**University of Scranton Clinical Preparation**

Client initials \_\_\_\_\_ Age\_\_\_\_\_ Sex\_\_\_\_ Admission Date\_\_\_\_\_\_\_ Code Status: \_\_\_\_\_\_\_ Isolation: Yes/No Type: \_\_\_\_\_\_

Allergies\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Diagnosis \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Secondary Diagnosis\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Past Medical/Surgical Hx \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Developmental Stage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Implications to Nursing Care:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Vital signs: T \_\_\_\_\_ P \_\_\_\_\_\_ R \_\_\_\_\_\_ BP \_\_\_\_\_  Pain scale \_\_\_\_\_\_\_\_ Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Orthostatic VS: \_\_\_\_\_\_\_\_\_\_\_,\_\_\_\_\_\_\_\_\_\_,\_\_\_\_\_\_\_\_\_\_\_ Orientation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Activity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Needs Assist 1 \_\_ 2\_\_\_  Fall Risk \_\_\_\_\_\_\_\_\_\_\_ Wrist bands \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Diet \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fluid Restriction\_\_\_\_\_\_\_\_\_\_  Daily weight: Yes/No\_\_\_\_\_\_\_\_ Gain/Loss\_\_\_\_\_\_\_\_\_\_\_\_  Admission weight\_\_\_\_\_\_\_\_ Current weight: \_\_\_\_\_\_  Intake \_\_\_\_\_\_\_\_ Output \_\_\_\_\_\_\_\_  Last BM \_\_\_\_\_\_\_\_\_\_\_ |
| Oxygen: yes/no Type: \_\_\_\_\_Flow rate: \_\_\_\_SPO2\_\_\_\_\_  Neb Tx: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Incentive spirometer: Yes/ No Flutter Valve Yes/No | Skin: Pressure Injury: Yes/No Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Prevention: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  BGM: Time \_\_\_\_ Result: \_\_\_\_\_\_\_Action:\_\_\_\_\_\_\_\_\_\_\_\_  BGM: Time \_\_\_\_ Result: \_\_\_\_\_\_\_Action:\_\_\_\_\_\_\_\_\_\_\_\_ |
| Foley Catheter: Yes/No Secured: \_\_\_Size \_\_\_\_\_  Dialysis: Yes/No Access Type/Location\_\_\_\_\_\_\_\_\_\_\_\_\_  CVC Type: \_\_\_\_\_\_\_\_\_\_\_Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Telemetry: Yes/No Rhythm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  VTE prevention: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Neurovascular Check: Location/Result\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Continuous** IV Infusion **Yes / No**

1.Solution\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rate \_\_\_\_\_\_\_ Site \_\_\_\_\_\_\_\_ Catheter type \_\_\_\_\_\_\_ Size\_\_\_\_\_\_\_ Insertion date\_\_\_\_\_\_\_

Is solution Hypotonic / Hypertonic / Isotonic Why is the client getting this IV \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Solution\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rate \_\_\_\_\_\_\_ Site \_\_\_\_\_\_\_\_ Catheter type \_\_\_\_\_\_\_ Size\_\_\_\_\_\_\_ Insertion date\_\_\_\_\_\_\_

Is solution hypotonic / Hypertonic / Isotonic Why is the client getting this IV \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Incisions/Wounds/Dressings Yes / No**

1. Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dsg Type \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Why \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dsg Type \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Why \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Evidence to support the Primary Diagnosis:**   |  |  | | --- | --- | | **Subjective data** | **Objective data** | |  |  | |  |

**Client’s goal for the day:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Copyright © 2022 Wendy Manetti Reprinted with Permission

Provide a brief explanation of the **pathophysiologic process** occurring in the body as it relates to the primary diagnosis in the form of a paragraph or diagram. **Reference:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Is there a genetic component? If so, are others affected?**

**Discharge Planning and Client Education**

Describe the needs of the client to be considered during discharge planning. Where do you anticipate the client will be discharged? What follow-up care or equipment will be needed?

Describe the two **priority** teaching needs of the client.

