

**EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2026**

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

Student: Jenna Bauman

Final Grade: Satisfactory/Unsatisfactory

Semester: Spring

Date of Completion:

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

Faculty eSignature:

Teaching Assistant: Stacia Atkins, BSN, RN

DIRECTIONS FOR USE:

Each week the students evaluate themselves based on the competencies using the performance code on page 2. The performance code includes the terms **Satisfactory (S), Needs Improvement (NI), Unsatisfactory (U), and Not Available (NA)**. The faculty member will initial if in agreement with the student’s evaluation. If there is a discrepancy in the performance code evaluation between the student and the faculty member, a note is written in the comment section by the faculty member with the rationale for the evaluation. All competencies must be rated a “S, NI, U, or NA”. If the student does not self-rate, then it is an automatic “U”. A student who submits the clinical evaluation tool late will be rated as “U” in the appropriate competency(s) for that clinical week. Whenever a student receives a “U” in a competency, it must be addressed with a comment as to why it is no longer a “U” the following week. If the student does not state why the “U” is corrected, it will be another “U” until the student addresses it. All clinical competencies are critical to meeting the objectives of the course. **An unsatisfactory or needs improvement as a final evaluation in any single competency results in a clinical course grade of unsatisfactory; this is a failure of the course. Faculty and teaching assistants will complete a cumulative evaluation of each competency at the midterm and final. 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) |
|---------|-----------------|-------------------|----------------------|
| 2/21/26 | 1 hour | Late DH Sign Form | 2/23/26, 1 hour |
| | | | |
| | | | |
| | | | |

| 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.**

| Week | Care Map Top Nursing Priority | Evaluation & Instructor Initials | Remediation & Instructor Initials | Remediation & Instructor Initials |
|-----------|-------------------------------|----------------------------------|-----------------------------------|-----------------------------------|
| Week 3 | Impaired Gas Exchange | S/NS | NA | NA |
| 2/12/2026 | Impaired Skin Integrity | Satisfactory/MD | NA | NA |

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

Objective

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

| Weeks of the Course | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | Midterm | 9 | 10 | 11 | 12 | 13 | Make Up | Make Up | Final |
|---|---|----------------------------------|--------------------------|----------------------------------|--------------------------------------|--------------------------------------|------------------|-----|---------|---|----|----|----|----|---------|---------|-------|
| Competencies: | | | S | S | S | S | N/A | N/A | | | | | | | | | |
| a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting) | | | S | S | S | S | N/A | N/A | | | | | | | | | |
| b. Correlate patient's symptoms with the patient's disease process. (Interpreting) | | | S | S | S | S | N/A | N/A | | | | | | | | | |
| c. Correlate diagnostic tests with the patient's disease process. (Interpreting) | | | S | S | S | S | N/A | N/A | | | | | | | | | |
| d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting) | | | S | S | S | S | N/A | N/A | | | | | | | | | |
| e. Correlate medical treatment in relation to the patient's disease process. (Interpreting) | | | S | S | S | S | N/A | N/A | | | | | | | | | |
| f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting) | | | S | S | S | S | N/A | N/A | | | | | | | | | |
| g. Assess developmental stages of assigned patients. (Interpreting) | | | S | S | S | S | N/A | N/A | | | | | | | | | |
| h. Demonstrate evidence of research in being prepared for clinical. (Noticing) | S | | S | S | S | S | S | N/A | | | | | | | | | |
| | Indicate your clinical site as well as your patient's age and primary medical diagnosis in this box weekly. | Meditech, FSBS, IV Pump Sessions | 4N, Age: 70, lung cancer | 3T, Age: 76, acute kidney injury | 3T, Age: 52, Dx- Acute kidney injury | 5T, Age- 69, Dx- Thoracic Myelopathy | Digestive Health | N/A | | | | | | | | | |
| Instructors Initials | NS | NS | NS | HS | KA | MD | DW | | | | | | | | | | |

**Evaluate these competencies for the offsite clinicals:

DH: 1h

IC: 1h.

ECSC: 1g, h

OR: All

Comments:

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 1 (1h)- During week 1, the Meditech, FSBS and IV pump sessions were all considered clinical hours. You came prepared to each of them and demonstrated competency accordingly. For this reason, you have earned an S for this competency. NS/SA/DW/HS

Week 3 1(a,b) – This week you cared for a patient s/p lung wedge resection for a cancerous tumor in her lung. While caring for her, you gained experience managing a chest tube with a significant internal air leak. You were able to spend time discussing the pathophysiology involved. You were able to correlate her symptoms of shortness of breath with exertion, crackles and wheezes upon auscultation, productive cough, crepitus around the insertion site, and anxiety with her underlying condition, procedure performed, and prognosis. Great job researching your patient and developing a care map related to impaired gas exchange. NS

Week 3 1(c,e) – Good job reviewing your patient’s diagnostic testing and discussing the medical treatment related to the wedge procedure and subsequent chest tube placement. You were able to identify the pneumothorax present with daily chest x-rays following the procedure. You were able to review a video and discuss the potential complications following the procedure including the continued air leak. You also discussed her pulmonary function test that demonstrated emphysema and poor lung tissue perfusion. NS

