EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2023

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Natalie Comer

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)
1/28/2023	3 hour	Late IC Survey, Signature, & Scav. Hunt	1/30/23 1 hour (survey) 1/31/23 2 hours (sign, scav)

Faculty's Name	Initials
Kelly Ammanniti	**KA**
Monica Dunbar	**MD**
Rachel Haynes	**RH**
Lora Malfara	**LM**
Nick Simonovich	**NS**
Dawn Wikel	**DW**

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

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

UNSATISFACTORY CLINICAL PERFORMANCE

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

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

OTHER

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

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

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: a. Analyze the involved patho-physiology of the patient's disease process. (Interpreting)			NA	S													
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			~~NA~~ S	S													
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			~~NA~~ S	NA													
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			NA	S													
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			~~NA~~ S	S													
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			~~NA~~ S	S													
g. Assess developmental stages of assigned patients. (Interpreting)			NA	S													
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	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, IV Pump Sessions		Infection Control	3T 86 UTI/Sepsis													
Instructors Initials	**KA**	**KA**	**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. KA

Week 3 (1b,c,e,f)- The Infection Control clinical afforded you the opportunity to satisfactorily demonstrate competency in these areas; for example, your CDG post explored the different symptoms, diagnostics, treatments and nutritional needs for a patient in isolation for C-diff. (1h)- The Infection Control clinical experience required preparation to be familiar with the scavenger hunt and quick reference guide to isolation precautions. DW

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

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

Week 3 (2f)- Navigating the electronic health record was satisfactorily completed when investigating the reason for isolation precautions and ensuring appropriate documentation while completing the Infection Control Quality Scavenger Hunt with the Infection Control clinical. DW

*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
Competencies: a. Perform standard precautions. (Responding)	S		NA	S													
b. Demonstrate nursing measures skillfully and safely. (Responding)	S		NA	S													
c. Demonstrate promptness and ability to organize nursing care effectively. (Responding)			NA	S													
d. Appropriately prioritizes nursing care. (Responding)			NA	S													
e. Recognize the need for assistance. (Reflecting)			NA	S													
f. Apply the principles of asepsis where indicated. (Responding)	S		NA	S													
g. Demonstrate appropriate skill with Foley catheter insertion, maintenance, & removal (Responding)			NA	S													
h. Implement DVT prophylaxis (early ambulation, SCDs, and ted hose) based on assessment and physicians' orders (Responding)			NA	NA													
i. Identify the role of evidence in determining best nursing practice. (Interpreting)	NA		NA	S													
j. Identify recommendations for change through team collaboration. (Reflecting)			S	S													
	KA	**KA**	**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
Competencies: k. Administer PO, SQ, IM, or ID medications observing the rights of medication administration. (Responding)			NA	S													
l. Ensure patient safety through proper use of EHR, IV flow sheet, and BMV. (Responding)			NA	S													
m. Calculate medication doses accurately. (Responding)			NA	S													
n. Administer IV therapy, piggybacks, IV push, and/or adding solution to a continuous infusion line. (Responding)			NA	NA													
o. Regulate IV flow rate. (Responding)	S		NA	NA													
p. Flush saline lock. (Responding)			NA	NA													
q. D/C an IV. (Responding)			NA	NA													
r. Monitor an IV. (Noticing)	S		NA	S													
s. Perform FSBS with appropriate interventions. (Responding)	S		NA	NA													
	KA	**KA**	**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
Competencies: a. Integrate professionally appropriate and therapeutic communication skills in interactions with patients, families, and significant others. (Responding)			NA	S													
b. Communicate professionally and collaboratively with members of the healthcare team using hand-off communication techniques. (SBAR) (Responding)			~~NA~~ S	S													
c. Report promptly and accurately any change in the status of the patient. (Responding)			NA	S													
d. Maintain confidentiality of patient health and medical information. (Responding)			S	S													
e. Consistently and appropriately post comments in clinical discussion groups. (Reflecting)			S	S													
f. Obtain report, from previous care giver, at the beginning of the clinical day. (Noticing)			NA	S													
g. Provide a clear, organized hand-off report to your patient's next provider of care. (Responding)			NA	S													
	KA	**KA**	**DW**														

Comments:

Week 3 (4b)- Communication was necessary for interactions with nursing and healthcare providers in the Infection Control clinical experiences. (4e)- According to the CDG Grading Rubric, you have earned a S for your Infection Control discussion this week. Your post was thoughtful and reflective. Just a couple additional suggestion for future improvement with APA formatting. 1. When citing within your text, there is no need to include the title of the resource. Instead, you will include the author(s) and year of publication. This is how you would appropriately cite the Lewis book from your CDG: According to Harding et al. (2023), C-diff causes…and nausea. (or)

