

**EVALUATION OF CLINICAL PERFORMANCE TOOL  
Medical Surgical Nursing – 2023**

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

**Student:** Lyndsey Sitterly

**Final Grade:** Satisfactory/Unsatisfactory

**Semester:** Spring

**Date of Completion:**

**Faculty:** Dawn Wikel, MSN, RN, CNE; Lora Malfara, MSN, RN; Kelly Ammanniti, MSN, RN, CHSE;  
Monica Dunbar, MSN, RN; Nick Simonovich, MSN, RN

**Faculty eSignature:**

**Teaching Assistant:** Rachel Haynes, 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
<b>Kelly Ammanniti</b>	<b>KA</b>
<b>Monica Dunbar</b>	<b>MD</b>
<b>Rachel Haynes</b>	<b>RH</b>
<b>Lora Malfara</b>	<b>LM</b>
<b>Nick Simonovich</b>	<b>NS</b>
<b>Dawn Wikel</b>	<b>DW</b>

**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
<b>Competencies:</b>			N/A	S													
a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting)			N/A	S													
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			N/A	S													
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			N/A	S													
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			N/A	S													
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			N/A	S													
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			N/A	S													
g. Assess developmental stages of assigned patients. (Interpreting)			N/A	S													
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	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, IV Pump Sessions		NO CLINICAL	51, 62 F, total hip arthroplasty													
Instructors Initials	DW		DW														

**Comments:**

\*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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

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

**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

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

**Comments:**

\*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>			N/A	S													
k. Administer PO, SQ, IM, or ID medications observing the rights of medication administration. (Responding)			N/A	S													
l. Ensure patient safety through proper use of EHR, IV flow sheet, and BMV. (Responding)			N/A	S													
m. Calculate medication doses accurately. (Responding)			N/A	S													
n. Administer IV therapy, piggybacks, IV push, and/or adding solution to a continuous infusion line. (Responding)			N/A	N/A													
o. Regulate IV flow rate. (Responding)	S		N/A	N/A													
p. Flush saline lock. (Responding)			N/A	N/A													
q. D/C an IV. (Responding)			N/A	N/A													
r. Monitor an IV. (Noticing)	S		N/A	N/A													
s. Perform FSBS with appropriate interventions. (Responding)	S		N/A	N/A													
	DW		DW														

**Comments:**

Week 1 (3o, r)- By attending the IV Pump clinical and providing your full, undivided attention and active participation during the demonstration of the Alaris pump, documentation of IV site maintenance and recognition of potential IV complications, you are satisfactory for this competency. LM  
 (3s)- You were able to demonstrate understanding of the rationale of FSBS and the use of the glucometer. You were 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. DW

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

**Comments:**

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

**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>			N/A	S													
<b>a. Describe a teaching need of your patient.** (Reflecting)</b>			N/A	S													
<b>b. Utilize appropriate terminology and resources (Lexicomp, UpToDate, Dynamic Health, Skyscape) when providing patient education. (Responding)</b>			N/A	S													
			DW														

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

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

**Comments:**

Week 3 Teaching Need: No teaching need this week, no clinicals DW

Week 3 Terminology: No clinicals this week DW

Week 4 Teaching Need: My patient had a total hip arthroplasty and suffers from COPD with a chronic, productive cough. I educated my patient about the importance of maintaining/increasing her fluid intake, maintaining a good nutritional status, keeping the HOB elevated 30-45 degrees, and coughing and deep breathing to aid her breathing. Increasing her fluid intake and coughing/ deep breathing will help thin mucus secretions, making it easier for her to expectorate secretions. Elevating the HOB allows for the patient to increase oxygen intake, which is made difficult by her COPD.

Week 4 Terminology: I utilized Skyscape to ensure I was providing the correct degree range for the HOB elevation, and I was able to incorporate the coughing and deep breathing exercises, increasing fluids, and maintaining adequate nutrition from our Lower Respiratory chapter in class (Chapter 30). I educated her about the topics from our book on Thursday, and looked up the information to confirm that it was correct Wednesday night before I took care of my patient the following day.

\*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

**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)			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)			N/A	S													
			DW														

**\*\*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.**

See Care Map Grading Rubrics below.

