job reviewing all your medications before you administered them to the patient. You were able to discuss the reason why the patient was taking the medication as well as what we were monitoring the patient for. You also were able to discuss what information was needed to determine if the medication should be administered (i.e. blood pressure, pulse). KA

Week 9 1(a-h) – You did a great job this week making correlations between your patients' alterations in health and the nursing care required. On day one you cared for a patient with End-Stage Renal Disease undergoing peritoneal dialysis that was experiencing low blood pressures, syncope, orthostatic hypotension, and dehydration. You correlated these symptoms to his history of renal disease and altered fluid/electrolyte balance. Diagnostic tests were reviewed and discussed, including his BUN/Creat levels related to his kidney function. You also gained knowledge in observing an echocardiogram and listening in on the cardiologist's discussion with the patient and his wife regarding his plan of care. You did well discussing peritoneal dialysis, the role of the nurse in monitoring intake/output, vital signs, heart sounds, and lung sounds. You also identified the importance of monitoring the patient with position changes and obtaining orthostatic vital signs. Pharmacotherapy for his current and past medical history was reviewed and discussed. Using clinical judgement, you determined the need to hold his torsemide prescription related to his low BPs. You also correlated the rationale behind the ordered fluid bolus and subsequent elevation in blood pressure. The medical treatment of peritoneal dialysis was observed with the assigned RN, and discussed further in debriefing. Overall job well done enhancing your clinical judgement and implementing nursing care. NS

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

Week 11 – 1a, b, c, e– You had the opportunity to care for a patient who had septic arthritis and had a cast, spring drain, and knee immobilizer. 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 11 – 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). When having to give a prn medication quickly, you were able to work with your team leader to discuss the purpose of the prn medication and what assessments should be completed before administration of the medication and what should be monitored after administration. Nice job! KA

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies:			NA	NA	S	S	S	NA	S	S	S	NA		NA	NA	S	
a. Perform inspection, palpation, percussion, and auscultation in the physical assessment of assigned patient. (Noticing)			NA	NA	S	S	S	NA	S	S	S	NA		NA	NA	S	
b. Conduct a fall assessment and implement appropriate precautions. (Noticing)			NA	NA	S	S	S	NA	S	S	S	NA		NA	NA	S	
c. Conduct a skin assessment and implement appropriate precautions and care. (Noticing)			NA	NA	S	S	S	NA	S	S	S	NA		NA	NA	S	
d. Communicate physical assessment. (Responding)			NA	NA	S	S	S	NA	S	S	S	NA		NA	NA	S	
e. Analyze appropriate assessment skills for the patient’s disease process. (Interpreting)			NA	NA	S	S	S	NA	S	S	S	NA		NA	NA	S	
f. Demonstrate skill in accessing electronic information and documenting patient care. (Responding)	S		S	NA	S	S	S	NA	S	S	S	NA		NA	NA	S	
	MD	MD	DW	DW	HS	RH	KA	MD	MD	NS	SA	KA	DW	MD	MD	MD	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 5 (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 6 (2a-f)- This week you performed a full head to toe assessment on your patient as well as a fall/safety assessment and skin assessment. You were able to identify your patient's abnormalities on their assessment and communicate them professionally and in a timely manner to myself and/or the nurse. You charted all your findings correctly in meditech as well. RH

Week 7 – 2a, d – You did a nice job thoroughly assessing your patient and notifying your nurse of any pertinent information. You were able to identify the focused assessment needing to be completed for your patient related to their diagnosis and monitored abnormal assessment findings. KA

Week 7 – 2b – You completed your patient’s fall assessment and recognized the patient was a high fall risk. You ensured all measures for high fall risk were completed and documented appropriately in the EMR for your patient. KA

Week 7 – 2f – You utilized the EMR to research your patient and determine what care needed to be provided to your patient throughout the day. You also utilized the EMR to research your patient’s health history and information related to the patient’s current hospital visit. KA

Week 9 2(a,e) – You did well with your assessments this week, noticing numerous deviations from normal. You discussed your priority assessments to be performed with appropriate rationale. You gained experience assessing a peritoneal dialysis cath, monitoring for potential signs of infection and ensuring proper drainage. You also noted rhonchi upon auscultation of the lungs and a moist, non-productive, which was correlated with altered fluid balance as a result of dialysis. Delayed cap refill was observed with the upper extremities. You also noticed non-pitting edema to the right lower extremity. Skin abnormalities were assessed, with dry, calloused skin noted to the bilateral feet. Your focused assessment of his GU system identified oliguria and the use of peritoneal dialysis. Good job being observant in your assessments and analyzing priority assessment needs throughout the week. NS

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

Week 11 – 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 was musculoskeletal and cardiovascular and monitored for abnormal assessment findings in these assessments. KA

Week 11 – 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. You also made sure you help assist him with all movements out of bed and ensured you had additional help to prevent a fall since your patient had limited ability to assist you due to his immobilizer and cast. KA

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

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

Comments:

Week 5 (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. HS

Week 6: (3a, b, d) You used proper hand hygiene throughout both clinical days. You were able to care for your patient while assisting therapy in helping your patient with their ADLs all while keeping safety in mind. You also were able to prioritize your day in a way that allowed you to get all things done in a timely manner. You did great working around and with the various therapies throughout the week. RH

Week 7 – 3b – You cared for a patient who was not alert and oriented to person, place, and time. After assessing the patient’s orientation and documenting the patient’s confusion in the EMR you ensured the patient’s safety throughout the day. You reoriented them when necessary and focused on advocating for them being happy and content with their care versus insisting on them being constantly reoriented if it was not in their best interest. You were able to recognize in the patient’s status from day 1 to day 2 and advocated for your patient to be further evaluated for the need for an antibiotic or other treatment for his acute UTI symptoms. Nice job! KA

Week 9 3(b,c,d) – You did well with time management, organization, and prioritization this week. All assessments and care were performed in a timely manner, allowing you the opportunity to learn from other experiences. You were prompt in initiating new orders that were received, including an IV fluid bolus for continued hypotension. You were active with your patients both days, ensuring all care needs were met. By doing so, you had the opportunity to observe peritoneal dialysis, an echocardiogram, physician interactions, and wound care by one of your peers. You were independent in your care, prioritized your assessments effectively, and implemented the plan of care as intended. NS