Week 4 (1 a, b, c, d, e)-Great job this week! This week you did a great job discussing your patient’s pathophysiology of her illness. You were also able to review her abnormal labs and discuss how they correlated with the patient’s diagnosis and her chronic diarrhea. 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 5 – 1a-h – You did a nice job discussing on clinical and in debriefing your patient’s pathophysiology, signs and symptoms, diagnostic studies, medications, medical treatments, and their current diet/nutritional needs and how it correlated to their admitting diagnosis. You were able to discuss your medications on clinical and researched their purpose, side effects, and related nursing interventions before administering medication to your patient. You came to clinical on time and prepared to care for your patient diagnosed with acute kidney injury and diabetic foot ulcer. KA

Week 6 Rehab Objective 1 A-E: This week you were able to analyze your patient’s pathophysiology, correlate symptoms, diagnostic testing, pharmacotherapy, and medical treatment with their diagnosis of a thoracic myelopathy s/p fusion! You did a great job with discussing how these all related together to provide the patient with appropriate nursing care! Great job! MD

Objective

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

| Weeks of the Course | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | Midterm | 9 | 10 | 11 | 12 | 13 | Make Up | Make Up | Final |
|---|----|----|----|----|----|----|-----|-----|---------|---|----|----|----|----|---------|---------|-------|
| Competencies: | | | S | S | S | S | N/A | N/A | | | | | | | | | |
| a. Perform inspection, palpation, percussion, and auscultation in the physical assessment of assigned patient. (Noticing) | | | S | S | S | S | N/A | N/A | | | | | | | | | |
| b. Conduct a fall assessment and implement appropriate precautions. (Noticing) | | | S | S | S | S | N/A | N/A | | | | | | | | | |
| c. Conduct a skin assessment and implement appropriate precautions and care. (Noticing) | | | S | S | S | S | N/A | N/A | | | | | | | | | |
| d. Communicate physical assessment. (Responding) | | | S | S | S | S | N/A | N/A | | | | | | | | | |
| e. Analyze appropriate assessment skills for the patient's disease process. (Interpreting) | | | S | S | S | S | N/A | N/A | | | | | | | | | |
| f. Demonstrate skill in accessing electronic information and documenting patient care. (Responding) | S | | S | S | S | S | N/A | N/A | | | | | | | | | |
| | NS | NS | NS | HS | KA | MD | DW | | | | | | | | | | |

**Evaluate these competencies for the offsite clinicals: DH: N/A IC: 2f ECSC: N/A OR: 2a,b,c,d,e

Comments:

Week 1 (2f)- You satisfactorily completed the Meditech clinical update including documentation of IV solutions and the IV assessment. NS

Week 3 2(a) – You did well with your assessments this week, noticing numerous deviations from normal. This was your first experience with assessing a patient with a chest tube in place. You were able to notice crackles and wheezes upon auscultation, shortness of breath on exertion, productive cough with sputum characteristics, crepitus around the insertion site, decreased Spo2 on RA, and anxiety. You were also able to note the continuous bubbling present in the chest tube chamber consistent with a known air leak while also noticing the serous appearing drainage. NS

Week 3 2(e) – You were able to analyze the appropriate priority assessments related to her admitting diagnosis. You focused your assessment on her oxygenation and respiratory status, including frequent assessments of the chest tube drainage system. NS

Week 4 (2a-f)- You did a nice job with your assessment this week. You also did a nice job communicating your findings to the RN. You completed a fall risk assessment and determined that the patient should be a high fall risk when prior assessments. were not completed thoroughly. You were also able to discuss your focused assessment and the reasoning behind your decision of focus. HS

Week 5 – 2 a-f – You did a nice job completing your physical assessment. You recognized abnormal assessment findings and documented them appropriately. You made sure your patient was on high risk fall precautions and ensured they were utilized throughout your day as you cared for them. You did not get to complete a thorough wound assessment on your patient due to the fact that the dressing was placed by the healthcare provider and ordered to remain in place, however you monitored the dressing and ensured that it was dry and intact. You utilized the EMR to research your patient and ensured your assessment findings were documented appropriately. You did a nice job documenting and made changes when needed promptly. KA

Week 6 Rehab Objective 2 D, F: Great job communicating your physical assessment and accessing the electronic information/documentation of patient care! Keep working hard to continue gaining more confidence and skill with communicating and documenting as a nurse! MD

Objective

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

| Weeks of the Course | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | Midterm | 9 | 10 | 11 | 12 | 13 | Make Up | Make Up | Final |
|---|----|----|-----|-----|-----|----|-----|-----|---------|---|----|----|----|----|---------|---------|-------|
| Competencies: | S | | S | S | S | S | S | N/A | | | | | | | | | |
| a. Perform standard precautions. (Responding) | S | | S | S | S | S | N/A | N/A | | | | | | | | | |
| b. Demonstrate nursing measures skillfully and safely. (Responding) | | | S | S | S | S | N/A | N/A | | | | | | | | | |
| c. Demonstrate promptness and ability to organize nursing care effectively. (Responding) | | | S | S | S | S | N/A | N/A | | | | | | | | | |
| d. Appropriately prioritizes nursing care. (Responding) | | | S | S | S | S | N/A | N/A | | | | | | | | | |
| e. Recognize the need for assistance. (Reflecting) | | | S | S | S | S | N/A | N/A | | | | | | | | | |
| f. Apply the principles of asepsis where indicated. (Responding) | S | | S | S | S | S | N/A | N/A | | | | | | | | | |
| g. Demonstrate appropriate skill with Foley catheter insertion, maintenance, & removal (Responding) | | | N/A | N/A | N/A | S | N/A | N/A | | | | | | | | | |
| h. Implement DVT prophylaxis (early ambulation, SCDs, TED hose, administer enoxaparin or heparin) based on assessment and physicians' orders (Responding) | | | S | S | S | S | N/A | N/A | | | | | | | | | |
| i. Identify the role of evidence in determining best nursing practice. (Interpreting) | S | | S | S | S | S | N/A | N/A | | | | | | | | | |
| j. Identify recommendations for change through team collaboration. (Reflecting) | | | S | S | S | S | N/A | N/A | | | | | | | | | |
| | NS | NS | NS | HS | KA | MD | DW | | | | | | | | | | |