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

According to Harding et al., C-diff causes…and nausea (2023). Notice the use of only the first authors last name, et al. in place of the other three authors and the year of publication; the rest of the information is fully spelled out in the reference, which is why both are included. 2. When formatting a reference, often some of the content must be italicized. With a textbook, whether printed or electronic, the title of the book is italicized. For example, Harding, M., Kwong, J., Hagler, D., & Reinisch, C. (2023). *Lewis's medical- surgical nursing: Assessment and management of clinical problems* (12th ed). St. Louis, MO: Elsevier, Inc. Please use these suggestions for future written work. Lastly, there is an APA Formatting Examples document available in the MSN Clinical Resources on Edvance360 that will be helpful with future APA formatting. Keep up the hard work, Natalie! You are learning so much every day. DW

*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
Competencies: **a. Describe a teaching need of your patient.** (Reflecting)			NA	S													
b. Utilize appropriate termino-logy and resources (Lexicomp, UpToDate, Dynamic Health, Skyscape) when providing patient education. (Responding)			NA	S													
	KA	**KA**	**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 4: I educated my patient on the reasoning for taking her Digoxin and why I had to take her blood pressure before administering it. This was needed because giving her a cardiac-related medication before measuring her blood pressure could result in complications. I reviewed this assessment need on Skyscape when searching her Digoxin medication. The nursing assessments for this medication were used.

*End-of-Program Student Learning Outcomes
Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting   10

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													
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	S													
	KA	KA	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.

Comments:
See Care Map Grading Rubrics below.

Week 3: Physical Environment influenced care of the patients I witnessed for Infection Control clinical. Proper precautions had to be set in place to protect them and health care staff. Good consideration! Recognizing that you weren't really provided the opportunity to talk with any of the patients in isolation, it would be interesting to learn more about their home environment and whether or not it is conducive to preventing the spread of infection to anyone else in the home. DW
Week 4: Religion/Worship influenced the care of my patient today. She had multiple kinds of therapy come in and had an echo done. All she wanted was to listen to a preacher on her TV and I could visibly see that it made her feel better. I believe through all the busy chaos of the hospital, listening to a preacher made her feel more at home.

*End-of-Program Student Learning Outcomes
Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting   11

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	S													
b. **Reflect on an area for improvement and set a goal to meet this need.**** (Reflecting)	S		S	S													
c. Demonstrate evidence of growth, initiative, and self-confidence. (Responding)	S		S	S													
d. Follow the standards outlined in the FRMCSN Student Code of Conduct Policy. (Responding)	S		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	S													
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (Responding)	S		~~S~~ U	S													
g. Demonstrate the ability to give and receive constructive feedback. (Responding)	S		NA	S													
h. Actively engage in self-reflection. (Reflecting)	S		S	S													
	KA	KA	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 feel as though I was not that bad when learning IV math. I agree you were able to keep up with the content in lab an actively participate when asked questions. KA

Week 1 Weakness: I had trouble learning how to calculate how many units of insulin to give someone based on the number of carbs eaten and their blood sugar reading. I will practice several times before the quiz next Tuesday. Practice makes perfect. Be a little more specific versus saying several times (i.e. I will practice carb coverage three times before next Tuesday). KA

Week 3 Strength: I was more confident in what scrub color was what job position (ex: black is dietary) and what was needed for each set of precautions more than I realized! This is a great start to reflection on your strength. In the future, I would also consider adding how this knowledge is important; for example, easy identification of other disciplines when working within the healthcare team. DW

Week 3 Weakness: I felt as though I was more unfamiliar of the hospital and what disease/infection was what precautions, more than I thought I was. To be more familiar with the hospital, I will get that with more clinical in the semester. But, for what infection/disease is what precautions, I will review this from last semester's notes twice before next clinical. Great idea! Please know that there is also an Isolation Quick Reference Guide in the MSN Clinical Resources on Edvance360. This was also a colorful document that was included in your course orientation materials. If you don't already, you may want to add this document to your clinical clipboard for quick reference when needed. DW