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

Week 11 – 3b – You had the opportunity to monitor your patient’s dressing. Since the patient had a surgical dressing and cast you were only able to monitor for drainage and complications and did not get the opportunity to change the dressing while on clinical. You documented the wound assessment as in the EMR accurately even though you did not have the opportunity to change the dressing. .You worked with a patient with a knee immobilizer, cast, and spring drain this week. You worked with the nurse and other staff to ensure his comfort and safety during mobilization of the patient. You used the stand and pivot patient to help the patient to and from the chair since his mobility was severely limited by his immobilizer and cast. You also monitored the patient’s spring drain. You did not need to empty the drain since it had limited drainage in it but had the opportunity to assess it and manage the system. You also had the opportunity to provide cast care as needed and to complete neurovascular checks on a patient with a cast to ensure there were no signs of complications due to the surgery or the cast placement. You had the opportunity to manage a patient with an external urinary catheter system. You provided peri care throughout your shift and changed the system as need. You monitored the patient for any signs and symptoms of complications related to the external catheter. You worked with your classmate to change the pure wick for the first time. Great job taking this learning opportunity. You documented the use of the external catheter in the EMR appropriately in your assessment. Nice job! KA

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies:			NA	NA	S	S	S	NA	S	S	S	NA			NA	NA	S
k. Administer PO, SQ, IM, or ID medications observing the rights of medication administration. (Responding)			NA	NA	S	S	S	NA	S	S	S	NA			NA	NA	S
l. Ensure patient safety through proper use of EHR, IV flow sheet, and BMV. (Responding)			NA	NA	S	S	S	NA	S	S	S	NA			NA	NA	S
m. Calculate medication doses accurately. (Responding)			NA	NA	S	S	S	NA	S	S	S	NA			NA	NA	S
n. Administer IV therapy, piggybacks, IV push, and/or adding solution to a continuous infusion line. (Responding)			NA	NA	S	NA	NA	NA	S	NA	S	NA			NA	NA	S
o. Regulate IV flow rate. (Responding)	S		NA	NA	S	NA	NA	NA	S	NA	NA	NA			NA	NA	S
p. Flush saline lock. (Responding)			NA	NA	S	NA	NA	NA	S	NA	S	NA			NA	NA	S
q. Monitor and/or discontinue an IV. (Noticing/Responding)			NA	NA	S	NA	S	NA	S	NA	S	NA			NA	NA	S
r. Perform FSBS with appropriate interventions. (Responding)	S		NA	NA	NA	NA	S	NA	S	NA	NA	NA			NA	NA	S
	MD	MD	DW	DW	HS	RH	KA	MD	MD	NS	SA	KA	DW	MD	MD	MD	MD

**Evaluate these competencies for the offsite clinicals:

DH: N/A

IC: N/A

ECSC: N/A

Comments:

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

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 5 (3k, l, m, n, p, q, r)- You did a nice job with medication administration this week! You were able to administer IV push and IV piggyback 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 did a good job flushing the IV and monitoring the site before during and after the administration of the medication. HS

Week 6: (3k-m) You did a great job with medication administration this week. You were able to identify all medications this week and provide detailed information about each medication, why the patient was getting the medications, and what to look for after administering the medications. You performed all checks prior to administration. You were organized and diligent while administering medications. You were able to scan all medications in the EMAR and chart the appropriately. You were administered PO medications this week. Though you did not administer a blood thinner specifically for the DVT protocol, you did administer a PO blood thinner for the treatment of a DVT and encouraged the patient to wear their TED hose. RH

Week 7 – 3k – You did a nice job administering your medications this week. You observed the rights of medication administration and was able to answer all questions about your medications. You had the opportunity to pass PO medications this week. You performed the medication administration process with beginning dexterity. KA

Week 7 – 3q – You did a nice job monitoring your patient’s IV site this week and documenting your assessment in the EMR. Great job! KA

Week 7 – 3r – You demonstrated proper technique when completing FSBS on your patient. You utilized the information received from the monitor to determine the patient did not need insulin utilizing the patient’s prescribed coverage scale. You documented all information correctly in the EMR. KA

Week 9 3(k-r) – Great job with medication administration this week. The rights of medications administration were observed, and safety checks were performed. You were well-prepared to discuss each medication, including the indication, side effects, and nursing implications for each. You did well administering PO medications safely. Experience was gained preparing IV fluids. Tubing was primed accurately and independently. A saline flush was performed to confirm patency of the IV site using aseptic technique while also monitoring for signs of complications. The IV pump was programmed accurately to ensure proper administration. Well done. Numerous FSBS were performed. Dosage calculation was performed accurately based on the patient’s corrective scale for insulin administration. You did a great job with your subcutaneous injection, selecting appropriate injection sites and withdrawing from a medication vial effectively. A topical antibiotic was appropriately applied around the peritoneal dialysis catheter site to prevent infection. Overall you did well with several new medications skills and promoting safety throughout. NS

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 patients 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 11 – 3k – You did a nice job administering your medications this week. You observed the rights of medication administration and was able to answer all questions about your medications. You had the opportunity to pass PO, SQ, and IV medications this week. You performed the medication administration process with confidence beginning dexterity. KA

Week 11 – 3n – You had the opportunity to practice drawing up medication from a vial and administering slow IV push to your patient. You also had the opportunity to slow IV push medication utilizing a prefilled syringe. You performed all IV skills with beginning dexterity. You documented all medication administration and line care appropriately in the EMR. Nice job! KA

Week 11 – 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 11 – 3q – You did a nice job monitoring your patient’s IV site this week and documenting your assessment in the EMR. You successfully DC’d an IV catheter this week with proper technique. You monitored the site for bleeding and dressed the site appropriately after discontinuation. Great job! KA

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

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

Comments:

Week 3(4e)- According to the CDG Grading Rubric, you have earned a satisfactory for your Infection Control discussion this week. Your discussion was extremely thorough and backed by evidence from Davis's Diseases and Disorders. APA formatting was right on target. DW