**Evaluate these competencies for the offsite clinicals:

DH: 3a

IC: 3a, f

ECSC: 3a, j

OR: All

Comments:

Week 3 3(b,d,e) – Good work this week demonstrating competence and confidence in your nursing skills. You had the opportunity to perform several new nursing skills, including a subcutaneous injection, saline flush, and chest tube management. When performing these skills, you promoted safety for yourself and the patient and asked appropriate questions. NS

Week 3 3(h) – DVT prophylaxis was implemented through the maintenance of the prescribed SCDs and administration of subcutaneous heparin. You were able to discuss the rationale behind these orders and implemented them effectively. Well done! NS

Week 4 (3 c, d, e)- You were able to prioritize your care for the day and adjust your plans when necessary, based on changes that occurred during the day. You were available to help others when needed, and ask for assistance when needed. (3h) You administered enoxaparin subcutaneously for DVT prophylaxis. HS

Week 5 – 3 a-f – You did a nice job ensuring standard precautions were utilized throughout your day when caring for your patient. You worked well with your classmates to assist one another when needed. You managed a patient on oxygen and monitored their SpO2 to ensure oxygen therapy was effective and still needed. You did a great job setting a goal for your patient related to ambulation and ROM exercises and assisting them in achieving it to help them get closer to discharge. KA

Week 6 Rehab Objective 3 A, B, D: This week you had the opportunity to performed a few different interventions! You were able to reach out and assist the nurse with removing a wound vac and applying a dry dressing in its place on Wednesday! You were able to change the dry dressing on Thursday as well! While you were performing these interventions, you maintained standard precautions, were skillful, and prioritized the care of your patient! Great job! MD

Week 6 Rehab Objective 3 E, G: This week you were presented with an opportunity to care for a Foley catheter! You were able to also irrigate the catheter and reached out to faculty to assist with the process! You did an awesome job! MD

Objective

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

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

**Evaluate these competencies for the offsite clinicals: DH: N/A IC: N/A ECSC: N/A OR: All

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/NS
 (3r)- You satisfactorily performed a Quality Control check of the glucometer as well as demonstrate skills and knowledge required for proper fingerstick blood glucose measurement with the ACCU-CHEK Inform II glucometer. SA/DW

Week 3 (k,l,m,p,q) – You did a nice job with medication administration this week. You were able to administer one PO medication, one subcutaneous injection, and performed a saline flush. With each medication, you observed the rights of administration and performed three safety checks. You were able to discuss each medication, including the classification, indication, side effects, and nursing considerations for each. You effectively utilized the BMV scanning system for each medication to promote

safety. You confirmed that the correct dose was removed and administered. Great job with your saline flush, utilizing aseptic technique. During the saline flush, you monitored the IV site closely for potential complications. NS

Week 4 (3k, l, m)- You did a nice job with medication administration this week! You were able to administer several PO meds, and a SQ medication. You followed the rights of medication administration and completed all checks prior to administering. You were able to research each medication and answer all questions related to the medications. HS

Week 5 – 3 k-m – You did a nice job administering medications this week. You looked all medications up before administering and ensured the rights of medication administration were followed. You had the opportunity to administer PO and topical medications this week. You checked the patient’s labs and vital signs to ensure no medication needed to be held before administration. You made sure all medications were properly documented in the eMAR and updated your nurse when the process was complete. You also encouraged your patient’s autonomy by following administration times closer to their home schedule. KA

Week 5 – 3p – After noting blood in the j loop and old blood at the insertion site you determined the need to check for IV patency. You did a nice job following the steps of IV push administration and recognized the IV was asymptomatic and patent after flushing. Great job! KA

Week 5 – 3q – You did a nice job monitoring your patient’s saline lock for complications and documenting your IV site assessment in the patient EMR correctly. KA

Week 5 – 3r – You had the opportunity to complete fingerstick blood sugar screenings on your patient this week. You made sure they were completed promptly and documented in the necessary areas. You ensured the information was communicated appropriately. Even though you could not administer the patient’s insulin you reviewed the sliding scale and recognized which results required sliding scale coverage insulin. KA

Week 6 Rehab Objective 3 K, L, M: While administrating medications, you were able to identify the rights of medication administration as patient, time, route, dosage, medication, allergies, and documentation. You were able to discuss your patient’s medications in correlation to why they are taking them, side effects, and nursing interventions to perform for each. You administered oral medications and a topical medication to your patient and were able to discuss them with them prior to administration. Great job! Keep up the great work! MD

