

**EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2022**

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

Student:

Final Grade: Satisfactory/Unsatisfactory

Semester: Spring

Date of Completion:

Faculty: Dawn Wikel, MSN, RN, CNE; Lora Malfara, MSN, RN; Elizabeth Woodyard, MSN, RN;
Kelly Ammanniti, MSN, RN; Monica Dunbar, MSN, RN

Faculty eSignature:

Teaching Assistant: Devon Cutnaw, BSN, RN; Nick Simonovich, 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 on 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”. 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. If the final performance code is unsatisfactory or needs improvement in any one of the competencies, a grade of unsatisfactory is given. If a pattern of unsatisfactory performance occurs after performing the competency satisfactorily, this also constitutes a grade of unsatisfactory. An unsatisfactory or needs improvement as a final score in any single competency results in a clinical course grade of unsatisfactory; this is a failure of the course. 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, PEARLS Debriefing, & Reflection Journals
- Nursing Care Map Rubric
- Meditech Documentation
- Clinical Debriefing
- Clinical Discussion Group Grading Rubric
- Evaluation of Clinical Performance Tool
- Lasater’s Clinical Judgment Rubric & Scoring Sheet
- Virtual Simulation Scenarios

ABSENCE (Refer to Attendance Policy)

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

Faculty’s Name	Initials
Kelly Ammanniti	KA
Devon Cutnaw	DC
Monica Dunbar	MD
Lora Malfara	LM
Nick Simonovich	NS
Dawn Wikel	DW
Elizabeth Woodyard	EW

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

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

UNSATISFACTORY CLINICAL PERFORMANCE

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

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

OTHER

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

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

Date	Care Map Top Nursing Priority	Evaluation & Instructor Initials	Remediation & Instructor Initials	Remediation & Instructor Initials

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 may revise the care map based on instructor feedback/remediation and resubmit until satisfactory. At least one care map must be submitted prior to midterm.

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies:			S	NA	S	S											
a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting)			S	NA	S	S											
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			S	NA	S	S											
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			NA	NA	NA S	S											
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			NA	NA	S	S											
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	NA	S	S											
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			NA	NA	S	S											
g. Assess developmental stages of assigned patients. (Interpreting)			NA	NA	S	S											
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		S	NA	S	S											
	Indicate your clinical site as well as your patient's age and primary medical diagnosis in this box weekly.	Meditech, FSBS, D/C IV, IV Pump Sessions	Digestive Health/ infection control clinical	No scheduled clinical	5T, 5Z years old, Stroke	3T,89 years old, AMIS											
Instructors Initials	DC		DW	DW	MD												

Comments:

Week 1 (1h)- During week 1, the Meditech, FSBS, D/C IV, 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. DC

Week 5 Objective 1C: This week we discussed diagnostic testing that occurs with stroke patients. 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:			NA	NA	S	S											
a. Perform inspection, palpation, percussion, and auscultation in the physical assessment of assigned patient. (Noticing)			NA	NA	S	S											
b. Conduct a fall assessment and implement appropriate precautions. (Noticing)			NA	NA	S	S											
c. Conduct a skin risk assessment and implement appropriate precautions and care. (Noticing)			NA	NA	S	S											
d. Communicate physical assessment. (Responding)			NA	NA	S	S											
e. Analyze appropriate assessment skills for the patient's disease process. (Interpreting)			NA	NA	S	S											
f. Demonstrate skill in accessing electronic information and documenting patient care. (Responding)	S		NA S	NA	S	S											
	DC		DW	DW	MD												

Comments:

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

Week 3 (2f)- This competency was completed with the review of documentation associated with isolation precautions, therefore S. DW

