

**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)
2/11/2022	1 hour	Late Infection Control CDG	2/14/2022, 1 hour

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.

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**\*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.

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**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
<b>Competencies:</b>			S	S	S	N/A	S										
a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting)			S	S	S	N/A	S										
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			S	S	N/A	N/A	S										
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			S	S	N/A	N/A	S										
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			S	S	N/A	N/A	S										
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	S	N/A	N/A	S										
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			S	S	N/A	N/A	S										
g. Assess developmental stages of assigned patients. (Interpreting)			S	S	N/A	N/A	S										
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		S	S	S	N/A	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	4N, 51 years, Osteomyelitis	5T, 68 years Traumatic right lower	Infection Control & Digestive Health	NO CLINICAL THIS WEEK	3T, 57 Years Epistaxis										
Instructors Initials	<b>LM</b>	<b>LM</b>	<b>EW</b>	<b>LM</b>	<b>DW</b>												

**Comments:**

\*End-of-Program Student Learning Outcomes  
Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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. LM

WK3 1A,B,C,D: Tamica you did a great job correlating the patient's treatments, medications, dressings, etc... to his disease process. EW

Week 4 objective 1 (a-h)- Tamica, you analyzed the pathophysiology and correlated your patient's signs and symptoms to her disease process. You used this information to provide appropriate nursing care for your patient on the rehab unit. Your patient had a traumatic injury to her Rt. lower extremity with an I & D of a hematoma. You interpreted lab results, assessed nutritional needs, and reviewed medical treatments which helped guide you in your decision-making process. Great job! LM

**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
<b>Competencies:</b>			S	S	N/A	N/A	S										
a. Perform inspection, palpation, percussion, and auscultation in the physical assessment of assigned patient. (Noticing)			S	S	N/A	N/A	S										
b. Conduct a fall assessment and implement appropriate precautions. (Noticing)			S	S	N/A	N/A	S										
c. Conduct a skin risk assessment and implement appropriate precautions and care. (Noticing)			S	S	N/A	N/A	S										
d. Communicate physical assessment. (Responding)			S	S	N/A	N/A	S										
e. Analyze appropriate assessment skills for the patient's disease process. (Interpreting)			S	S	S	N/A	S										
f. Demonstrate skill in accessing electronic information and documenting patient care. (Responding)	S		S	S	S	N/A	S										
	<b>LM</b>	<b>LM</b>	<b>EW</b>	<b>LM</b>	<b>DW</b>												

**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

WK3 2A,C,D,E,F: You successfully performed a head to toe as well as a focused assessment and were able to document efficiently and appropriately in the EMR. EW

Week 4 objective 2 (a-f)- Tamica, you performed a thorough head-to-toe assessment on your patient. You accurately conducted a fall risk assessment and assessed your patient's skin appropriately. You responded by instituting proper measures to reduce your patient's risk for falls and reduce skin breakdown. You completed a thorough assessment on your patient's RLE wound during the wound vac dressing change and documented in the EMR accurately. Keep up the good work! LM

\*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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

**Comments:**

WK3 3C,D,F,I: Recognized the need for NPO status due to surgery and communicated with promptness to staff and patient. Worked with nursing team to give betasept bath and change bilateral foot dressings. Also sought out evidence regarding infection risk for IV status and hx of hemodialysis. EW

\*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 4 objective 3 (b, c, d)- Tamica, you demonstrated safe, skillful nursing measures throughout your clinical day on the rehab unit. You were cognizant of your patient's needs regarding promotion of skin integrity, fall risk, transferring limitations, and hygiene needs. You organized and prioritized your time well, including structuring your care around OT and PT times. You did a terrific job! LM

**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
<b>Competencies:</b>			S	N/A	N/A	N/A	S										
k. Administer PO, SQ, IM, or ID medications observing the rights of medication administration. (Responding)			S	N/A	N/A	N/A	S										
l. Calculate medication doses accurately. (Responding)			S	N/A	N/A	N/A	N/A										
m. Administer IV therapy, piggybacks and/or adding solution to a continuous infusion line. (Responding)			N/A	N/A	N/A	N/A	N/A										
n. Regulate IV flow rate. (Responding)	S		N/A	N/A	N/A	N/A	N/A										
o. Flush saline lock. (Responding)			N/A	N/A	N/A	N/A	S										
p. D/C an IV. (Responding)	S		N/A	N/A	N/A	N/A	N/A										
q. Monitor an IV. (Noticing)	S		N/A	N/A	N/A	N/A	S										
r. Perform FSBS with appropriate interventions. (Responding)	S		S	N/A	N/A	N/A	N/A										
	<b>LM</b>	<b>LM</b>	<b>EW</b>	<b>LM</b>	<b>DW</b>												