**Comments:**

Week 3 SDOH: No factors this week, no clinicals **DW**

Week 4 SDOH: My patient was a former smoker, which increased her susceptibility of developing COPD. Her COPD limits the amount of CO2 that is excreted from the body, which was indicated in her lab values. Another social determinant would be her hip pain. This pain has caused my patient to live a more sedentary lifestyle than she would have without the physical limitation she endured. Living a sedentary lifestyle does not allow the ambulation needed to help expectorate secretions, as well as not using her hip joint even more. This can cause the joint to become permanently altered, leading to an abnormal gait and even more pain. My patient also lives in a 1 level house. This allows her to avoid steps, which can be a good (reduces risks of falls because of mobility issues) but also a disadvantage (she is not providing her hip joint the range of motion that steps can provide). A third social determinant would be my patient's family support. Her family came to visit her in the hospital, as well as her daughter is planning to come stay with my patient for a few days when she gets discharged home. Her daughter plans to help her adjust to being back home, as well as assisting with any ADLs that may still be difficult to adapt to. Family support aids recovery, especially since her daughter will be living with her for a short period to ensure that her recovery does go smoothly.

\*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

## 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		N/A	S													
b. Reflect on an area for improvement and set a goal to meet this need.** (Reflecting)	S		N/A	S													
c. Demonstrate evidence of growth, initiative, and self-confidence. (Responding)	S		N/A	S													
d. Follow the standards outlined in the FRMCSN Student Code of Conduct Policy. (Responding)	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		N/A	S													
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (Responding)	S		N/A	S													
g. Demonstrate the ability to give and receive constructive feedback. (Responding)	S		N/A	S													
h. Actively engage in self-reflection. (Reflecting)	S		N/A	S													
	DW		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 Strength: I believe that my strength this week was being able to calculate IV pump rates and drip rates. After going through this week and being given a variety of different types of questions, I feel that I have a good beginning knowledge of IV dosage calculation problems. I will continue to practice this skill to keep strengthening my ability to perform this skill in the clinical setting. **Excellent mindset! Its always a good idea to keep skills fresh. DW**

Week 1 Weakness: After week 1, I feel that my weakness is using the ACCU-CHEK glucometer and getting a good location with the lancet. In order to correct this before I perform this skill in the clinical setting, I will rewatch the videos and reread the policies provided to give myself a better understanding of how to perform the control and patient tests, as well as reviewing the visual of the best place to perform the finger

\*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

stick portion. To ensure the safety of my future patients, I will review everything previously stated within the next week. With this time frame in mind, I will be more prepared for any future encounters I might have with patients during my clinicals. I really appreciate your thorough reflection on an opportunity for improvement. Taking these extra measures will prepare you for the clinical setting so you can feel confident in your approach. Keep up the good work, Lyndsey! DW

Week 3 Strength: No clinicals this week DW  
Week 3 Weakness: No clinicals this week DW

Week 4 Strength: I feel that my strength this week would be time management. I had to adapt to my patient's therapy schedule to do my assessment, vitals, and medications. During my assessment, I was able to manage communicating with my patient and asking appropriate health-related questions while assessing her. Doing this ensured I would finish in a timely manner so she could go to therapy or so I could get her medications to her on time.

Week 4 Weakness: My weakness this week would be that I was unsure of which lung sounds I was hearing. In order to correctly assess my patients in the future, I will re-read the lung sounds portion of my Nursing Foundations book and watch YouTube videos that cover lung sounds at least twice before my next clinical week. I will do this remediation by Tuesday of next week so I can be prepared to accurately assess and document which lung sounds my patient is experiencing.

Student Name:		Course Objective:					
Date or Clinical Week:							
Criteria		3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)		
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)		
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)		
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	5. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	6. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)		
	7. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)		
Responding	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	9. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete		
	10. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete		
	11. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete		
	12. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete		
Ref	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete		

<b>ecting</b>	14. Evaluation 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>	<b>Complete</b>			<b>Not complete</b>		
<p>Total Possible Points= 42 points            42-33 points = Satisfactory            32-21 points = Needs Improvement*            &lt; 21 points = Unsatisfactory*  <b>*Total points adding up to less than or equal to 32 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.</b></p> <p><b>Faculty/Teaching Assistant Comments:</b></p>						<b>Total Points:</b>	
						<b>Faculty/Teaching Assistant Initials:</b>	