Week 3 (7f)- Following completion of the Infection Control clinical experience, a Survey on Edvance360 is required to be completed by Saturday, 1/28/2023 at 2200. Additionally, the signature form/evaluation and the scavenger hunt was due on Monday, 1/30/2023. Upon review of completion, it was noted that these requirements had not been completed/submitted by the deadline. For this reason, you have earned a U for accountability and professionalism in completing all clinical requirements and will receive 3 hours of missed clinical time. The survey was completed on 1/30/2023 and 1 hour of make up time was documented. The signature form and scavenger hunt were submitted on Tuesday, 1/31/2023; therefore, the other 2 hours were made up as well. Please be sure to address this U in the comments section below when submitting your tool for week 4. Additionally, I would encourage you to review the course syllabus and any identified supporting documents prior to completing all new clinical experiences. This will help you ensure that you are fully aware of all expectations and deadlines. As always, let me know if you have any questions or need further clarifications. You've got this Natalie! DW

I'm unfamiliar with addressing things like this but I understand my mistakes and will be learning from them. I plan to look further into the details of each clinical before going to them and every assignment that goes with them.

Week 4 Strength: Adaptability would be mine this time. Day one, I had a very kind patient and I thought I'd have them day two. But, I ended up getting someone new and they ended up being very mean and belittling to me. They refused all my care and it really hurt. I ended up being switched to another patient and they were amazing. I felt like the two days were just a rollercoaster of events, but I rode it the whole way. It ended up on a positive note, too.

Week 4 Weakness: I would say my weakness this clinical would be sepsis information. I really wish I knew more about it considering my patient had possible sepsis. I will be researching and reviewing s/s and labs that would indicate sepsis before next clinical.

Student Name:						Course	
Date or Clinical Week:						**Objective:**	

	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**		
Refl	13. List all of the highlighted reassessment findings for the top nursing priority.	**>75% complete**	**50-75% complete**	**<50% complete**	**0% complete**		

*End-of-Program Student Learning Outcomes
Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting   14

	14. Evaluation includes one of the following statements: • Continue plan of care • Modify plan of care • Terminate plan of care	**Complete**			**Not complete**		

Total Possible Points= 42 points 42-33 points = Satisfactory 32-21 points = Needs Improvement* < 21 points = Unsatisfactory* ***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.** **Faculty/Teaching Assistant Comments:**	**Total Points:** **Faculty/Teaching Assistant Initials:**

Student Name:							Course
Date or Clinical Week:							**Objective:**

	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		
Refl	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete		

*End-of-Program Student Learning Outcomes
Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting   16

	14. Evaluation includes one of the following statements: • Continue plan of care • Modify plan of care • Terminate plan of care	**Complete**			**Not complete**		

Total Possible Points= 42 points 42-33 points = Satisfactory 32-21 points = Needs Improvement* < 21 points = Unsatisfactory* ***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.** **Faculty/Teaching Assistant Comments:**	**Total Points:**
	Faculty/Teaching Assistant Initials:

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

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

Student name: Natalie Comer								
Skills Lab Competency Evaluation	**Lab Skills**							
	Week 1	Week 1	Week 1	Week 1	Week 1	Week 2	Week 2	Week 9
Performance Codes: **S**: Satisfactory **U**:Unsatisfactory	**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: 1/11 or 1/12/23	Date: 1/10/23	Date: 1/10/23	Date: 1/11 or 1/12/23	Date: 1/13/23	Date: 1/18 or 1/19/23	Date: 1/18 or 1/19/23	Date: 3/13 or 3/14/23
Evaluation:	S	S	S	S	S	S	S	
Faculty/Teaching Assistant Initials	KA	KA	KA	KA	KA	KA	KA	
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 1/10/23 as well as the assigned IV Math practice questions and the IV Math Application lab on 1/11/23 or 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 1/18/2023) **-** During this lab, you satisfactorily demonstrated competence with tracheal airway suctioning and tracheostomy care. The skills were completed in a sterile manner and only one prompt was needed to reassess the patient after each suction attempt. I encourage you to continue reviewing these skills to build confidence in the steps for a more efficient flow. 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

Simulation Evaluation	Student Name: Natalie Comer							
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)	vSim- Yoa Li (Pharmacology) (*1, 2, 3, 4, 5, 6)
	Date: 1/30/23	Date: 2/13/23	Date: 2/24/23	Date: 3/1 or 3/2/23	Date: 4/12 or 4/13/23	Date: 4/17/23	Date: 4/27/23	Date: 5/1/23
Evaluation	S							
Faculty/Teaching Assistant Initials	DW							
Remediation: Date/Evaluation/Initials	NA							

* 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