Week 5 Objective 2A: You were able to proficiently perform a head-to-toe assessment on your patient and report abnormal findings. 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	NA	S	S											
a. Perform standard precautions. (Responding)	S		S	NA	S	S											
b. Demonstrate nursing measures skillfully and safely. (Responding)	S		NA	NA	S	S											
c. Demonstrate promptness and ability to organize nursing care effectively. (Responding)			NA	NA	S	S											
d. Appropriately prioritizes nursing care. (Responding)			S	NA	S	S											
e. Recognize the need for assistance. (Reflecting)			NA	NA	S	S											
f. Apply the principles of asepsis where indicated. (Responding)	S		S	NA	S	S											
g. Demonstrate appropriate skill with Foley catheter insertion, maintenance, & removal (Responding)	NA		NA	NA	NA	NA											
h. Implement DVT prophylaxis (early ambulation, SCDs, and TED hose) based on assessment and physicians' orders (Responding)			NA	NA	S	NA											
i. Identify the role of evidence in determining best nursing practice. (Interpreting)	S		S	NA	S	S											
j. Identify recommendations for change through team collaboration. (Reflecting)			S	NA	S	S											
	DC		DW	DW	MD												

Comments:

Week 5 Objective 3I: This week you were able to find an evidence-based article that pertained to your patient and the best nursing practice for them. Great job! MD

Objective

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

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

Comments:

Week 1 (3n,p,q)- By attending the D/C IV-IV Pump clinical and providing your full, undivided attention and active participation during the demonstration of both the Alaris pump, documentation of IV site maintenance and discontinuing a peripheral IV you are satisfactory for this competency. EW
 (3r)- The student was able to demonstrate understanding of the rationale of FSBS and the use of the glucometer. The student was able to perform a Quality Control check of the glucometer as well as demonstrate skills and knowledge required of proper sample ID, collection and handling of blood. LM
 Week 5 Objective 3K and L: This week you performed a proficient medication administration utilizing the six rights to medication pass. Great job! 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:			NA	NA	S	S											
a. Integrate professionally appropriate and therapeutic communication skills in interactions with patients, families, and significant others. (Responding)			NA	NA	S	S											
b. Communicate professionally and collaboratively with members of the healthcare team using hand-off communication techniques. (SBAR) (Responding)			S	NA	S	S											
c. Report promptly and accurately any change in the status of the patient. (Responding)			S	NA	S	S											
d. Maintain confidentiality of patient health and medical information. (Responding)			S	NA	S	S											
e. Consistently and appropriately post comments in clinical discussion groups. (Reflecting)			S	NA	S	S											
f. Obtain report, from previous care giver, at the beginning of the clinical day. (Noticing)			NA	NA	S	S											
g. Provide a clear, organized hand-off report to your patient's next provider of care. (Responding)			NA	NA	S	S											
			DW	DW	MD												

Comments:

Week 3 (4e)- According to the CDG Grading Rubric, you have earned an S for your participation in the Infection Control discussion this week. Your post was thoughtful and supported by evidence. The information you found on the CDC website was relevant and added to the discussion. Just one suggestion to continue improving your APA formatting with future CDGs: Whether you use the narrative citation within the sentence, just as you did with the Infection Control CDG, or the parenthetical citation at the end of a sentence always be sure to include the year of publication in the citation (i.e. According to the CDC (2021), “regular hand washing is...”). Keep up the good work!
DW

Week 5 Objective 4E: Very good CDG this week. Be sure you are using in-text citations throughout the CDG. I saw one citation in the CDG and there should have been many more. Don't be afraid to cite your work. 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:			NA	NA	S	S											
a. Describe a teaching need of your patient.** (Reflecting)			NA	NA	S	S											
b. Utilize appropriate terminology and resources when providing patient education. (Responding)			NA	NA	S	S											
			DW	DW	MD												

**5a- 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 (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:

NA for week 3 infection control and digestive health rotation. DW

Week 5: I had two separate patients for my rehab assignment. One patient was 68 years old and had orthostatic hypotension. I educated the patient on changing positions slowly. I made sure to make sure that the patient knew to not get up without help. This was done to prevent the patient from falling and promote safety because he was experiencing dizziness when sitting up and getting into the wheelchair. My other patient was 52 years old with a stroke, affecting his Right side. He was Right arm flaccid and right leg weakness. I educated the patient on using the call light for assistance. This was done to prevent the patient from falling and promoting his safety. The teach back method was successful in both of these cases. Excellent job! MD

Week 6: My patient this week was an 89 year old male on 3T. The patient had Parkinson's which made him a high fall risk. The patient had tremors and could be unsteady at times. My patient did not want to use a walker to ambulate because he did not do so at home. I educated the patient on the use of the walker and the need for it. It was there to help him safely ambulate to the bathroom. I used the teach back method and had him show me how to use the walker. This helped promote patient safety and kept him steady while ambulating.