**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 4 – Tamica did not administer medications this week due to only having one day of clinical. Thursday’s clinical was cancelled due to inclement weather and will be made up during week 8. LM

\*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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

## Comments

WK3 3A,B,E: Worked professionally with staff and patient. CDG was well-written and referenced. My only suggestion for reference is to look up capitalization rules for APA format. The article title only capitalizes the first word. The article source has every first word capitalized and in italics. Please correct for next submission and let me know if you need help. EW

\*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 4 objective 4 (a, b, e)- Tamica, you communicated effectively with your patient and other members of the health care team throughout the clinical day. You explained each task before performing them. You collaborated with OT and PT regarding your patient's care and follow up therapy needs. You completed a detailed CDG, including your initial post and peer post. You followed the directions correctly. You did an excellent job providing in-text citations and references in proper APA format, just remember to capitalize each word in the journal name. You did a great job with your EBP article of choice. Great work! LM

Week 5: I was under the impression that I was able to turn in my questions on the following day after clinical that we have school. I did finish the questions before the due date but I didn't do it online. This confused me, however next time I will submit everything online. According to the CDG Grading Rubric, you have earned a U for your participation in the Infection Control discussion. While there were some valid and thoughtful points made in the discussion, it was submitted late to the discussion board on Edvance360, and included frequent grammar and sentence structure issues. Please be sure to reread your posts before submitting. Reading them out loud is often helpful. Here are a few suggestions to continue improving APA formatting in the future: 1. The citation does not include the authors first initial, ex. (Asghari et al., 2022). 2. Make sure the borrowed information is relevant to the discussion. You cited an appropriate article from the International Journal of Nursing Knowledge but included a laundry list of vague interventions that didn't really add to the discussion. In the future, make sure content is meaningful and not just a filler. DW

## 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
<b>Competencies:</b>			S	S	N/A	N/A	S										
a. Describe a teaching need of your patient.** (Reflecting)			S	S	N/A	N/A	S										
b. Utilize appropriate terminology and resources when providing patient education. (Responding)			S	S	N/A	N/A	S										
	LM	LM	EW	LM	DW												

**\*\*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:

Week 3- I noticed that in report the nurse stated that the patient didn't have any teeth. After my assessment of the patient's mouth, I asked if the patient would like to perform oral hygiene. The patient stated that they were unable to perform oral hygiene because a toothbrush would not work without teeth. I explain to the patient that it is still important to perform mouth care to prevent infections, also assist with side effects from medications such as dry mouth. A detailed discussion of benefits and advantages of mouth care and alternatives were offered. I provided the patient with a toothette instead of a toothbrush and demonstrated how to utilize the toothette. The patient demonstrated proper use of a toothette and oral hygiene was performed. **I loved that you recognized this and followed through with education and intervention!! I believe you are going to be a change agent! Keep it up! EW**

2/2/22 I noticed today that my patient wasn't utilizing her incentive spirometer. I encouraged my patient to utilize this tool because it is very important in assisting with lung expansion and prevent complications of pneumonia during recovery after surgery. The patient stated that she was in too much pain now to use it and that she would be going to therapy soon. I stressed the importance of using the incentive spirometer because, decreased mobility places her at risk of pneumonia. Also, it would be helpful in promoting good oxygenation during therapeutic exercises. My patient demonstration proper use of the incentive spirometer and stated that she will try to make more attempts to utilize it now that she understands the importance of it. **This is an excellent teaching opportunity! You noticed that your patient was not using her incentive spirometer and you seized the opportunity to explain the importance of using it. Great job! LM**

Week 7 - My patient was a 57-year-old woman that suffered from epistaxis related to a fall that occurred during her stay at the hospital. A Rhino rocket was placed in the patients nose to prevent further bleeding. My patient had a history of chronic kidney disease and attended dialysis 3 times a week. My patient had generalized weakness of upper and lower extremities and appeared lethargic. I noticed that during assessment a foul odor that smelled like the patient needed to have a bowel movement, however she stated that she didn't have to use the restroom. I noted that her heels, lips, and hands were extremely dry, and cracked. I educated the patient on hygiene care. I expressed to her how important it is to keep the skin clean and moisturized. I also encouraged her to take frequent rest periods during bathing to promote saving energy by focusing on one body part at a time. The patient demonstrated this by first washing her hand, then arms, then chest, and so on so forth. She did an amazing job and was able to perform a complete bath with minimal assistance. Once in bed I offered her lip balm for her lips and lotion to moisturize the skin. I observed the patient utilizing

\*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

both items to promote skin care. The patient states that she felt a lot better after bathing and that was the first bath she had taken since her hospital stay. I encouraged her to continue this strategy to help prevent further complications such as minor breaks in skin, pressure ulcers, and infections.