Week 4 (4e)- According to the CDG Grading Rubric, you have earned a satisfactory for your Erie County Senior Center discussion this week. Your discussion was thorough and backed by evidence from Nurses' Pocket Guide. Additionally, in terms of APA formatting, I have a couple suggestion: 1. When you are citing a reference within your text, Skyscape is only a platform that houses the actual resource; therefore, you won't say "According to Skyscape...". Instead you will use the author(s) and say, "According to Doenges et al...". 2. Et al. is used when there are more than 2 authors for the citation. Please use this feedback to improve with APA formatting for future CDG's and other course/clinical paperwork. Also 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 5 (4e)- Great job with your CDG this week! You were able to find an article that pertained to your patient and discussed the relevance. You successfully met all of the requirements on the rubric for your initial posting and the response to a peer. You answered all of the questions with a thorough explanation for each one. You also provided an in-text citation and a reference for the initial and peer response. Nice job! Your APA formatting for the reference has a couple errors, the name of the article should not have every word capitalized, and the title of the journal should be in italics. Please refer to the APA formatting examples in the resources on edvance or seek assistance from faculty or Libby in the library with any questions you may have. HS

Week 6: (4e) Your CDG this week was very detailed and provided a lot of education to provide your patient regarding each medication. You also included nursing interventions for each medication! Great job. Your APA formatting was done correctly per APA 7th edition. RH

Week 7 – 4b – You completed the SBAR worksheet and provided your RN with handoff communication related to your patient utilizing the SBAR you developed. You made sure all pertinent information and changes in patient status were communicated to your nurse during hand-off report. You also practiced your SBAR during debriefing and provided an accurate report to your classmates and faculty. KA

Week 7 – 4e – Maddy, you did a terrific job responding to all the CDG questions this week on the education you provided to your patient. You were thorough and thoughtful with your responses. You were thoughtful with your response to your peer and your comment added to the discussion on their education. You made sure to include an in-text citation and reference in both of your posts. Keep up the excellent work! KA

Week 9 4(a) – Communication is an observable strong characteristic of yours. I noticed on numerous occasions the ease in which you approach talking with your patients and the comfort level you provide. It is evident that you prioritize listening and talking with your patients during each interaction. Your patients on both days complimented the care that you provided. On day 2, your patient stopped me to elaborate on how good you were with her and how informative you were through communication. Compliments from patients always mean the most, because it shows that you are able to develop a rapport and help them feel at ease. Well done! NS

Week 9 4(e) – Great work with your CDG related to SDOH that could impact your patients health outcomes. It is quite concerning that your patient on day 1 is self-pay considering all of the extensive health history that he has, including his current peritoneal dialysis. This has to be a significant stressor for both him and his wife. Great job identifying resources through assistance programs that could help benefit them. Good job advocating for them, listening to their concerns, and providing information on resources that can be utilized. Your response to Brittany provided additional insight to the conversation and was enhanced with a reputable resource. APA formatting looked spot on. All criteria were met for a satisfactory evaluation. NS

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. Thank you for researching education resources for your peers on clinical as well! 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 11 – 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 advocated for your patient to receive

the best management of his disease process and discussed the need for muscle relaxants versus pain medication alone with your nurse in hopes of her being able to communicate this concern with the healthcare provider. KA

Week 11 – 4e – Maddi, you did a nice job responding to the CDG questions related to predicting and managing potential complications in your assigned patient this week. You were detailed and thoughtful with your responses. You were supportive of your classmate's viewpoint when writing your peer response. You included a reference and in-text citation with both your posts. Thank you for sharing your thoughts. Keep up the great work! KA

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies:			NA	NA	S	S	S	NA	S	S	S	NA		NA	NA	S	
a. Describe a teaching need of your patient.** (Reflecting)			NA	NA	S	S	S	NA	S	S	S	NA		NA	NA	S	
b. Utilize appropriate terminology and resources (Lexicomp, UpToDate, Dynamic Health, Skyscape) when providing patient education. (Responding)			NA	NA	S	S	S	NA	S	S	S	NA		NA	NA	S	
	MD	MD	DW	DW	HS	RH	KA	MD	MD	NS	SA	KA	DW	MD	MD	MD	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 5-5A+B) A big teaching need of my patient was her diet. She suffers from a lack of knowledge of what caused her flair up. In her admission report, it showed she was eating cheeseballs when she first developed pain. I gave her a handout I found on Lexicomp on low-carbohydrate diets and how they are beneficial for hypertension, as well as preventing other disease processes. I was able to sit down and go over the packet with her and answer any of the questions she had and I made sure she understood how her disease process most likely occurred due to her lack of proper nutrition. **Nice job! HS**

Week 6 5A+B:

A teaching need my patient required was about fall risks in the home. I was able to educate her on tripping hazards, such as cords, rugs, etc. in the home. She had told me she had a few falls at home, and with her diagnosis of Parkinsons, it does not make fall prevention any easier. I found an article through Lexicomp in which I was able to educate her on her medications that may cause dizziness, as well as an educational article that described fall risks in the home. **Great job! RH**

Week 7 5A/B:

One teaching need I was able to assess in my patient was how to properly use assistive ambulation devices, as well as how to transfer safely. I was able to find an article through Lexicomp, based on safe ambulation practices. I went over this information to myself and used it to teach my patient while ambulating or transferring him. I taught him things such as keeping both feet inside of the walker and reaching back for the chair armrests before sitting. I used the teach back method as I decided that would be the most telling factor on if he retained the information due to his dementia. **You did a nice job of providing continuous reinforcement of the education to help ensure proper usage of the walker to help prevent falls. KA**

Week 9 5A/B:

One teaching need I noticed in my patient was the need for information on smoking cessation. In the EMR, I was able to assess that my patient is a lifelong smoker since he was very young. This can cause issues in his health and potentially make his conditions worse. I found an article on smoking cessation on