Objective

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

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

****6b- You must address this competency in the comments on a weekly basis. For all clinicals - provide an example of SDOH &/or cultural elements that influenced your patient's care; be specific.**

Comments:

6b week three: All of the patients observed on the Infection Control rotation of the clinical were all elderly patients. Some social determinants of health that could be affecting them are unsafe living conditions, lack of income or lack of reliable transportation. The patients could be exposed to these infectious organisms in their environment and have things such as the SDOH preventing them from getting the care that they need. This could lead to fatal infections. **Excellent reflection, Julia! DW**

6B week five: One of my patients was 68 years old and took public transportation to their dialysis treatment. The patient could not get to dialysis last week due to weather and this lack of reliable transportation made my patient get readmitted to the hospital. I determined this to be a social determinant of health for this patient. If they continue

to miss dialysis because they cannot get proper transport they will keep being admitted to the hospital. This could be detrimental to their health. This influenced my patients care because he needed dialysis in addition to rehabilitation. The patient also is going to need more reliable transportation for the future. **Wonderful! MD**

6B week 6: My patient was an 89 year old male who lived at home with care from time to time by his kids. The patient could not see to perform his ADL's. His family came in from time to time but it was unclear if they consistently helped him with all of his needs. His lack of support system is a social determinant of health. He also had a lot of medications that he needed to take so another social determinant of health could be a lack of financial support to get his medication that he needs.

Firelands Regional Medical Center School of Nursing
Care Map Grading Rubric

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)*					Student Name: Date:			
Top Nursing Priority:								
				3 Points >75% Complete	2 Points 50-75% Complete	1 Point <50% Complete	0 Points 0% Complete	Comments
Noticing	Identify all abnormal assessment findings							
	Identify all abnormal lab finds/diagnostic tests							
	Identify all risk factors							
	Highlight all related/relevant data in the noticing boxes							
Interpreting	List all nursing priorities							
	Highlight the top nursing priority							
	Identify all potential complications							
	Highlight potential complications relevant to top nursing priority							
	Identify signs and symptoms to monitor for each complication							
Responding	List all nursing interventions relevant to top nursing priority							
	Interventions are prioritized							
	All interventions include a frequency							
	All interventions are individualized and realistic							
	An appropriate rationale is included for each intervention							
Reflecting	List the reassessment findings for the top nursing priority							
	Reflection includes one of the following statements: <ul style="list-style-type: none"> • Continue plan of care • Modify plan of care • Terminate plan of care 							
48-33 points = Satisfactory 32-17 points = Needs Improvement < 16 points = Unsatisfactory				Total Points Earned: Comments: Faculty Initials:				

Firelands Regional Medical Center School of Nursing
Care Map Grading Rubric

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)*	Student Name: Date:
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Top Nursing Priority:		3 Points >75% Complete	2 Points 50-75% Complete	1 Point <50% Complete	0 Points 0% Complete	Comments
Noticing	Identify all abnormal assessment findings					
	Identify all abnormal lab finds/diagnostic tests					
	Identify all risk factors					
	Highlight all related/relevant data in the noticing boxes					
Interpreting	List all nursing priorities					
	Highlight the top nursing priority					
	Identify all potential complications					
	Highlight potential complications relevant to top nursing priority					
	Identify signs and symptoms to monitor for each complication					
Responding	List all nursing interventions relevant to top nursing priority					
	Interventions are prioritized					
	All interventions include a frequency					
	All interventions are individualized and realistic					
	An appropriate rationale is included for each intervention					
Reflecting	List the reassessment findings for the top nursing priority					
	Reflection includes one of the following statements: <ul style="list-style-type: none"> • Continue plan of care • Modify plan of care • Terminate plan of care 					
48-33 points = Satisfactory 32-17 points = Needs Improvement ≤ 16 points = Unsatisfactory		Total Points Earned: Comments: Faculty Initials:				