<b>Objective</b>																	
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)			N/A	N/A	N/A	N/A	S										
b. <b>Identify factors associated with Social Determinants of Health (SDOH) &amp;/or cultural elements that have the potential to influence patient care.**</b> (Noticing, Interpreting, Responding, Reflecting)			S	S	S	N/A	S										
	<b>LM</b>	<b>LM</b>	<b>EW</b>	<b>LM</b>	<b>DW</b>												

**\*\*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:**

See Care Map Grading Rubrics below.

Week 3- Social determinants that I believe I apply to my patient would be health communication, environmental influence, and educational background. In report, on the 2<sup>nd</sup> day, the nurses revealed that the patient had a history of alcoholism, had repeated times in the hospital, and an uncontrolled diabetic. My patient is only 51 years old suffering from anxiety and depression and a list of several other ailments. I believe that my patient didn't have access to positive social interactions, mediation, or counseling. My patient was not properly taking care of themselves and no one to educate the importance of managing overall healthcare to prevent reoccurrences to the hospital. Social interaction is important and proper education so that the patient has insight on things that may be avoidable with proper interventions in place. My patient states that they are married and has a child. However, the child is an adult and no longer lives in the home. I don't believe there is anyone at home that can encourage healthy living styles and diabetic management. Due to covid the economy was place on a financial strain. Availability of food, clothing and household goods were scarce.

\*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

This may have contributed to my patient’s anxiety because of trying to find ways to pay for supplies. Another contributing factor was isolation. During the season of Covid everyone was to remain indoors (if possible) and visit, surgeries, and appointments were put on hold. This can cause depression and may have exacerbated depression in my patient. **Good insights to his overall health and how Covid among many other factors have affected him. EW**

Week 4- 2/2 Social determinants I believe that affect my patient is social economic class. She was still working at age 68 when this accident occurred. I feel like the middle class must work longer periods of time before being allowed to retire. Even after being able to retire some middle-class individuals still work beyond retirement age, either because their spouses have passed away or because it is more cost effective to work then receive unemployment or social security benefits. My patient also discussed that she lived in an assisted living facility. So, she is also affected by social interaction. She may not always get to see loved ones very often, only on holidays and traumatic events. Also, if she is married her husband may not be able to care for her at home so she is forced to stay at an assisted living where she must worry about cost of services provided. I believe that why she continued to work to engage in positive social interactions with others in similar situations as herself. She may have also worked to feel secure in being able to afford her living conditions. Not being able to pay for goods, supplies and living expenses can put stress on individuals who are not as financially savvy as others. Another major factor that played apart in her hospital stay is that my patient suffers from a family history of Factor 5 clotting disorder. She had a brother who passed away from the same characteristics of the disease. Because her clotting factors are not working appropriately, she is unable to clot effectively during an injury. This is why the physician made the decision to monitor her more closely and keep her in the hospital longer than most people. **Tamica, you provided an excellent example of the SDOH and how social determinants of health affect your patient’s situation. Excellent! LM**

Week 5- 2/11 During my clinical experience I observed a patient that social determinant was depression and alcoholism. My patient had a EDG performed to see if there was a need for him to have the bleeding ulcerations banded off to stop circulation and blood flow to the area. During the procedure he was banded, and the physician discussed that this patient comes in all the time to have this same procedure performed so that he can continue to drink. I believe another social determinant is education. His lack of awareness of risk factors that are associated with drinking, cause him to have reoccurring hospital visits. Also, the patient may have limit access to positive social interactions such as mentors, counselors, and motivators to promote healthy ways to deal with alcoholism and depression instead of drinking more. **DW**