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| **All Abnormal**  **Lab Studies** | | **Normal Range** | **Admission** | **Current** | **Why abnormal** | **How are they being corrected** |
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|  | **TRENDS IN LABS TO WATCH:** | | | | | | |

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| **All Abnormal Diagnostic Studies** | | **Normal Range** | **Admission** | **Current** | **Why abnormal** | **How are they being corrected** |
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|  | **TRENDS IN DIAGNOSTICS TO WATCH:** | | | | | |

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**Medications**

**Allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| Medication  Generic & Trade | Dose, Route, Frequency  &  Time Due | Drug Classification | Major Action | Why is the patient on this med? 1-2 words | 3 Most Common Side Effects | |  | | --- | | 3 Priority Nursing Implications | |
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| **PRN Medications:** |  |  |  |  |  |  |
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| **Clinical Problem/**  **Medical Diagnosis:**  **Priority Nursing Diagnosis:** |  |  |  |
|  | **Before** | **After**  **Actual findings** | **Comparison to:**  **Expected (text, guidelines)**  **Other Experiences (prior/current patient)** |
| **Noticing**  **Assessment**  Recognize Cues  Identify (ID) S&S  Collect all relevant S+O Data  **THINK about** Potential Complications (PC)  Possible problems to monitor for  **THINK about** safety risks  Add patient’s perspective  Add environmental context  Include new data collected |  |  |  |
| **Interpreting**  **Analysis**  Analyze Cues  Cluster data/Recognize patterns  **LIST** missing data  **LIST** the most important/urgent/priority problems, PC, Safety concerns  ID relevant vs irrelevant  **LIST Conclusions made**: Actual Problem(s), PC, Safety  **Planning**  **Generate & Prioritize Hypotheses/Solutions**  ID desired outcomes/**Goals**  Consider all actions to be taken  Prevention /Monitoring/ Management of PC |  |  | Copyright © 2022 Wendy Manetti  Reprinted with Permission |
| **Responding**  **Implementation**  Prioritized Actions & Rationale  Consider Contraindications to each  Anticipate problems: what will you do if…  Note tasks Delegated & to whom\*  Communicate/Collaborate  Client Teaching |  |  |  |
| **Reflecting**  **Evaluation**  **Evaluate Outcomes**  Evaluate patient responses  Evaluate self  **In-Action (during)**  Ongoing patient re-assessment  ID change in patient condition  Add /Continue/Stop Actions  **On-Action**  Patient care outcomes  Changes in patient condition  Problems resolved  New problems | **In-Action** | **On-Action** | Copyright © 2022 Wendy Manetti  Reprinted with Permission |