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	NA	S	S											
b. Reflect on an area for improvement and set a goal to meet this need.** (Reflecting)	S		S NI	NA	S	S											
c. Demonstrate evidence of growth, initiative, and self-confidence. (Responding)	S		S	NA	S	S											
d. Follow the standards outlined in the FRMCSN Student Code of Conduct Policy. (Responding)	S		S	NA	S	S											
e. Incorporate the core values of caring, diversity, excellence, integrity, and “ACE”- attitude, commitment, and enthusiasm during all clinical interactions. (Responding)	S		S	NA	S	S											
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (Responding)	S		S	NA	S	S											
g. Demonstrate the ability to give and receive constructive feedback. (Responding)	S		S	NA	S	S											
h. Actively engage in self-reflection. (Reflecting)	S		S	NA	S	S											
	DC		DW	DW	MD												

****7a and 7b: You must address these competencies in the comments section on a weekly basis. 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 A: An area of strength is I was able to successfully insert a foley catheter and a NG tube in my “patient” during the clinical skills lab. I was able to successfully give an IM injection and oral medications during the skills lab.**Great job, Julia! DC**

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 1 B: An area of weakness that I have is my organization and time management. While I was able to get everything done I was not confident in the amount of time it took to perform skills. I also lacked the confidence to perform these skills. I know with time and practice I will gain more confidence and time management. **Continue to practice your skills and utilize open lab times. This will also help with time management. DC**

7a Week 3: An area of strength this week is during a colonoscopy procedure I was able to point out a polyp and identify it correctly. I was able to identify needs during infection control and ways to help minimize infection spread. I was able to implement changes when I saw a discrepancy in sign use for a patient. **Well done, Julia! DW**
7b Week 3: An area of weakness for this week would be time management and prioritization. I was able to see a few patients in digestive health from start to finish. I wish I could have prioritized who to see first and correctly identify what is the most critical/important. My partner and I bounced around from case to case to try and make the most of the time we had there. I did not feel organized in this method of doing things. I think with time and experience in clinical I will be able to prioritize patient care and make the most of my time at a clinical site. **Julia, I understand your frustration with not feeling organized. It can be challenging to adjust in new environments, especially if you are only there for a couple of hours. With that said, it is important that you consider ways that you can actively improve when you identify opportunities for improvement. I noticed that you reflected on time management for 7b during week 1 as well. It is not enough to just say that it will get better with continued experience. In the future, I really want you to develop a plan to work on time management. Sometimes this requires you to think outside of the box. Your goal and plan should include what specifically you will do, how often you will do it (repetition is often important for retention), and when you will do it by. Refer to the yellow highlighted information above, including the example goal. This information is required, in order to receive a S for 7b. Keep in mind, these are short term goals, so the hope is that you see some type of improvement by the next time you have clinical. Following through with your goals will help to prevent gaps in knowledge/skill. Please let me know if you have any questions or you are struggling to come up a goal related to time management. DW**

7b. Week 3 updated: I will be more organized in clinical by coming up with a game plan for the week, organizing weekly on what needs to be done outside of clinical. During clinical if it is a new environment like next week (week 5) I will be on rehab. I will prepare myself for what I have to do by reviewing the appropriate technique before clinical the day before. During clinical time I will be more mindful of what I have to do and the time it needs to be done by. I will make a list daily for clinical. I will prioritize the list based on the patients needs. For example. I will give meds by a certain time because the patient has therapy. Hopefully by making a list it will help me be mindful of all I have to do and monitoring the time that I have to get it done by. Not only will this help me with being more organized it will help me with time management. I will have a visual list to refer back to on what needs to be done to meet my patients needs and make the most of my time during clinical experience. **Thank you for the follow up reflection Julia! DW**

7a Week 5: An area of strength is I was able to successfully administer a Subcutaneous injection for the first time. I was also able to perform all my assessments and administer medications in between the patient's therapy. In my opinion, I managed my time better using the techniques I listed for previous weeks. I prepared for clinical the night before and wrote out a list of everything I needed to do and the patient's schedule the day of clinical. I felt more organized. I was also able to identify my patient had orthostatic hypotension and respond appropriately. I rechecked the vital signs, made the patient's RN aware and got the patient back into bed, as well as kept the patient safe. **You did an awesome job in clinical this week! MD**