Objective

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

| Weeks of the Course | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | Midterm | 9 | 10 | 11 | 12 | 13 | Make Up | Make Up | Final |
|--|----|----|----|----|----|-----|-----|-----|---------|---|----|----|----|----|---------|---------|-------|
| Competencies: | | | S | S | S | S | S | N/A | | | | | | | | | |
| a. Integrate professionally appropriate and therapeutic communication skills in interactions with patients, families, and significant others. (Responding) | | | S | S | S | S | S | N/A | | | | | | | | | |
| b. Communicate professionally and collaboratively with members of the healthcare team or next provider of care using clear, organized hand-off communication techniques. (SBAR) (Responding) | | | S | S | S | S | S | N/A | | | | | | | | | |
| c. Report promptly and accurately any change in the status of the patient. (Responding) | | | S | S | S | S | N/A | N/A | | | | | | | | | |
| d. Maintain confidentiality of patient health and medical information. (Responding) | | | S | S | S | S | S | N/A | | | | | | | | | |
| e. Consistently and appropriately post comments in clinical discussion groups. (Reflecting) | | | NA | S | S | N/A | N/A | N/A | | | | | | | | | |
| f. Obtain report, from previous care giver, at the beginning of the clinical day. (Noticing) | | | S | S | S | S | N/A | N/A | | | | | | | | | |
| | NS | NS | NS | HS | KA | MD | DW | | | | | | | | | | |

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

| CDG | Week Completed | Initials |
|---|----------------|----------|
| EBP Article: Discussing Evidence in Nursing Research | | |
| Patient Education: Identifying and Intervening on Knowledge Deficit | Week 4 | HS |
| Safety: Restorative Care and Managing Potential Complications | Week 5 | KA |

Comments:

Week 3 4(a,b) – Communication was certainly a strength of yours this week. During your initial interaction with your patient, she was agitated, anxious, and resistant to your care due to her being frustrated with her medical condition. You were able to utilize therapeutic communication to listen and explain your interventions to help her feel more comfortable in your care. You learned that taking the time to explain things to patients helps them to feel at ease and more accepting to care. As a result, you developed a good rapport with her which allowed her to open up and reduce her anxiety. Well done! You also did a great job communicating and collaborating with the assigned RN. You were actively involved in the care of your patient with the RN and were able to learn a lot from the experience. NS

Week 4-(4a, b)- You did a nice job communicating with your patient and the primary nurse caring for her. You were also able to communicate with the other staff members. (4e)- You satisfactorily met the requirements for the CDG post. You were able to identify educational needs for your patient which included fall risk and her abnormal lab values. HS

Week 5 – 4 a-d, f – You worked well with classmates, assigned RN, and staff members to provide care for your assigned patient. You received report for your patient and asked questions as needed. You utilized the EMR to research information on your patient and ensured confidentiality was maintained. You provided an SBAR to your nurse when reporting off and made sure all pertinent information was passed on before leaving. KA

Week 5 – 4e – You did a great job responding to all CDG questions related to restorative care and potential complications for your patient. You were thoughtful and reflective with your responses. You included an in-text citation and reference to support your responses. Remember your in-text citation should include the author and year versus just stating that the information came from Skyscape (Doenges, Moorhouse, & Murr, 2022). Overall you did a nice job. Keep up the great work! KA

Week 6 Rehab Objective 4 A, B: Awesome job integrating professionally appropriate and therapeutic communication with your patient! You also did a great job communicating with the primary nurse with clear, organized information! MD

Objective

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

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

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

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

Comments:

Week 3 ;5a- My patient seemed anxious and stressed about her current diagnoses and surgery. Because of this, I went and notified my instructor (Nick), and he explained to her why the chest tube was put in place, and he helped explain what she should expect during recovery. This was a great experience for me because it was the first time I had a patient with a chest tube. We both also took the time to learn about her current family situation and how that also contributed to the stress she was feeling.

Week 3; 5b- I used Skyscape to look up her medications and her priority problem of impaired gas exchange. **I think this was a great learning experience for you. It appeared that her underlying frustration was simply a lack of understanding of what was going on. This is why patient education is so important. She seemed to be somewhat in the dark about what was going on, leading to anxiety and stress. Always consider what the patient is feeling, and how scary it can be to go through difficult medical procedures. Take the time to sit with your patient and understand their concerns and it changes the entire dynamic. Good reflection! NS**

Week 4; 5a- My patient has a history of chronic diarrhea and was going to the bathroom at least 5x a day, she reported. I emphasized the importance of adequate intake of both nutrients and fluid. **Very good! HS**

Week 4; 5b- I made sure during clinical to use Skyscape to find the best education to provide for my patient. I found that she was at risk for an electrolyte imbalance. She was taking medications to help recompensate for her low potassium and her risk of developing low sodium based on the medications she was taking, as hyponatremia seemed to be a side effect of a lot of the medications she was on. I explained that her body wasn't absorbing nutrients as it normally would, so even though she had stomach aches from the medications she was on, she should try to eat vegetables and fruits as tolerated. Protein is also important in her circumstance, based on her total protein lab value being 5.5, which is low. Also, adequate fluid intake because she was dehydrated. The teach-back method was used to validate learning. **Great job! HS**

Week 4 (5a,b)-Jenna, you did a nice job identifying the educational needs for your patient but, I had to evaluate these as a U's because you did not evaluate in the columns. If the student does not self-rate, then it is an automatic "U". 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. HS

Week 4 remediation: 5a, 5b- The document did not save my S in both competencies. I consider myself 'Satisfactory' in both columns. **Thank you for ensuring all competencies were addressed this week. KA**

Week 5 (5a,b): A teaching need for my patient this week would be appropriate nutritional intake and fluid intake. This is because she has a diabetic foot ulcer and was experiencing diarrhea. She was at risk for electrolyte imbalance based on her diagnoses of acute kidney injury and the risk for hypokalemia because she was taking a loop diuretic. I used the teach-back method to validate learning. **Thank you for identifying the method you utilized, but remember to include your resource. I am assuming you utilized Skyscape, but in the future, make sure to document it here. KA**