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| **CATEGORY** | **Exemplary** | **Accomplished** | **Developing** | **Beginning** | **Score** |
| **Client Data- EHR, Developmental Stage, Pathophysiology & Genetic Implications** | **Accurately** transcribes **all** data from EHR. **Accurately** interprets client’s developmental stage; **thoughtfully** explains its influence on nursing care. **Correctly** identifies client’s primary diagnosis. Explanation demonstrates **full** **understanding** of pathophysiology and genetic implications. **9-10 points** | **All** data transcribed from EHR. **Accurately** interprets client’s developmental stage; **good** explanation of influence on nursing care. **Correctly** identifies client’s primary diagnosis. Provides **good explanation of** pathophysiology and genetic implications.  **7-8 points** | **Most** data transcribed from EHR. **Accurately** interprets client’s developmental stage; **some** explanation of its influence on nursing care. **Correctly** identifies client’s primary diagnosis. Provides **basic explanation of** patho and genetic implications. **4-6 points** | **Some** data transcribed from EHR. **Inaccurately** interprets client’s developmental stage; **weak/no** explanation of its influence on nursing care. Unable to identify client’s primary diagnosis. Provides **weak/little/no explanation of** patho and genetic implications. **0-3 points** |  |
| **IVF/Incisions/ Wounds/Dressings**  **Patient Ed & Discharge Plan** | Lists IVF; a**ccurately** describes type and rationale. Lists wounds; a**ccurately** describes treatment, and rationale. Describes **prioritized** teaching and discharge needs.  **9-10 points** | Lists IVF; describes type with **good** rationale. Lists wounds; describes treatment and offers **some possible** rationale. Describes **somewhat prioritized** teaching and discharge needs. **7-8 points** | Lists IVF; describes type with **weak** rationale. Lists wounds; describes treatment but offers **little/weak** rationale. Describes teaching and discharge needs with **little** priority. **4-6 points** | Lists IVF; describes type with **very** **weak/no** rationale. Lists wounds; describes treatment but offers **no** rationale. Describes teaching and discharge needs with **very little/no** priority. **0-3 points** |  |
| **Evidence to support Diagnosis & additional Lab & Diagnostic Tests** | Demonstrates **sound understanding** of clinical evidence to support primary medical diagnosis. Lists other abnormal lab/ diagnostic tests and **offers plausible** causes and treatments for all. **Exceeds expectations** in critical thinking.  **9-10 points** | Demonstrates **adequate understanding** of clinical evidence to support primary medical diagnosis. Lists other abnormal lab/diagnostic tests and **offers mostly plausible** causes and treatments. Demonstrates **adequate** critical thinking.  **7-8 points** | Demonstrates **some understanding** of clinical evidence to support primary medical diagnosis. Lists other abnormal lab/diagnostic tests and **offers some plausible** causes and treatments. Demonstrates **some** critical thinking.  **4-6 points** | Demonstrates **little/no understanding** of clinical evidence to support primary medical diagnosis. Lists other abnormal lab/diagnostic tests and **offers few/no plausible** causes and treatments. Demonstrates little critical thinking.  **0-3 points** |  |
| **Medications** | Provides a **complete, accurate** list of medications and **all** requested information. Is **succinct and accurate** in rationale for the med. **Consistently** **identifies all** of the most common side effects and **priority** nursing implications. **9-10 points** | Provides a **complete, accurate** list of medications and **all** requested information. Is **succinct and accurate** in rationale for the med. **Accurately identifies most** common side effects and **priority** nursing implications. **7-8 points** | Provides a list of medications and **most** requested information. Offers **some accurate** rationale for the med. **Accurately identifies** some of the common side effects and **priority** nursing implications.  **4-6 points** | Provides a list of medications and **some** requested information. Offers **few accurate** rationale for the med. **Accurately identifies** **few** of the common side effects and **priority** nursing implications.  **0-3 points** |  |
| **Clinical Judgment:**  **Noticing** | Describes **all** **relevant/focused** subjective and objective data. **All** possible complications and safety concerns are identified. Incorporates client’s perspective and environment from observing and interacting with **client/ family/ health care team**. **Thoroughly** explains how client’s presentation is similar to or different from expectations as per reference (textbook, practice guidelines). Describes **all** significant changes in client’s condition compared to baseline. **Thoroughly** compares client’s presentation to previous clients’ with same problem. **Exceeded expectations** in critical thinking. **10-12 points** | Describes **most relevant/focused** subjective and objective data. **Most** of thepossible complications and safety concerns are identified. Incorporates client’s perspective and environment from observing and interacting with **client/ family/health care team**. **Adequately** explains how client’s presentation is similar to or different from expectations as per reference (textbook, practice guidelines). Describes **most** significant changes in client’s condition compared to baseline. **Adequately** compares client’s presentation to previous clients with same problem. **Meets** **expectations** in critical thinking.  **7-9** **points** | Describes **some relevant** subjective and objective data. **Some** possible complications and safety concerns are identified. **Attempts** to incorporate client’s perspective and environment from observing and interacting with **client/ family/health care team**. **Some** logical explanation as to how client’s presentation is similar to or different from expectations as per reference (textbook, practice guidelines). Describes **some** significant changes in client’s condition compared to baseline. **Some** comparison of client’s presentation to previous clients with same problem. **Meets** **minimal expectations** in critical thinking. **4-6 points** | Describes **little relevant/focused** subjective and objective data. **Few to no** possible complications and safety concerns are identified. **Attempts** to incorporate client’s perspective and environment from observing and interacting with **client/ family**. **Little** logical explanation as to how client’s presentation is similar to or different from expectations as per reference (textbook, practice guidelines). Describes **few to no** significant changes in client’s condition compared to baseline. **Very little** comparison of client’s presentation to previous clients with same problem. **Does not meet** **minimal expectations** in critical thinking. **0-3 points** |  |
| **Clinical Judgment:**  **Interpreting** | Using **the** **most relevant, important** data:  1) describes patterns that explain client’s condition or predicts actual or possible complications or safety problems.  2) **prioritizes all** problems to be addressed.  **Clearly discerns all relevant** vs irrelevant data. Even when faced with complex, conflicting, or confusing data, is able to compare these with known patterns (from nursing knowledge base, research, personal **experience, intuition**); develops thorough plan for intervention that can be justified in terms of likelihood of success. **10-12 points** | Using **mostly relevant, important** data:  1) describes patterns that explain client’s condition or predicts actual or possible complications or safety problems.  2) **prioritizes** **most** problems to be addressed. **Discerns most relevant** vs irrelevant data. When faced with complex, conflicting, or confusing data, compares these with known patterns (from nursing knowledge base, research, personal experience, intuition); **mostly** develops plan for intervention that can be justified in terms of likelihood of success. **7-9** **points** | Using **some relevant** data:  1) describes patterns that explain client’s condition or predicts actual or possible complications or safety problems.  2) **prioritizes** **most** problems to be addressed. **Discerns some relevant** vs irrelevant data. When faced with complex, conflicting, or confusing data compares theses with known patterns (from **nursing knowledge base, research**); attempts todevelop plan for interventions that can be justified in terms of likelihood of success.  **4-6 points** | Using **some relevant** data:  1) describes patterns that explain client’s condition or predicts actual or possible complications or safety problems.  2) **prioritizes** **most** problems to be addressed. **Has difficulty discerning relevant** vs irrelevant data. When faced with complex, conflicting, or confusing data compares theses with known patterns (from **nursing knowledge base, research**); little attempt to develop plan for interventions that can be justified in terms of likelihood of success. **0-3 points** |  |
| **Clinical Judgment:**  **Responding** | Generates **thorough** plan of care as a list of **prioritized** nursing actions based on best evidence. Describes **all relevant** changes made in treatment plan and rationale. Includes **all** actions to prevent possible complications. Contraindications are identified based on client’s personalized clinical situation. Delegates **all appropriate** tasks to **appropriate** health care team member. **Succinctly** explains nurse’s responsibility in regard to same. Exhibits **effective** collaboration with **all** members of health care team. Provides **appropriate** client/family teaching in an **understandable** way. Describes results of client/family teaching. **Thoroughly** explains how client’s treatment plan is similar to or different from expectations as per **reference** (textbook, clinical guidelines). **Thoroughly** compares client’s treatment plan to **previous clients** with same problem. **10-12 points** | Generates **fairly comprehensive** plan of care as a list of **mostly** **prioritized** nursing actions based on best evidence. Describes **most** of changes made in the treatment plan and rationale. Includes **most** actions to prevent possible complications. Identifies **most** contraindications based on client’s personalized clinical situation. Delegates **most** tasks **appropriately** to **appropriate** team member. **Explains** nurse’s responsibility in regard to same. Exhibits **effective** collaboration with members of health care team. Provides **appropriate** client/family teaching in **understandable** way. Describes results of client/family teaching. **Mostly** explains how client’s treatment plan is similar to or different from expectations as per **reference** (textbook, clinical guidelines). Compares client’s treatment plan to **previous clients** with same problem. **7-9** **points** | Generates a **basic** plan of care as a list of **mostly** **prioritized** nursing actions based on best evidence. Describes **some** of the changes made in the treatment plan and rationale. Includes **some** actions to prevent possible complications. Identifies **some** contraindications based on the client’s personalized clinical situation.  