Week 7 - During assessment of my patient she states that she is from Port Clinton and currently lives at home with her sister. She stated that she has a total of 8 sisters all together. I noticed that my patient was only 57 years old and living with somebody else. Social economic status is a determinant affecting my patient. She is very sick on dialysis and unable to work, so she must live with someone to make ends meet. She possibly is on Medicare/Medicaid to afford to pay for medical expenses such as her dialysis treatments and transportation to and from appointments. I asked her if her siblings help assist her with daily needs and she stated that they have their own lives. My patient expressed that she doesn’t have positive social interactions, so nobody is there to really help her with her care, hygiene needs and emotional needs. My patient appeared febrile, so I don’t believe she has any at home making nutritional meals. She also maybe receiving food stamps which limit the choices of food you can get because healthy food is priced at a higher cost. My patient overall was very unhealthy at 57 years old, so I also believe there was some educational determinants as to good healthcare practices, I observed this during assessment, the patient was bathed, and skin was dry and cracked. I believe if she had more positive social interactions and education in place she would want to care more about her condition and improve her quality of life. She also may need a counselor because even though she didn’t appear discouraged I think having someone to talk to, to express her concerns would be therapeutic.

Firelands Regional Medical Center School of Nursing  
Care Map Grading Rubric

<b>Course Objective 6:</b> Implement patient-centered plans of care utilizing the nursing process, clinical judgment, and consideration for cultural, ethnic, and social diversity. (2,3,4,5)*					<b>Student Name:</b> <b>Date:</b>			
<b>Top Nursing Priority:</b>								
				3 Points >75% Complete	2 Points 50-75% Complete	1 Point <50% Complete	0 Points 0% Complete	Comments
Notici	Identify all abnormal assessment findings							
	Identify all abnormal lab finds/diagnostic tests							

\*End-of-Program Student Learning Outcomes

n o	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"> <li>Continue plan of care</li> <li>Modify plan of care</li> <li>Terminate plan of care</li> </ul>					
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

<b>Course Objective 6:</b> Implement patient-centered plans of care utilizing the nursing process, clinical judgment, and consideration for cultural, ethnic, and social diversity. (2,3,4,5)*						<b>Student Name:</b>
						<b>Date:</b>
<b>Top Nursing Priority:</b>						
		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"> <li>Continue plan of care</li> <li>Modify plan of care</li> <li>Terminate plan of care</li> </ul>																	
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
<b>a. Reflect on an area of strength. ** (Reflecting)</b>	S		S	S	S	N/A	S										
<b>b. Reflect on an area for improvement and set a goal to meet this need.** (Reflecting)</b>	S		S	-S NI	S U	N/A	S										
c. Demonstrate evidence of growth, initiative, and self-confidence. (Responding)	S		S	S	S	N/A	S										

\*End-of-Program Student Learning Outcomes

d. Follow the standards outlined in the FRMCSN Student Code of Conduct Policy. (Responding)	S		S	S	S	N/A	S										
e. Incorporate the core values of caring, diversity, excellence, integrity, and “ACE”- attitude, commitment, and enthusiasm during all clinical interactions. (Responding)	S		S	S	S	N/A	S										
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (Responding)	S		S	S	U	N/A	S										
g. Demonstrate the ability to give and receive constructive feedback. (Responding)	S		S	S	S	N/A	S										
h. Actively engage in self-reflection. (Reflecting)	S		S	S	S	N/A	S										
	LM	LM	EW	LM	DW												

**\*\*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 7a. My area of strength for week 1 would be my previous experience as a LPN. My experience assists me with learning new skills quickly. I am able to relate the new skills with skills I already perform in the nursing home. **Great job this week, Tamica! LM**

7b. My area of improvement is being able to be re-teachable because even though I am familiar with the skills, there are things I need to review and new skills that I do not know. My goal is to expand my skills by paying attention to the differences and recognizing how to change bad habits and learn safe routines. **This is an excellent example for improvement! LM**

Week 3- 7a. My area of strength for week 3, I would have to say my confidence I believe that I was ready to participate and eager to try new things that I have been able to do in the nursing home setting.

7b. My area of improvement this week 3 would have been me being able to pass medications. The opportunity to pass medications was not made available to me because the nurse passed the medications before I got a chance to. Therefore, I wasn’t able to learn the pixes system or practice medication pass in the clinical setting. My goal is to be able to pass medications successfully in the clinical setting follow the 5 rights of medication administration and being able to perform without difficulty. **Yes, I believe you will do great. You had no difficulty with the EMR so I believe with practice the pyxis and barcoding will be easier. EW**

**Week 4- 2/2: 7a.** My strength for this week, I feel like I am becoming more confident when it comes to clinicals. My approach was professional, and I made sure I followed my patient wherever she went. I enjoyed being around her and getting to know her this made performing my assessments easy and fun. **Tamica, you did an excellent job this week in clinical! LM**