Week 6 (5a,b): A teaching need of my patient for this week would be the need for adequate fluid intake and nutritional intake. My patient also has a low protein lab value of 5.7, so education on proper protein intake is important, especially because he is at risk for impaired skin integrity. He has a hard-to-reach surgical site on his back and problems maintaining his Foley catheter because he does not have a full range of motion and is immobile. So also educating on how to care for both sites, because he cannot reach these places himself if important, so he is able to teach someone else how to help. Skyscape was used to gather information based on his priority problem of impaired skin integrity and explains the importance of adequate fluid intake and proper nutrition. The teach-back method was used to validate learning and understanding. **Great job with education! MD**

Objective

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

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

****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.**

See Care Map Grading Rubrics below.

Comments:

Week 3 6(A) – Satisfactory care map submission with the priority problem of impaired gas exchange. See the attached rubric for more details. NS

Week 3; 6b- Patient was a former smoker, which contributed to her developing lung cancer. Smoking can be a significant SDOH that can impact health outcomes. Numerous factors can lead to smoking/tobacco use, such as stress, environmental conditions, low income, etc. Social and cultural factors can also impact smoking behaviors. As your patient discussed, she was recently able to quit smoking; however, as she stated, the many years of smoking led to “damage being done.” When addressing this competency in the future, try to elaborate more on why your identified factor influences patient care and outcomes. Attached is a link to help you continue to enhance your understanding of SDOH. NS <https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health>

Week 4; 6b- My patient is at risk for low health literacy based on the Social Determinants of Health. My patient understood that things like salad and dairy are things that trigger her diarrhea, but it’s important to understand why this may be. Like maybe she is lactose intolerant or is allergic to salad dressings. I also educated her on the importance of adequate fluid intake, and I noticed on the second day I was with this patient, they were drinking more fluids. Yes, low health literacy may be a concern that is why education and the proper resources are so important. HS

Week 4 (6a,b)-You did not evaluate yourself in the column so these are U’s. HS

If the student does not self-rate, then it is an automatic “U. 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. HS

Week 4 remediation: 6a, 6b; The document did not save my S in both competencies. I consider myself ‘Satisfactory’ in both columns. Thank you for ensuring all competencies were addressed this week. KA

Week 5 (6b): Based on the Social Determinants of Health, I believe my patient would benefit from increased social and community support. During my time caring for her, I did not observe any visitors or phone calls from family members, which may suggest limited social support. In her chart, she reported that her husband performed daily foot care. However, she still developed a diabetic foot ulcer that required a skin graft. This could indicate a potential need for further education on proper diabetic foot care and early identification of complications. Additionally, I would want to further assess her health literacy to ensure she understands her condition, self-care responsibilities, and the importance of hydration and proper nutrition **Great job identifying multiple factors that are affecting your patient's ability to manage her overall health. I agree she would benefit from some additional resources. KA**

Week 6 (6a): Based on the SDOH, I believe my patient has a good support system, which has benefited him greatly in his recovery process. On my first day of clinical, I came back from my break to see that he was talking to someone, and I found out she was a nurse and they were having a good conversation about his progress and how proud she was of him. He had anxiety while I was there about his health and his recovery but seeing them interact made me realize she was part of the reason he was so motivated to get better. I also feel that because she was a nurse, that also gave him a sense of comfort because she would be able to help him understand some of his medical diagnoses, and she could also help if he had further questions about his health. **This is a great SDOH! MD**

Week 6 Rehab Objective 6 A: You completed a satisfactory care map on Impaired Skin Integrity for your patient with a pubic fracture! Great job! MD

Objective

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

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

Evaluate these competencies for the offsite clinicals: **DH: All IC: All ECSC: All OR: 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 ; 7a- My strength for week one would be passing the dosage calculation on the first try. I feel ready for medication administration and prepared for clinical. **Great job, Jenna! Way to start off the semester strong. NS**

7b- My weakness for week one would be having to repeat giving insulin in the fake skin. I didn't hold for a complete ten seconds before taking the needle out. However, to improve, I repeated the steps of giving insulin with a faculty member helping me with each step, and I gave it successfully. **Good improvement! You should get plenty of opportunities to administer insulin in the clinical setting to help enhance your confidence. Great job during a busy first two weeks of the semester, keep up the hard work! NS**

Week 3; 7a- My area of strength this week was patience. I now understand the importance of slowing down and not just completing the head-to-toe assessment but also understanding other factors that can lead to anxiety, like current family situations. **Good thoughts! I thought you handled the situation well, using your personality and kindness to help your patient open up. Sometimes we can be so task-focused that we forget what the patient is actually feeling. Over the two days caring for her, you were able to develop a rapport and she truly appreciated the level of care that you provided. Great job! NS**

Week 3; 7b- My weakness this week would be forgetting to unclamp the tubing during a saline flush. **A simple mistake that is very common. Ultimately this doesn't cause any harm to the patient and will be a reminder for the future. You did a great job with the flush overall. This competency was changed to "NI" because you did not meet the requirements of setting a goal to address the weakness. Moving forward, be sure to identify the weakness and then develop a specific plan to help turn the weakness into a strength. For example, "I will review the PowerPoint provided for performing a saline flush and will reach out to Faculty for more opportunities to practice before my next clinical experience."** Be sure to review the example highlighted in yellow above to ensure this competency is fully addressed each week. **Let me know if you have any questions! Keep up the hard work. NS**

1/30/26 (Week 3; 7b)- Based on my experience from my previous clinical, I reviewed the PowerPoint on doing a saline flush correctly and felt more prepared for my clinical for week 4.