Delegates **some** tasks **appropriately** to **appropriate** health care team member. **Attempts to explain** nurse’s responsibility in regard to same. Collaborates with **some** members of health care team. Provides **appropriate** client/family teaching. Describes results of client/family health teaching. **Attempts to explain** how client’s treatment plan is similar to or different from expectations as per **reference** (textbook, clinical guidelines).  **4-6 points** | Attempts to generates a **basic** plan of care as a list of **non-prioritized** nursing actions based on best evidence. Describes few changes made in the treatment plan and rationale. Includes **few** actions to prevent possible complications. Identifies few or no contraindications based on the client’s personalized clinical situation.  Delegates a **few** tasks **appropriately** to **appropriate** health care team member. **Fails to** e**xplain** nurse’s responsibility in regard to same. Collaborates with **a few** members of health care team. Provides **some or none of the** **appropriate** client/family teaching. **Fails to evaluate** results of client/family health teaching. **Attempts to explain** how client’s treatment plan is similar to or different from expectations per **reference** (textbook, clinical guidelines). **0-3 points** |  |
| **Clinical Judgment:**  **Reflecting**  **In-Action (during)** | **Continually** monitors/reassesses client’s response to actions when appropriate.  Makes **all** necessary changes to nursing care by adding new actions, stopping ineffective actions asappropriate. Notifies co-assigned **RN/ faculty/physician** of worsening or worrisome changes in client’s condition. At decision points identifies **all** possible alternative actions. **10-12 points** | **Usually** monitors/reassesses client’s response to actions as appropriate. Makes **most** of the necessary changes to nursing care by adding new actions, stopping ineffective actions asappropriate. Notifies co-assigned **RN/ faculty** of worsening or worrisome changes in client’s condition. At decision points identifies **most** possible alternative actions. **7-9** **points** | **Sometimes** monitors/reassesses client’s response to actions as appropriate. Makes **some** necessary changes to nursing care (adding new actions, stopping ineffective actions) asappropriate. **Usually** notifies co-assigned **RN/ faculty** of worsening or worrisome changes in client’s condition. At decision points identifies **some** possible alternative actions. **4-6 points** | **Rarely** monitors/reassesses client’s response to actions. Makes **few/none** of the necessary changes to nursing care (adding new actions, stopping ineffective actions) asappropriate. Doe**s not** notify co-assigned **RN/faculty** of worsening/ worrisome changes in client’s condition. At decision points identifies **few/no** possible alternative actions. **0-3 points** |  |
| **Reflecting**  **On-Action (after)** | **Thoroughly** reflects on and critically evaluates clinical experiences. **Completely** evaluates effectiveness of care; problems resolved, new problems that developed. **Always** uses information to improve future clinical performance. **Always** demonstrates commitment to **ongoing** self-improvement. **Independently** evaluates and analyzes personal clinical performance. **Fully** identifies strengths/weaknesses and develops **specific** plan to improve.  **10-12 points** | **Usually** reflects on and critically evaluates clinical experiences. **Generally** evaluates effectiveness of care; problems resolved, new problems that developed. **Mostly** uses information to improve future clinical performance. Demonstrates commitment to **ongoing** self-improvement. **Independently** evaluates and analyzes personal clinical performance. **Mostly** identifies strengths and weaknesses and develops **general** plan to improve.  **7-9** **points** | **Sometimes** reflects on and critically evaluates clinical experiences. **Sometimes** evaluates effectiveness of care; problems resolved, new problems that developed. **Sometimes** uses information to improve future clinical performance. **Sometimes** demonstrates commitment to self-improvement. Attempts to evaluate/analyze personal clinical performance. **Sometimes** identifies strengths/weaknesses and develops **general** plan to improve.  **4-6 points** | **Rarely** reflects on and critically evaluates clinical experiences. Rarely evaluates effectiveness of care; problems resolved, new problems that developed. **Rarely** uses information to improve future clinical performance. **Rarely** demonstrates commitment to self-improvement. Attempts to evaluate and analyze personal clinical performance. **Rarely** identifies strengths and weaknesses and develops a plan to improve.  **0-3 points** |  |
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