**7b.** My weakness for this week, I still have not gotten to pass medications I know as an LPN we get a lot of experience with this, but I would like to be able to incorporate meds into my assessment and also learn new skills in the clinical setting. **Tamica, although I appreciate how you feel about not having the opportunity to administer medications yet, I do not feel that this is an area of weakness. An area of weakness is an area for improvement which includes providing a goal noting what you will do to improve, how often you will do it, and when you will complete the goal. Please refer to the yellow highlighted area above. LM**

Week 5- 2/11: 7A. My strength for this was in infection control is my experience with patients who have different types of precautions. I have dealt with patients who have been isolated for covid, c-diff, and pneumonia. As an LPN we must practice safe precautions on a regular basis. **Great job! DW**

7B. My area of weakness this week was in digestive health because it was my very first time seeing any of the procedures performed in digestive health (et. EDG, Colonoscopy). I was very excited to learn and observe the procedures and find out what role I play as an RN, when these types of procedures are performed. I wouldn’t do anything differently because I was just observing but I do wish I could have been a more hands on experience. **Tamica, please make sure all future goals are geared towards making actual improvements as an RN. Wishing you were hands on is not a goal. Rather, a possible goal would have been reviewing the procedures you observed to better understand what your role is as a nurse in assisting in these procedures, as well as providing post-procedure care. Lora provided similar feedback to this last week. Because there was no improvement, you have earned a U for 7b. Please be sure to address this U for week 6; describing how you’ve improved in writing goal statements. Review the green highlighted information for further direction, but always feel free to let me know if you need additional support. DW**

\*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

I also am receiving a U for not turning in my clinical tool by Saturday. I honestly did forget to turn it in. I will make a note to ensure that I do not forget to turn in my clinical tool on time each week. (7f)- reflects the late submission of the week 5 tool and late submission of the Infection Control CDG. Thank you for addressing plans to ensure professional behaviors and prevent this from happening in the future. DW

Week 7 - 7a. My area of strength for this week was being able to put together the pieces and parts needed to properly assess a patient. My overall assessment skills have really improved. I can correlate signs and symptoms with disease processes and assess for the need of teaching and education. I really can appreciate the things I've learned in class this year because I am able to redemonstrate it in the clinical setting. I was able to notice in report that my patient had clear lungs sounds on prior assessment, but after my assessment, I noted rhonchi to the lower base of the right lung. The physician came in to assess the patient and heard the sound. The patient was sent down to receive a CT scan. Unfortunately, I am unsure what the results were but the fact that I properly assessed her was rewarding.

7b. My area of weakness this week, I am not good at identifying social determinants in my patients, at times I find it difficult to begin conversations discussing personal topics. I would like to be able to practice open-ended questions to engage more with my patient during assessment so that I can gain more insightful information geared towards social determinants. My goal is to be able to recognize and identify social determinants in my patients without difficulty.

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

Student name: Tamica Ivey								
<b>Skills Lab Competency Evaluation</b>	<b>Lab Skills</b>							
	<b>Week 1</b>	<b>Week 1</b>	<b>Week 1</b>	<b>Week 1</b>	<b>Week 2</b>	<b>Week 2</b>	<b>Week 2</b>	<b>Week 11</b>
	<b>IV Math (3,7)*</b>	<b>Assessment (2,3,4,5,7)*</b>	<b>Insulin (2,3,5,7)*</b>	<b>Lab Day (1,2,3,4,5,6,7)*</b>	<b>IV Skills (2,3,5,7)*</b>	<b>Trach (1,2,3,4,5,6,7)*</b>	<b>EBP (3,7)*</b>	<b>Lab Day (1,2,3,4,5,6,7)*</b>
	<b>Date: 1/12 or 1/13/22</b>	<b>Date: 1/11/22</b>	<b>Date: 1/11/22</b>	<b>Date: 1/12 or 1/13/22</b>	<b>Date: 1/18/22</b>	<b>Date: 1/19 or 1/20/22</b>	<b>Date: 1/19 or 1/20/22</b>	<b>Date: 3/28 or 3/29/22</b>
	Evaluation:	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	
Faculty/Teaching Assistant Initials	<b>LM</b>	<b>LM</b>	<b>LM</b>	<b>LM</b>	<b>LM</b>	<b>LM</b>	<b>LM</b>	
<b>Remediation: Date/Evaluation/Initials</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	

\*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 1/13/22. 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 the 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. Good job, Tamica! LM

(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/LM

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

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

\* 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