Week 4; 7a: My strength for this week would be educating my patient on the importance of fluid intake and nutrition. My patient did not want to be put on fall precautions, and I educated her on why this was important for her because she has had a fall within the last six months. Even though she refused, I notified the RN and documented appropriately. **Great job! Educating is key especially when the patient is in a different environment. HS**

Week 4; 7b: My weakness for this week would be feeling underprepared during med administration and understanding each of the medications my patient was getting. To improve for my next clinical, I will look deeper into my medications and write them out on a separate piece of paper because I feel like there was not enough room on the Database packet. **That sounds like a good plan. HS**

Week 4 (7a-h)-Jenna, you did a nice job identifying your strengths, and an area for improvement however you did not evaluate in the column and I had to mark them as U's HS.

If the student does not self-rate, then it is an automatic "U". 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. HS

Week 4 remediation: 7a-h; The document did not save my S in all competencies. I consider myself 'Satisfactory' in all columns. **Thank you for ensuring all competencies were addressed this week. KA**

Week 5 (7a)- I think my strength for this week was feeling more prepared for medication administration. I felt like I had a better idea of what all my patients' medications were and felt more comfortable when administering them. **You did a great job following the process and administering all medications to your patient following the rights of administration. KA**

Week 5 (7b)- My weakness for this week during clinical was being able to prioritize needs for my patient. I found it difficult to adjust to her schedule, as she preferred to sleep in late and was not receptive to waking up earlier in the day. I also struggled to build rapport with her, which made it more difficult to effectively engage in her care. Since I was informed that she was at high risk for readmission due to noncompliance, I recognize that I could have taken more initiative in providing education to her. During my next clinical, I plan to communicate more openly with my instructor and seek guidance when I need assistance with prioritizing patient needs and developing a patient-centered plan of care. **Great goal. Never be afraid to see guidance. We are here to help and work with you in developing your clinical judgment and therapeutic communication skills. I do feel you respected your patient's autonomy, but I am sad to here that you had difficulty building rapport with her. KA**

Week 6 (7a): My strength for this week was feeling more confident during clinical. I felt that I was able to communicate better with the nurse about patient change in status and found it easy to ask questions to not only the nurse but also occupational therapy and physical therapy. I felt very involved in my patient care and got to irrigate a Foley catheter, which was a new skill for me. I felt like I learned a lot during this clinical experience. **You did an awesome job this week! MD**

Week 6 (7b): A weakness **area of improvement** 😊 for this week was that I didn't feel fully confident in my charting and felt I could have done a more thorough job. To improve this next time, I will slow down and take more time to make sure I fill everything out correctly and accurately and ask questions when needed. **Great goal! MD**

Week 6 Rehab Objective 7 D-H: Jenna, this week has been a great experience being your faculty for Rehab clinical! You followed the Student Code of Conduct, ACE attitude, and positive professional behavior! You also were able to give and receive constructive feedback from your peers and myself as well as engage in reflection on your clinical week! I am excited to watch you grow this semester! MD

Week 7 (7a)- I feel like I did a good job of asking questions while the doctor was performing colonoscopies. I learned about diverticulitis, and I thought that this was very interesting. Also, if the patient was an active drinker, they would very commonly shake while being under anesthesia. **Way to be an active participant in your learning! Keep up the great work. DW**

Week 7 (7b) An area of improvement for me would possibly be recognizing signs of complications and asking about potential signs of over-sedation. While I feel like I did ask good questions, I feel like I could have dived deeper into the understanding of complications. **I appreciate this reflection, Jenna! Understanding complications of certain procedures will help you identify them**

sooner, so you can hopefully prevent any negative outcomes for a patient. With all of this said, how do you plan to improve in this area? What is your goal (something you can do, how frequently you plan to do it, and when you hope to achieve it by)? Reflection only goes so far if there is no plan for growth. A goal is required weekly. This is for your benefit, as a student, so you don't get to the end of a semester or the curriculum and have gaps in your knowledge and skill that could affect future patient care. I am sure this was just an oversight, but please be sure to include this information in the future to avoid future U's; and be sure to comment on how you plan to avoid any future U's for this reason. DW

Week 7(7b) Remediation: I didn't do a good job last week of setting a clear goal for my area of weakness. To improve in recognizing complications and understanding of over-sedation, my goal is to review common complications and sedation risks before my OR experience in a few weeks. I will spend 20-20 minutes the night before reviewing potential complications related to anesthesia and will ask one question in relation to complications or sedation safety during my OR experience.