Lexicomp. I did not provide this packet to my patient, as he did not like to use his glasses so I figured he would not read it. Instead, I used the teach back method with my patient. I focused on if he can't completely stop smoking, at least try to smoke less to help promote his health. Good! This is critical with his chronic kidney disease. Although his condition cannot be reversed, altering his lifestyle can at least slow down progression. Smoking is one of the number one risk factors for kidney disease. Can you think of any alternatives that he could be educated on instead of simply smoking less? Such as nicotine patches, gum, etc. I am glad that you took the leap to provide this education, as it can be a sensitive subject for patients and they may try to avoid the topic. Good job tailoring your education to his capabilities regarding not having glasses. The use of teach back through discussion is a great alternative. NS

Week 10 A/B:

A teaching need I assessed in my patient was his need for education for medication adherence for his seizure disorder. Since he was admitted due to seizures, it is incredibly important to educate him on keeping up with these medications to prevent further strokes. Since he lives alone, it is crucial he is able to understand why this is important, and to help him think of ways to remind himself to be coherent with this regimen. I found my education packet on Lexicomp, and I was able to discuss details I found throughout the leaflet that applied to his situation the most. I answered any questions he had and tried to accurately answer them with the information provided from the packet. **Great job recognizing the importance of medication compliance! SA**

Week 11 5A/B:

A teaching need I noticed in my patient was the fact he was a day-to-day marijuana smoker. He is currently bed bound due to his septic arthritis, and he needs to be practicing breathing exercises as well as incentive spirometry to prevent any immobilization complications from him being almost totally bed bound. I was able to provide him with an article from Lexicomp, explaining why smoking can lead to worsening complications. I mainly focused on smoking cessation for him, as he uses marijuana to cope with his anxiety. I also suggested using other forms of marijuana to help treat his anxiety, as there are non-smoking options that may not cause worsening of his lungs while immobile. **Nice job providing your patient with alternative options versus just teaching him it is bad for him. Was he open to other ways to manage anxiety such as deep breathing or imagery? KA**

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
a. Develop and implement a priority care map utilizing the nursing process and clinical judgment. (Noticing, Interpreting, Responding, Reflecting)			NA	NA	S	S	NA	NA	S	NA	NA	NA	NA		NA	NA	S
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	NA	S	S	S	NA	S	S	S	S	NA		NA	NA	S
	MD	MD	DW	DW	HS	RH	KA	MD	MD	NS	SA	KA	DW	MD	MD	MD	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 5-6B) One big social determinant of health I noticed from my patient was the fact she was unemployed. This may have played a role in her disease process as she may not have the adequate money to provide for herself with proper nutrition, as well as playing a role in her activity level. If she is unemployed, she may not be able to afford her own gym membership or have the supplies to maintain a proper workout regimen. This may have also led her not to have come in sooner, as she may not have had the funds to pay for her medical bills. **Great example! HS**

Week 5 (6a)- You satisfactorily completed care map #1 for MSN. Please review the rubric at the bottom of the tool. **HS**

Week 6 6B:

One social determinant of health I assessed with my patient was a transportation barrier between her and her medical services. She lives at home with her husband, who is currently recovering from hip surgery. The rest of her family lives near Perrysburg, which is 45 minutes away from her home. She is not able to drive, nor is her husband, so it leaves transportation up to whenever her daughter can take her to appointments. This could delay progression in her care, such as making it to therapies, or check up appointments to help make sure her progress is moving forward and not regressing. **Great observation. RH**

Week 7 6B:

One social determinant of health I identified in my patient was potential social isolation. Due to him being in a nursing home, he did not talk much about any friends or family. Especially with his dementia affecting his cognition, he may not be inclined to be very sociable. This could lead to issues, such as caretakers or family members not “noticing” a decline in his ADLs, social life, or his motivation. Being active and social not only promotes healing but also helps caretakers/friends/family to grasp a baseline or normalcy for my patient to know when things are wrong. **Great job identifying potential concerns with his SDOHs that may need to be addressed before discharge. It can**

be difficult to understand a patient's baseline as well as their routines when they are confused and unable to tell you as well as not have consistent visitors that knows their routine to provide some insight. KA

Week 9 6B:

A social determinant of health I identified in my patient was his living situation. His wife was complaining to the doctor while I was in the room on how they are unable to put all of his peritoneal dialysis machinery in the bedroom and also have enough room for a walker to get him safely to the bathroom. This directly affects his care as he was not using a walker since it does not fit, and he was passing out due to not having that stability. This could lead to further injury if this continues, and can directly impact his care. You did well discussing SDOH in your CDG post in addition to the comments provided here. He has numerous concerns that can ultimately impact his health outcomes. Good thoughts provided! NS

Week 10 6B:

A SDOH I noticed in my patient is that he lives alone with no family in the immediate area. This caused him to be unconscious for an unknown amount of time alone in his apartment before anyone noticed he wasn't responding to calls. This could have been hours or days. Due to this, he couldn't receive tPA for the stroke he had, leaving his care impacted. This not only previously affected his care, but it will also in the future as he cannot return home on his own for a while, as he needs to be supervised due to slight confusion during the stroke episode. 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)- Care maps were previously completed. SA

Week 11 6B:

A SDOH I assessed in my patient is his lack of further education post high school. My patient had not completed any extra education past his high school diploma. This could put him at a disadvantage because he may lack good employment due to a lack of certifications, or he may not be as knowledgeable about certain health care risks as well. Not having a good job can lead to multiple other SDOH, such as living situations, food, insurance, etc. This is a potential concern. What are your thoughts of the management of his mental health or smoking as also being potential concerns for your patient? I know anxiety was a being concern while we were there and he almost came across as claustrophobic at times not being able to get up and move as he pleased. What resources do you think we could provide to help him assist with managing these concerns? KA

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	NA	S	S	S	NA		NA	NA	S	
b. Reflect on an area for improvement and set a goal to meet this need.** (Reflecting)	S		S	S	S	S	S	NA	S	S	S	NA		NA	NA	S	
c. Demonstrate evidence of growth, initiative, and self-confidence. (Responding)	S		S	S	S	S	S	NA	S	S	S	NA		NA	NA	S	
d. Follow the standards outlined in the FRMCSN Student Code of Conduct Policy. (Responding)	S		S	S	S	S	S	NA	S	S	S	NA		NA	NA	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	S	S	S	NA		NA	NA	S	
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (Responding)	S		S	S	S	S	S	NA	S	S	S	NA		NA	NA	S	
g. Demonstrate the ability to give and receive constructive feedback. (Responding)	S		S	S	S	S	S	NA	S	S	S	NA		NA	NA	S	
h. Actively engage in self-reflection. (Reflecting)	S		S	S	S	S	S	NA	S	S	S	NA		NA	NA	S	
	MD	MD	DW	DW	HS	RH	KA	MD	MD	NS	SA	KA	DW	MD	MD	MD	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 + 2:

- A) I felt as if one of my strengths for this week's clinical/lab experience was being able to accurately learn how to use IV equipment and label the bags appropriately. I felt confident during the different rotations of how to do each skill. **Awesome! MD**
- B) One area of improvement that I would like to work on is IV math. I get easily confused between the different types of equations, and I would like to have them memorized more thoroughly. To meet this goal, I will work on problems every night in the following week to get them more memorized. I would also like to improve on using the FSBS meter. To improve on this, I will rewatch the videos provided in our resources until I feel comfortable with using the meter properly. **Great goals! MD**

Week 3:

- A) During my clinical experience this week, I felt confident with my ability to recognize where cross contamination would occur when observing for infection control during my clinical. I was able to promptly recognize when a nurse/medical professional did not correctly display use of hand hygiene/PPE. **Nice! DW**
- B) One area of improvement I would like to improve is memorizing proper precautions for each type of isolation. Although I was able to recognize where cross contamination would occur, I struggled with memorizing each type of precaution and what PPE was required with each. To improve on this, I will spend time memorizing the differences between each isolation precautions and what diseases would fall under each isolation by looking at my badge reel cheat-sheet every night until I understand fully. **Great idea, Madison, but also keep in mind that we give you the badge quick reference guide for a reason. It is not above a nurse to utilize their resources especially the easily accessible ones. Regardless, as a student this information will be important to retain as it will come up in all areas of nursing care, not just med-surg. Keep up the great work! DW**

Week 3 (7f)- Madison, unfortunately, there were a few issues with submitting the clinical paperwork this week, resulting in a U for this competency (submitted the tool late in the wrong version and submitted the infection control scavenger hunt in handwritten form). In the future, please be sure to review all directions before submitting all assignments, as well as taking a few more seconds to confirm that all submissions actually load to the Edvance360 dropbox. Assignments that are not submitted in the correct format or in the correct location may not be accepted for credit in the future. Thank you for being so prompt in submitting the correct versions of the clinical paperwork due this week. Please review the directions on page 1 of this document to ensure you are addressing your U correctly. You must comment on how you have improved for 7f with the next tool submission. Failure to do so will result in a continued U. If you have any questions, please do not hesitate to ask. This will just be a lesson learned and I have no doubt you will get the hang of it moving forward. Thank you! DW

Week 4:

- A) I felt as if one of my strengths in this clinical rotation was being able to effectively cater towards my elderly client's needs. I was able to help grab trays and food orders or my clients who may not have been able to do so themselves. **Excellent! Keep up the great work! DW**
- B) Although I was able to cater towards these clients' needs, I was not necessarily expecting to do so. I wish I went into the clinical experience with more of an understanding on what I might experience in a clinical setting such as this one. I was able to work around my client's needs during my activity, but I was not quite expecting it. It is easy to expect abilities to be declined when patients are in a hospital, but I was not expecting to see a big decline in a more casual setting like this. In the future, I will make sure to do more research on physical limitations in activities I might plan, so that all needs can be met without having to pause my activity to make it more compatible with certain clients needs. I would do this every step in planning my next activity so I am sure I am well knowledgeable and know what to expect by the time I have to do my next activity. **While you won't necessarily have activities to plan in the remaining clinicals for the MSN course, you will be able to use this logic with all remaining new clinicals this semester. Its always a good idea to do a little preparation before all clinicals. DW**

7f) I received a U for this competency last week (week 3), and this week I have made sure I submitted my clinical tools and other due assignments on time, as well as submitting the correct formatting and version of each assignment. I have also double-checked that everything has been submitted before I clicked off, so I do not run into a situation like what occurred last week. (I will also include this in the Evaluation of the Clinical tool as stated on page 2) **Thank you! DW**

Week 5:

- A) I felt that this week's strength was my timing. I was able to move around the clinical floor more freely as I had my interventions lined up and taken care of on time, which led me to be able to help answer call lights and classmates in between. This gave me more practice in skills and interventions, and I have a better

understanding of potential patient issues that I could see with my future patients. Being organized is very helpful especially since everything within the healthcare field cannot be planned and often times unexpected things occur. HS

- B) My biggest weakness in this clinical was my dexterity with sterility. I had a few instances where I broke sterility, and I would have to start over because my hands were either in the improper place or I did not know how to hold things without breaking sterility. To work on this, in future clinicals I will clarify with either my instructor or nurse on the best way to hold things, so I am not having to restart or get new supplies. I am hoping to have this improved by the next clinical, when I have the chance to pass meds or work on IV's. Dexterity gets easier with each experience. You can also continue to review the skill prior to completing it. Always bring extra alcohol swabs just in case they are needed. HS

Week 6:

- a) I felt as if this week's strength was understanding why certain therapies/interventions occur with my patient. During OT and PT I was able to ask them a lot of questions regarding patient goals, interventions, tasks, and so on. I got to understand how they benefit my patients' home life and activities of daily living. The therapists love when students ask questions and get involved in the therapy, great job. RH
- b) My biggest weakness this week was applying TED hose. Although I've practiced it in lab, doing them on a real person can be difficult, especially when they have tremors like my patient did. To improve on this, I will ask my grandma, who I live with, if I can apply her TED hose on her each night for a week. This way, when I am back on Rehab or a med-surg floor, I will be more comfortable with applying them on a real person. This is a great goal! It can be very different applying TED hose to a real person compared to a manikin or to ourselves. RH

Week 7:

- a) One area of strength this week for me was FSBS. It was my first time doing them ever doing them in a clinical setting, and after the first time, I felt comfortable enough to do them on my own. I was able to accurately take a blood sugar with proper steps by myself, and I was able to give report accurately to the nurse on his BS. You did a great job with this skill. Your use of home monitors was reflected in a level of confidence and comfort that showed as you performed the skill for the first time in the hospital. KA
- b) My biggest weakness this week was my communication with confused patients. Not that I had a hard time thinking of something to talk about, I felt as if I had a hard time understanding what my patient truly needed. He was very confused, and sometimes he would say things that did not make sense, but I wanted to help \ ease whatever was stressing him. I do not think I was able to truly ease his anxieties about discharge, and I felt discouraged. To improve on this, I will review patient communication tactics provided to us nursing foundations, as well as review chapters in our textbooks that provide us tips and tricks on how to handle confused patients. I will study this material twice a week until I feel comfortable on knowing what to do. This is a great plan. I also think developing a routine for the patient when caring for them can help you identify if all their needs are being met or if there are gaps that need to be addressed. Nice job this week. You did a nice job working with him and I could tell you learned a lot from this experience. KA

MIDTERM- Great job with the first half of the semester Maddie! Keep working toward caring for patients with a Foley catheter and being proactive in practicing the skills you have learned! MD

Week 9:

- a) One of my strengths this week was being confident enough to help my patient receive peritoneal dialysis. Not only did I apply antibiotic ointment around his catheter site to prevent infection, but I was also able to help drain the peritoneal fluid out of my patient's body. Although I was a bit nervous, I was able to do this correctly without causing my patient pain or discomfort. This was something very new and unusual to me and I'm happy I got this experience. Awesome strength! Sometimes being pushed outside of our comfort zone in what we know helps to enhance confidence for the unknown moving forward. This is a relatively rare experience in the hospital setting, as patients often perform their own PD. I am glad that you had this opportunity and felt comfortable assisting the assigned RN with a new skill. Well done! NS
- b) One area of improvement I noticed for me this week was FSBS. Although this has been a strength before, I found getting blood onto the test strip really hard this week. I kept smearing it underneath the strip instead of getting it directly on the side of the strip. To improve on this, I can practice with my grandpa who is

diabetic by taking his blood sugar over the next week until I get more of a technique down. Sometimes the fingerstick doesn't produce enough blood drop to obtain a good result. This can happen with patients who have poor blood flow, which you did note with delayed cap refill. One way to combat this is to warm the hand that you will be using prior to poking. This will promote circulation and can increase the amount of blood in the drop. A warm washcloth, or even a glove filled with warm water and placed over the finger can help. We have to do this with lab draws and IVs at times just to get more blood flowing to that area. Good plan for improvement! Keep up the hard work. NS

Week 10:

- a) My biggest strength this week was being able to understand my patient's disease process and give him proper care accordingly. Since we have just covered stroke and seizure content in class, everything was fresh in my mind. I was able to understand since he had a left hemisphere stroke, his left side mobility and strength will be impacted, and it was. I was also able to chart these symptoms I observed accurately based on this disease process as well. **Awesome job using your new knowledge and applying it to your patient! SA**
- b) My weakness this week was being unfamiliar with the catheter bag. I did not know how to document output on the whiteboard, how often it was supposed to be done, or how to empty it. I had to reach out for another classmate for help. To improve on this, I will seek opportunities whenever I can to help with foley bags next week on clinical to improve. I will keep offering help until I feel comfortable with how to do them. Although this foley bag was different and that's why I was confused, any practice will help when seeing those in the future. **This is a nice area of improvement to reflect on. Never be afraid to reach out for help and ask questions any chance you get! As you see that many floors have different procedures as well as the providers are notorious for having various orders that differ from others. The main area to remember is to document your output and understand why their output is being monitored, as well as any other characteristics you may need to assess. Keep up the good work seeking out new or old skills to help with on your clinical time! SA**

Week 11:

- a) My biggest strength this week was taking out an IV for the first time. I felt confident while taking it out, and I was also very eager for the opportunity. I was able to stop the blood flow out of the insertion site even though my patient was on blood thinners. I was also able to appropriately bandage his arm up after the removal. **You did a great job getting of all the tape and talking to the patient soothingly and reassuring him throughout the whole process since you had to hold pressure on the sight for a while. KA**
- b) My biggest weakness this week was not staying as calm as I would have liked to be in a emergent situation. When my patient started screaming in pain, it put me on edge and made me nervous while passing my meds. To work on this in the future, I will try to stay calm and look calm to my patient to help ease any anxiety he may be feeling. I will use any situation in my day-to-day life that may apply to practice, so when it happens in clinical, I will feel prepared to do interventions without stressing. **This takes time and practice, but I know this is something you will become good at. Maybe come up with something to say to yourself during this stressful times. I like to tell myself, "I am capable. I am knowledgeable. I am enough." when I get stressed to remind myself I got this and that even if it takes me a moment I know I will be doing the task to the best of my ability because I stayed calm. KA**

FINAL-Congratulations! You completed the MSN clinical portion of the course with a satisfactory rating in all competencies! I am so proud of you and all you have accomplished this semester! It has been fun watching you grow in your nursing skills and confidence throughout the semester! Great job and keep up the great work! MD

Student Name: Madison Wright				Course 6			
Date or Clinical Week: Week 5				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)	2	You provided a list of assessment findings however, the temperature, pulse and SpO2 were all normal values. Be sure to include abnormal assessment findings within this section. You provided a nice list of abnormal lab findings. You could also include the gallbladder ultrasound or CT of the abdomen. You provided a list of 6 risk factors. You could also consider including her high fat diet. HS
	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	2	You only included 2 nursing priorities. Others to consider; impaired nutrition, knowledge deficit related to her lack of knowledge on her diet. You stated an appropriate goal. You highlighted related data from the noticing boxes to support the priority problem. You identified potential complications and the signs to monitor the patient for. HS
	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 provided a list of appropriate nursing interventions for the patient, and prioritized them and included a frequency and rationale with each one. I am not sure that the administer potassium would not be an appropriate intervention for acute pain.
	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 re-evaluating the abnormal assessment findings and determining that the plan of care should be continued. HS
	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:

Madison,

You did a nice job on your care map! You were able to identify the abnormal assessment findings on your patient which assisted you in determining the priority problem and the plan of care for the patient. You were then able to compile a list of interventions specific to the patient. Lastly, you re-evaluated the assessment findings to determine that the plan of care should be continued. HS

Total Points: 43/45

Faculty/Teaching Assistant Initials: HS

Student Name: Madison Wright				Course Objective:			
Date or Clinical Week: MSN week 6							
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	1. You provided a detailed list of assessment findings related to your patient. RH 2. You listed all abnormal lab findings and diagnostic tests found in your patient's chart. RH
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)	3	
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	4. You provided a great list of nursing priorities for your patient, very thorough! RH 5. Good idea to include stability and strength for your goal statement. RH
	5. State the goal for the top nursing priority.	Complete			Not complete	3	
	6. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	7. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	3	
	8. Identify signs and symptoms 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	9. Interventions listed in priority order and specific to patient. Able to include education as interventions related to potential complications from priority problem, great job. RH
	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
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	13. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	
	15. Evaluation includes one of the following statements: - Continue plan of care - Modify plan of care - Terminate plan of care	Complete			Not complete	3	

Reference

An in-text citation and reference are required.

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

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

Total Possible Points= 45 points

45-35 points = Satisfactory

34-23 points = Needs Improvement*

< 23 points = Unsatisfactory*

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

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

Faculty/Teaching Assistant Comments:

Total Points: 45/45

Faculty/Teaching Assistant Initials: RH

Firelands Regional Medical Center School of Nursing
Medical Surgical Nursing 2025
Skills Lab Competency Tool

Student name: Madison Wright								
Skills Lab Competency Evaluation Performance Codes: S: Satisfactory U: Unsatisfactory	Lab Skills							
	Week 1	Week 1	Week 1	Week 1	Week 1	Week 2	Week 2	Week 9
	Insulin (2,3,5,7)*	Assessment (2,3,4,5,7)*	IV Math Application (3,7)*	Lab Day (1,2,3,4,5,6,7)*	IV Skills (2,3,5,7)*	Trach (1,2,3,4,5,6,7)*	EBP (3,7)*	Lab Day (1,2,3,4,5,6,7)*
	Date: 1/7/25	Date: 1/7/25	Date: 1/8/25	Date: 1/8/25	Date: 1/10/25	Date: 1/15/25	Date: 1/16/25	Date: 3/10 or 3/11/25
	Evaluation:	S	S	S	S	S	S	S
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 1/8/25. KA/DW/HS/SA

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

(IV Skills)- You have satisfactorily completed IV lab including a saline flush, IV push medication administration with reconstitution, priming and hanging a primary and secondary IV solution, adjusting a flow rate to run by gravity, discontinuing IV therapy, and monitoring the IV site for infiltration and signs of complications. 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 NG Tube and IVPB/Pump Programming. 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: Madison Wright							
	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: 2/26/25	Date: 4/10/25	Date: 4/14/25	Date: 4/24/25	Date: 4/25/25
	Evaluation	S	S	S	S	S	S	S
Faculty/Teaching Assistant Initials	DW	HS	KA	MD	MD	MD	MD	MD
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	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

Simulation #2-Please review the comments placed on the Simulation scoring sheet below. In addition, review the individual faculty feedback placed within the Simulation #2 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): **Abigail McNulty (M) Madison Wright (A)**

GROUP #: **1**

SCENARIO: **MSN Scenario #1 – Musculoskeletal/Respiratory – Part 1**

OBSERVATION DATE/TIME(S): **2/26/2025 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> Full pain assessment performed (rating, aggravating factors, alleviating factors, duration, radiating pain). Vital signs obtained (remember to get a temperature, especially pre-op). Full neurovascular assessment performed (6 Ps) <u>Recognizing Deviations</u> Noticed pain, pallor, paralysis, paresthesia, pressure, pulselessness. Recognized BP 154/88, HR 100, RR 22 <u>Information Seeking</u> Asked subjective information related to pain (is the pain different then experienced during the injury). Identified tetanus shot administered upon admission. Asked patient about allergies prior to medication administration. Sought patient's understanding of the emergent situation.				
INTERPRETING: (1) * - Prioritizing Data: E A D B - Making Sense of Data: E A D B	<u>Prioritizing Data</u> Prioritized focused neurovascular assessment. Effected limb was exposed by removing the sock to notice pallor. Medication for pain relief prioritized. Antibiotics and fluids prioritized prior to surgery. Notified healthcare provider of new findings promptly. Prioritized interventions for suspected compartment syndrome (removing the pillow and ice, loosening the dressing). <u>Making Sense of Data</u> Made sense of medical emergency occurring (correctly interpreted as compartment syndrome). Made sense of all pertinent data to be collected prior to contacting the health care provider. Made sense of dosage calculation to be performed for IM morphine (4mg to be administered, 6mg in the syringe, 2 mg wasted with a witness). Made sense of urgency for antibiotic administration prior to 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>Calm, confident manner</u> Clearly defined roles between team members. Assisted when needed, but did not overstep. Excellent communication with the patient throughout. Demonstrated confidence in abilities, did not appear anxious or overwhelmed. Excellent teamwork and collaboration throughout Calm in a medical emergency <u>Clear communication</u> Closed-loop communication noted throughout the scenario among team members in when communicating with the health care provider. Good communication by the assessment nurse with medication nurse regarding pain and update on patient findings.				