Student Name:		Course Objective:					
Date or Clinical Week:							
Criteria		3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)		
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)		
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)		
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	5. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	6. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)		
	7. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)		
Responding	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	9. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete		
	10. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete		
	11. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete		
	12. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete		
Ref	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete		

	14. Evaluation 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>	<b>Complete</b>			<b>Not complete</b>			
<p>Total Possible Points= 42 points            42-33 points = Satisfactory            32-21 points = Needs Improvement*            &lt; 21 points = Unsatisfactory*  <b>*Total points adding up to less than or equal to 32 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.</b></p> <p><b>Faculty/Teaching Assistant Comments:</b></p>							<p><b>Total Points:</b></p>	<p><b>Faculty/Teaching Assistant Initials:</b></p>

Firelands Regional Medical Center School of Nursing  
**Medical Surgical Nursing 2023**  
**Skills Lab Competency Tool**

Student name: Lyndsey Sitterly								
<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 1</b>	<b>Week 2</b>	<b>Week 2</b>	<b>Week 9</b>
	<b>IV Math</b> (3,7)*	<b>Assessment</b> (2,3,4,5,7)*	<b>Insulin</b> (2,3,5,7)*	<b>Lab Day</b> (1,2,3,4,5,6,7)*	<b>IV Skills</b> (2,3,5,7)*	<b>Trach</b> (1,2,3,4,5,6,7)*	<b>EBP</b> (3,7)*	<b>Lab Day</b> (1,2,3,4,5,6,7)*
	<b>Date:</b> 1/11 or 1/12/23	<b>Date:</b> 1/10/23	<b>Date:</b> 1/10/23	<b>Date:</b> 1/11 or 1/12/23	<b>Date:</b> 1/13/23	<b>Date:</b> 1/18 or 1/19/23	<b>Date:</b> 1/18 or 1/19/23	<b>Date:</b> 3/13 or 3/14/23
Evaluation:	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	
Faculty/Teaching Assistant Initials	<b>DW</b>	<b>DW</b>	<b>DW</b>	<b>DW</b>	<b>DW</b>	<b>DW</b>	<b>DW</b>	
<b>Remediation: Date/Evaluation/Initials</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	

\*Course Objectives

**Comments:**

**Week 1**

(IV Math)-You satisfactorily participated in the IV Math learning session on 1/10/23 as well as the assigned IV Math practice questions and the IV Math Application lab on 1/12/23. KA/DW

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

(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

(IV Skills)- You have satisfactorily completed the IV lab including a saline flush, IV push, 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/MD/RH

**Week 2**

(Trach Care & Suctioning) - During this lab, you satisfactorily demonstrate competence with tracheostomy care and tracheostomy suctioning. I appreciate your attention detail. DW

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

Firelands Regional Medical Center School of Nursing  
 Medical Surgical Nursing 2023  
 Simulation Evaluations

<b><u>Simulation Evaluation</u></b>	<b>Student Name: Lyndsey Sitterly</b>							
	Performance Codes:  <b>S:</b> Satisfactory  <b>U:</b> Unsatisfactory	<b>vSim-</b> Vincent Brody (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	<b>vSim-</b> Juan Carlos (Pharmacology) (*1, 2, 3, 4, 5, 6)	<b>vSim-</b> 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)	<b>vSim-</b> Stan Checketts (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	<b>vSim-</b> Harry Hadley (Pharmacology) (*1, 2, 3, 4, 5, 6)
	<b>Date:</b> 1/30/23	<b>Date:</b> 2/13/23	<b>Date:</b> 2/24/23	<b>Date:</b> 3/1 or 3/2/23	<b>Date:</b> 4/12 or 4/13/23	<b>Date:</b> 4/17/23	<b>Date:</b> 4/27/23	<b>Date:</b> 5/1/23
Evaluation								
Faculty/Teaching Assistant Initials								
<b>Remediation:</b> Date/Evaluation/Initials								

\* Course Objectives

**Comments:**

**EVALUATION OF CLINICAL PERFORMANCE TOOL**  
**Medical Surgical Nursing – 2023**

**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:

12/9/2022