Week 7 (7f)- Unfortunately, you have earned a U for this competency due to late submission of the Digestive Health signature form. With a reminder, the form was submitted. Please be sure to comment on how you will prevent this from happening again. Failure to do so will result in a continued rating of U. Let me know if you have any questions. DW

Week 7 (f) Remediation: I didn't turn the Digestive Health signature form in on time into the Dropbox in Edvance and accidentally emailed it to Dawn instead of putting it in my Dropbox. I should have double-checked with a faculty member or looked over the Digestive Health requirements in the syllabus at the end of the week to make sure I completed all the following requirements. For my next clinicals this semester, I will review all requirements to make sure I am Satisfactory on all competencies. I turned in the signature form for the correct Dropbox, and it will not happen again.

| Student Name: Jenna Bauman | | Course 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)* | | | | | |
|-------------------------------|--|--|-----------------|---|-------------------------------------|---------------|--|
| Date or Clinical Week: Week 3 | | | | | | | |
| 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 | Several abnormal assessment findings were listed based on the patient care provided during the clinical week. There were a few important assessment findings that were omitted: pain at the chest tube insertion site, constipation (last BM several days prior), dressing in place to the right side, use of glasses, dentures, labored breathing on day one, barrel chest, cough with sputum production. Consider including all of your identified abnormal findings in the future. All abnormal labs/diagnostics were identified and listed appropriately. Pertinent risk factors were identified and listed, including current and past medical and social history. I would consider putting the chest tube and shortness of breath on exertion in the assessment findings rather than the risk factors section. |
| | 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 | Several nursing priorities are listed, with impaired gas exchange being identified as the top priority problem. Additional priorities to consider would be acute pain, knowledge deficit, impaired bowel elimination, impaired skin integrity (chest tube insertion site with dressing), airway clearance (due to her cough with sputum). The goal statement provided is a positive statement directly related to the top priority problem. Relevant data from the noticing section is appropriately highlighted as it pertains to the impaired gas exchange. Three potential complications are listed based on the impaired gas exchange. For each potential complication listed, specific |
| | 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 | |

| | | | | | | | |
|-------------------|---|----------------|-----------------|----------------|--------------|----------------------|--|
| | | | | | | | signs and symptoms to monitor for are identified. |
| Responding | 9. List all nursing interventions relevant to the top nursing priority. | > 75% complete | 50-75% complete | < 50% complete | 0% complete | 3 | <p>Eleven nursing interventions are listed pertinent to the impaired gas exchange. A few additional interventions to consider: administer oxygen PRN for decreased Spo2 and shortness of breath, collaborate with RT to administer inhaled medications, assessing for pain at the chest tube insertion site, educate on signs and symptoms of worsening air leak, maintain chest tube suction/water seal per physician orders, etc. These are just some additional examples to consider!</p> <p>All listed interventions are prioritized appropriately with assessments taking highest priority.</p> <p>One of the eleven listed interventions include a frequency to be performed (assess vitals Q4). The remaining interventions do not have a specific time frame/frequency to be performed. Be sure to include one with each listed intervention.</p> <p>Each listed interventions is individualized and realistic to the patient situation.</p> |
| | 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 | 1 | |
| | 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 | An appropriate rationale is provided for each listed intervention. |
| Reflecting | 14. List all of the highlighted reassessment findings for the top nursing priority. | >75% complete | 50-75% complete | <50% complete | 0% complete | 2 | <p>Some of the initially listed assessment findings were re-evaluated effectively. Be sure to include an evaluation of the abnormal chest tube findings, such as current state of crepitus, chest tube drainage, current chest tube setting (water seal), presence of air leak, etc. Instead of stating “vital signs were stable” list the most recent vital sign results to be clearer. Also, provide an update on her pain. Based on the most recent assessment findings, it was appropriately determined to continue the plan of care.</p> |
| | 15. Evaluation includes one of the following statements: <ul style="list-style-type: none"> Continue plan of care Modify plan of care Terminate plan of care | Complete | | | Not complete | 3 | |

Reference

An in-text citation and reference are required.

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

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

Total Possible Points= 45 points

45-35 points = Satisfactory

34-23 points = Needs Improvement*

< 23 points = Unsatisfactory*

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

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

Faculty/Teaching Assistant Comments: Jenna, Great job with your care map submission for the priority problem of impaired gas exchange. You were able to apply what you learned in the clinical setting and identified important aspects of a nursing plan of care to consider. You have received 40/45 points for a satisfactory evaluation. Your 1 required care map submission prior to midterm is now complete. Remember, you will submit one more satisfactory care map before the end of the semester. Don't hesitate to reach out with any questions/concerns. Keep up the hard work! NS

Total Points: 40/45 - Satisfactory

Faculty/Teaching Assistant Initials: NS

| Student Name: Jenna Bauman | | Course 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)* | | | | | |
|--|--|--|-----------------|---|-------------------------------------|---------------|---|
| Date or Clinical Week: 2/12/2026 Impaired Skin Integrity | | | | | | | |
| 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 | All criteria met. MD |
| | 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 | All criteria met. MD |
| | 5. State the goal for the top nursing priority. | Complete | | | Not complete | 3 | |
| | 6. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem. | > 75% complete | 50-75% complete | < 50% complete | 0% complete | 3 | |
| | 7. Identify all potential complications for the top nursing priority problem. | (lists at least 3) | (lists 2) | | (lists < 2) | 3 | |
| | 8. Identify signs and symptoms to monitor for each complication. | (lists at least 3) | (lists 2) | | (lists < 2) | 3 | |
| Responding | 9. List all nursing interventions relevant to the top nursing priority. | > 75% complete | 50-75% complete | < 50% complete | 0% complete | 3 | You did an amazing job identifying all of the important nursing interventions for your patient! You made sure they are prioritized, individualized, realistic, and included an appropriate rationale. The frequency of each intervention was present for all of the assessment and administering items, however, 6 of 8 encouraging interventions do not have a frequency present. Even if the intervention is assumed to be continuous there still needs to be a frequency. This can include "daily and PRN" or "Q2 hours and PRN". Total missing frequencies are 6/18 leading to a 33%. Great job overall with your interventions! MD |
| | 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 | 1 | |
| | 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 | All criteria met. MD |
| Reflecting | 14. List all of the highlighted reassessment findings for the top nursing priority. | >75% complete | 50-75% complete | <50% complete | 0% complete | 2 | Great job overall! Each of the assessments from the first box need to be reevaluated. I noticed that the loss of feeling in the left toes, lower extremity weakness, use of the Hoyer lift, beefy red penis, and RBC, K, and total protein were not addressed in the evaluation section. Be sure to include anything that was highlighted in the evaluation section. For the lab work, if they were not reevaluated then you could state "lab work not reassessed." Total of interventions not addressed is 7/11 leading to 63%. Great job overall! MD |
| | 15. Evaluation includes one of the following statements: <ul style="list-style-type: none"> Continue plan of care Modify plan of care Terminate plan of care | Complete | | | Not complete | 3 | |