7b Week 5: An area of weakness for this week is gaining more confidence and skill in medication administration I was really nervous trying to administer medications especially the subcutaneous injection I will take more time during and even before clinical to review medications in depth to have a better understanding of how they work and what they do. I will review protocol for each type of medication administration before clinical each clinical each week. With time I hope to gain confidence and refine my skill in passing medications. This was my first medication pass of the semester and only my second medication pass ever. **You did an excellent job with medication pass this week even in our time crunch! This will also improve with more practice! Keep up the great work! MD**

7a Week 6: This week was my first time as team lead. An area of strength for me is that I was able to receive report on multiple patients and prioritize their care. I was able to determine who was the most important. I was able to time manage and assist everyone with their medications. I was able to identify that my patient was struggling to eat and was pocketing his food. I communicated with the nurse of what I observed. We were able to make sure this patient did not aspirate on his meal or medication.

7b Week 6: An area of weakness for this week is trying to stay organized with all three patients. I was able to prioritize them based on need but I needed to be more organized on the delivery of said care. I will stay more organized by researching my patients ahead of time and spending more time paying attention to detail on their medical history, labs, and medications. It was my first time as team lead and being in charge of multiple people at one time. I think as time goes on I will build more confidence in caring for multiple patients over just caring for one patient.

Firelands Regional Medical Center School of Nursing
Medical Surgical Nursing 2022
Skills Lab Competency Tool

Student name: Julia Fide								
Skills Lab Competency Evaluation	Lab Skills							
	Week 1	Week 1	Week 1	Week 1	Week 2	Week 2	Week 2	Week 11
	IV Math (3,7)*	Assessment (2,3,4,5,7)*	Insulin (2,3,5,7)*	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: 1/12 or 1/13/22	Date: 1/11/22	Date: 1/11/22	Date: 1/12 or 1/13/22	Date: 1/18/22	Date: 1/19 or 1/20/22	Date: 1/19 or 1/20/22	Date: 3/28 or 3/29/22
Evaluation:	S	S	S	S	S	S	S	
Faculty/Teaching Assistant Initials	DC	DC	DC	DC	DC	DC	DC	
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	

*Course Objectives

Comments:

Week 1

(IV Math)-You satisfactorily participated in the IV Math learning session on 1/11/22 as well as the assigned IV Math practice questions and the IV Math Application lab on 1/12/22. KA/DW

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

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

(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 maintenance, patient mobility and hygiene, use of PPE for Contact Isolation, wound care, and foley insertion. NS/LM

Week 2

(IV Skills)- You have satisfactorily completed IV lab including a saline flush, hanging a primary and secondary IV solution, adjusting a flow rate to run by gravity, discontinuing IV solution, and monitoring the IV site for infiltration, phlebitis, and signs of complication. NS/EW

(Trach Care & Suctioning) - During this lab, you satisfactorily demonstrated competence with tracheostomy care and tracheostomy suctioning. DC/DW

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

Firelands Regional Medical Center School of Nursing
 Medical Surgical Nursing 2022
 Simulation Evaluations

<u>Simulation Evaluation</u>	Student Name: Julia Fide							
	Performance Codes: S: Satisfactory U: Unsatisfactory	vSim- Vincent Brody (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	vSim- Juan Carlos (Pharmacology) (*1, 2, 3, 4, 5, 6)	vSim- Marilyn Hughes (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	Simulation #1 (Musculoskeletal & Resp) (*1, 2, 3, 4, 5, 6, 7)	Simulation #2 (GI & Endocrine) (*1, 2, 3, 4, 5, 6, 7)	vSim- Stan Checketts (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	vSim- Harry Hadley (Pharmacology) (*1, 2, 3, 4, 5, 6)
	Date: 1/31/22	Date: 2/14/22	Date: 2/25/22	Date: 2/28 or 3/1/22	Date: 4/12 or 4/13/22	Date: 4/19/22	Date: 4/28/22	Date: 5/2/22
Evaluation	S							
Faculty/Teaching Assistant Initials	DW							
Remediation: Date/Evaluation/Initials	NA							

* Course Objectives

EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2022

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:

12/22/2021