	Continuously focused on communication with the patient, providing updates throughout, ensuring comfort. Also ensured the patient had adequate understanding of the updated plan of care. Excellent SBAR performed when communicating with the health care provider. Be sure to read back orders for confirmation. Good advocacy for the patient with CUS statement Asked patient preferred pronouns and preferred name. Used correct pronouns throughout Communicated change in plan of care to significant other and provided updates. Updated patient on conversation with significant other. Good SBAR with the OR nurse. Handled conflict with off-going shift professionally. Discussed methods to address conflict during debriefing. <u>Well-planned intervention/flexibility</u> Pain medication, antibiotics, and IV fluids administered in a timely manner. Removed pillow from injured extremity due to suspected compartment syndrome. Removed ice. Re-assessed pain level/comfort level after administration of morphine IM. Utilized medication safety with the use of the BMV scanner. Consider removing the patient's water mug at the bedside for NPO order. Consider re-assessing vital signs after interventions have been performed, prior to sending the patient to surgery, especially focusing on vital signs that can be impacted by morphine. Recognized the need to consult the health care provider and promptly notified of the urgent situation. <u>Being Skillful</u> Accurate dosage calculation performed. Wasted 1 ml (2mg) with a witness. 2ml (4mg) administered. Correct need size selected. Good technique with IM injection. Good needle safety. IV tubing primed accurately and effectively. Remember to flush the IV site to confirm patency prior to initiating the fluids. Appropriate hanging of secondary fluids with primary bag hanging lower. Good job priming. Good job programming the pump with some assistance from team member. Remember to read orders back to the provider with SBAR. Educated patient on the expedited ORIF procedure, including potential complications. Very well done.
REFLECTING: (7) * - Evaluation/Self-Analysis: E A D B - Commitment to Improvement: E A D B	Evaluated and analyzed personal clinical performance with minimal prompting, primarily about major events or decisions; key decision points are identified, and alternatives were considered. Demonstrated commitment to ongoing improvement; reflected on and critically evaluates nursing experiences; accurately identified strengths and weaknesses
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: - Select focused physical assessment priorities based on individual patient needs. (2)* - Implement appropriate nursing interventions based on patient's assessment. (1,3,6)*	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 subtle patterns and deviations from expected patterns in data and uses these to guide the assessment. 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. Even when facing complex, conflicting, or confusing data, is able to (a) note and make sense of patterns in the patient's data, (b) compare these with known patterns (from the nursing knowledge base, research, personal experience, and intuition), and (c) develop plans for interventions that can be justified in terms of their likelihood of success. Responding: Assumes responsibility; delegates team assignments; assesses patients and reassures them and their families. Communicates effectively; explains interventions; calms and reassures patients and families; directs and involves team members, explaining and giving directions; checks for understanding. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. Displays proficiency in the use of most nursing skills; could improve speed or accuracy. Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops specific plans to eliminate weaknesses.

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	Satisfactory completion of MSN simulation #1.
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Lasater Clinical Judgment Rubric Scoring Sheet

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

STUDENT NAME(S) AND ROLE(S): Abigail McNulty (A) Madison Wright (M)

GROUP #: 1

SCENARIO: MSN Scenario #2 GI/DM

OBSERVATION DATE/TIME(S): 4/10/2025 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	Focused Observation Focused on obtaining LOC Focused on obtaining VS (BP, SpO2, temp, HR, RR) Focused on full pain assessment Focused on full GI assessment Focused on assessment of emesis Focused on discussing patient history of GERD, PUD and ASA use Recognizing Noticed patient complaining of nausea Recognized pain Noticed and discussed ASA use with patient Noticed history of PUD and GERD Noticed coffee ground emesis Noticed low BP and elevated HR Information Seeking Reassesses pain after giving morphine Questioned patient on ASA use and GERD and PUD Asks about pain characteristics Did not address smoking history				
INTERPRETING: (1) * - Prioritizing Data: E A D B - Making Sense of Data: E A D B	Prioritizing Data Prioritized obtaining vital signs Prioritized giving patient emesis basis Prioritized pain assessment Prioritized GI assessment Prioritized need to call provider after emesis and BM Prioritized need for medications Flushed IV site normal site good blood return Administered 1 ml morphine IV push given slowly (watched clock) Prioritized education on ASA use				

	Administered Phenergan (correct administration) and educated on NG at the same time Prioritized hanging IV fluids after medications Prioritized NG after fluids initiated Making Sense of Data Made sense of coffee ground emesis Made sense of hypovolemia based on vital signs Makes sense of need for fluid replacement and NG placement				
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	Calm confident manner Maintained calm during communication with healthcare provider exhibited no anxiety continued with all pertinent questions Clear communication Communicated with peer about medication needs SBAR included all information Read back orders to provider Great communication throughout scenario with patient about all interventions Intervention Elevated HOB Provides emesis basin (graduate container) Initiated NPO status Focused on reassessing vital signs after emesis Initiates fluids Inserts NG tube Reassesses patient after interventions Being Skillful Correct procedure for NG tube (only thing-did not tape or hold NG tube after insertion) Obtained x-ray for confirmation of NG tube placement Obtained stool sample correctly Correct administration of IM Promethazine and IV Morphine Correct needle safety Programmed pump correctly Readback orders to provider				
REFLECTING: (7) * • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B	Great job reflecting on the simulation. You were able to provide insight on both the things that went well and those areas that could be improved upon. You did a nice job identifying the need for a focused assessment on the patient related to the symptoms the patient was experiencing. You were able to implement your interventions and then perform reassessments to determine if the intervention was effective. Nice job addressing concerns related to the patient's history.				
SUMMARY COMMENTS: * = Course Objectives Satisfactory completion of the simulation scenario is a score of "Developing" or higher in all areas of the rubric. E= Exemplary A= Accomplished	Lasater Clinical Judgement Rubric Comments: Noticing: Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful information. Recognizes subtle patterns and deviations from expected patterns in data and uses these to guide the assessment. Actively seeks subjective information about the patient's situation from the patient and family to support planning interventions; occasionally does not pursue important leads. 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				

D= Developing B= Beginning Scenario Objectives: 6. Select focused physical assessment priorities based on individual patient needs. (2)* 7. Implement appropriate nursing interventions based on patient's assessment. (1,3,6)* 8. Communicate appropriately with the patient, family, team members, and healthcare providers incorporating elements of clinical judgment and conflict resolution. (4,7)* 9. Provide patient-centered care with consideration to cultural, ethnic, and social diversity. (2,3,6)* 10. Provide appropriate patient education based on diagnosis. (5)* * Course Objectives	patient's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse. Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Communicates effectively; explains interventions; calms and reassures patients and families; directs and involves team members, explaining and giving directions; checks for understanding. Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments. Shows mastery of necessary nursing skills. Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses.
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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:

Madison Wright 4/28/25

11/21/24