Reference

An in-text citation and reference are required.

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

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

Total Possible Points= 45 points

45-35 points = Satisfactory

34-23 points = Needs Improvement*

< 23 points = Unsatisfactory*

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

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

Faculty/Teaching Assistant Comments:

Total Points: 42/45 Satisfactory MD

Faculty/Teaching Assistant Initials: MD

Firelands Regional Medical Center School of Nursing
Medical Surgical Nursing 2026
Skills Lab Competency Tool

| | | | | | | | | |
|---|------------------------------|-----------------------------------|--------------------------------------|------------------------------------|--------------------------------|----------------------------------|-------------------------|------------------------------------|
| Student name: Jenna Bauman | | | | | | | | |
| Skills Lab Competency Evaluation | Lab Skills | | | | | | | |
| | Week 1 | Week 1 | Week 1 | Week 1 | Week 1 | Week 2 | Week 2 | Week 9 |
| Performance Codes: S: Satisfactory U:Unsatisfactory | Insulin (2,3,5,7)* | Assessment (2,3,4,5,7)* | IV Math Application (3,7)* | Lab Day (1,2,3,4,5,6,7)* | IV Skills (2,3,5,7)* | Trach (1,2,3,4,5,6,7)* | EBP (3,7)* | Lab Day (1,2,3,4,5,6,7)* |
| | Date: 1/6/26 | Date: 1/6/26 | Date: 1/8/26 | Date: 1/8/26 | Date: 1/9/26 | Date: 1/16/26 | Date: 1/16/26 | Date: 3/10/26 |
| Evaluation: | S | S | S | S | S | S | S | |
| Faculty/Teaching Assistant Initials | MD | KA/RH | KA/DW/HS | MD/NS | NS | HS | KA | |
| Remediation: Date/Evaluation/Initials | NA | NA | NA | NA | NA | NA | NS | |

*Course Objectives

Comments:

(IV Math)-You satisfactorily participated in the IV Math learning session on 1/6/26 as well as the assigned IV Math practice questions and the IV Math Application Lab on 1/8/26. KA/DW/HS

(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. NS

(Trach Care & Suctioning) - During this lab, you satisfactorily demonstrate competence with tracheostomy care and tracheostomy suctioning. One prompt for suctioning. Good job catching removal of the fenestrated dressing prior to applying sterile gloves. HS

(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/SA/LK

Firelands Regional Medical Center School of Nursing
 Medical Surgical Nursing 2026
 Simulation Evaluations

| Student Name: Jenna Bauman | | | | | |
|---|--|--------------------|-------------------|-------------------------|---|
| Performance Codes: S: Satisfactory U: Unsatisfactory | | | Evaluation | Faculty Initials | Remediation Date/Evaluation/Initials |
| Date: 1/26/26 | Shadow Health (Respiratory Hourly Rounds: Medical-Surgical) (*1, 2, 3, 4, 5, 6) | Scenario | S | NS | NA |
| | | DCE Score | 84.2% | | |
| Date: 2/9/26 | Shadow Health (Endocrine Hourly Rounds: Medical-Surgical) (*1, 2, 3, 4, 5, 6) | Scenario | S | KA | NA |
| | | DCE Score | 100% | | |
| Date: 2/23/26 | Shadow Health (Basic Patient Case: Pharmacology) (*1, 2, 3, 4, 5, 6) | Scenario | S | DW | NA |
| | | DCE Score | 92.9% | | |
| Date: 2/25 or 2/26/26 | Simulation #1 (Musculoskeletal & Resp) (*1, 2, 3, 4, 5, 6, 7) | Prebrief | | | |
| | | Scenario | | | |
| | | Reflection Journal | | | |
| | | Survey | | | |
| Date: 3/24/26 | Shadow Health (Perioperative Care Hourly Rounds: Medical-Surgical) (*1, 2, 3, 4, 5, 6) | Scenario | | | |
| | | DCE Score | | | |
| Date: 4/8 or 4/9/26 | Simulation #2 (GI & Endocrine) (*1, 2, 3, 4, 5, 6, 7) | Prebrief | | | |
| | | Scenario | | | |
| | | Reflection Journal | | | |
| | | Survey | | | |
| Date: 4/13/26 | Shadow Health (Intermediate Patient Case: Pharmacology) (*1, 2, 3, 4, 5, 6) | Scenario | | | |
| | | DCE Score | | | |
| Date: 4/23/26 | Shadow Health (Renal Hourly Rounds: Medical-Surgical) (*1, 2, 3, 4, 5, 6) | Scenario | | | |
| | | DCE Score | | | |

* Course Objectives

Comments:

EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2026

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:

12/19/25