

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

**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; 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
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:			S	S NI	NA	NA											
a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting)			S	S NI	NA	NA											
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			S	S NI	NA	NA											
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			S	S	NA	NA											
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			S	S	NA	NA											
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	S	NA	NA											
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			S	S	NA	NA											
g. Assess developmental stages of assigned patients. (Interpreting)			S	S	NA	S											
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		S	S	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	4N 76 - Respiratory Distress	5T 77 L Temporal	Digestive Health & Infection Control	Erie County Senior Center											
Instructors Initials	MD		NS	LM	MD												

Comments: 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. MD

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 3 1(a-h) – Katie, you did a nice job discussing your patient’s priority problem, admitting diagnosis, and potential complications throughout the week. We were able to focus on her immobility as a result of deconditioning from respiratory complications and the recent passing of her significant other. You discussed the symptoms of anxiousness, shortness of breath, and rib pain as being related to lack of movement and possible PE. You discussed abnormal lab values, such as her elevated d-dimer and the nursing implications. You identified the importance of getting her up and moving to reduce complications. We also discussed her heart failure and the medical management required including the use of diuretics. You demonstrated good preparation for clinical and asked appropriate questions throughout the week. NS

Week 4 objective 1(a-h) - Katelyn, you used information you gathered from your research and assessment to provide nursing care for your patient on the rehab unit. An NI was given for competencies 1a and 1b due to the inability to interpret your patient’s vital sign abnormalities for your patient on Wednesday. I did not expect you to know what exactly was happening with your patient, but your patient was in a hypotensive state and her heart rate was erratic. This should have been immediately communicated to your instructor and the primary nurse. We discussed the event afterwards. You learned from this and you did a great job correlating and interpreting the pathophysiology and symptoms to your patient’s disease process on Thursday. Good 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
Competencies:			S	S	NA	NA											
a. Perform inspection, palpation, percussion, and auscultation in the physical assessment of assigned patient. (Noticing)			S	S	NA	NA											
b. Conduct a fall assessment and implement appropriate precautions. (Noticing)			S	S	NA	NA											
c. Conduct a skin risk assessment and implement appropriate precautions and care. (Noticing)			S	S	NA	NA											
d. Communicate physical assessment. (Responding)			S	NI	NA	NA											
e. Analyze appropriate assessment skills for the patient's disease process. (Interpreting)			S	S	NA	NA											
f. Demonstrate skill in accessing electronic information and documenting patient care. (Responding)	S		S	S	S	NA											
	MD		NS	LM	MD												

Comments:

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

Week 3 2(a,b,f) – Very nice work with your assessments this week. Your physical assessment was thorough and provided good detail within the charting system. Through careful assessment you noticed numerous deviations from normal including shortness of breath at rest and on exertion, diminished lung sounds, intermittent, productive cough, non-pitting edema, occasional confusion, severe weakness and pain in her lower extremities, anxiousness, and the use of an external catheter for incontinence. Overall job well done! NS

Week 4 objective 2(a, d, e, f) - Katelyn, you performed a thorough head-to-toe assessment on both of your patients this week. An NI was given for competency 2d because you did not communicate your patient's abnormal vital signs to the primary nurse and instructor. As stated in objective 1 above, we discussed this and you understood the correct process for communicating any abnormalities upon assessing your patients. You did a great job communicating your assessment findings to your primary nurse and

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

the instructor on Thursday. You correctly identified assessment skills specific for your patient such as a detailed neuro assessment. You are continuing to become more comfortable with accessing and documenting in the EMR. Keep up the good work! 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
Competencies:	S		S	S	S	S											
a. Perform standard precautions. (Responding)			S	S	S	S											
b. Demonstrate nursing measures skillfully and safely. (Responding)	S		S	S	S	S											
c. Demonstrate promptness and ability to organize nursing care effectively. (Responding)			S	S	S	S											
d. Appropriately prioritizes nursing care. (Responding)			S	S	S	S											
e. Recognize the need for assistance. (Reflecting)			S	S	S	S											
f. Apply the principles of asepsis where indicated. (Responding)	S		S	S	NA	NA											
g. Demonstrate appropriate skill with Foley catheter insertion, maintenance, & removal (Responding)			NA	NA	NA	NA											
h. Implement DVT prophylaxis (early ambulation, SCDs, and TED hose) based on assessment and physicians' orders (Responding)			S	S	NA	NA											

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

i. Identify the role of evidence in determining best nursing practice. (Interpreting)	S		S	S	NA	NA											
j. Identify recommendations for change through team collaboration. (Reflecting)			S	S	NA	NA											
	MD		NS	LM	MD												

Comments:

Week 3 3(b,c,d) – overall this week I thought you managed your time very well. You were timely in your assessments and charting, ensuring all members of the health care team were on the same page with the most recent data. You prioritized your care appropriately, meeting his pain control needs and nausea. Your timeliness allowed you to better understand your patient while also allowing you to perform additional nursing skills. In your skills, you demonstrated excellent proficiency and confidence. Job well done! NS

Week 4 objective 3(a-e) - Katelyn, a U was given for competencies 3b, 3d, & 3e due to not following safe nursing measures, prioritizing, and communicating the need for assistance with your patient’s vital signs on Wednesday. It is extremely important to recognize and interpret abnormal vital signs along with further assessing your patient if they display a systolic BP of 88 and a heart rate of 144 & irregular. It is imperative to communicate this to the instructor and patient’s primary nurse. You did demonstrate safe, skillful nursing measures for your patient on Thursday. You were aware of your patient’s needs regarding promotion of skin integrity, fall risk, transferring limitations, and hygiene needs. You organized your time once your patient’s needs were addressed on Wednesday and you organized your time appropriately on Thursday. Please address the “U”s with your next clinical tool submission explaining why they are no longer a “U” and what you will do to avoid a “U” in the future. If this is not addressed, you will continue to receive a “U” until it is addressed. LM

Week 4 objective 3 b d, e – I believe this no longer a “U” because I was able to prioritize my care correctly and respectfully. I was also able to prioritize the nursing care performed and was able to recognize any situation where there was need for assistance. Thank you for addressing the unsatisfactory ratings. MD

Objective

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

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

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

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

(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

Week 3 3(k-s) – Good job with medication administration this week! You were well-prepared by reviewing each medication and discussing the implications, side effects, and nursing assessments required. You ensured safety measures were in place and performed, including the 3 safety checks and 6 patient rights. Great job collaborating with the senior student for safe administration. You gained experience administering numerous PO medications in addition to a topical pain patch using the BMV process appropriately. You also performed your first saline flush and IVP medication use appropriate technique. Accurate dosage calculation was performed and furosemide was appropriately drawn from a medication vial. Excellent technique was demonstrated with a subcutaneous injection, you should feel proud of how well you did! Nice job with your saline flush, using good aseptic technique and monitoring the IV site for potential complications due to not getting blood return. A FSBS was performed using appropriate technique to obtain accurate results. Overall a successful week of medication administration! NS

Week 4 objective 3(k-r) – Katelyn, you administered several medications to your patient this week. You were knowledgeable about each medication's use, dosage, route, common side effects, classification, and nursing considerations. You observed the rights of medication administration and completed the 3 medication checks appropriately. You had to coordinate your medication pass around your patient being transferred to another unit. You recognized the importance of holding your patient's blood pressure medications due to her hypotensive state. You administered the PO meds appropriately. The primary nurse started an IV on your patient to administer IV fluids due to her hypotensive state and you correctly primed the IV tubing and hung the solution, connecting the tubing to the IV pump. You also removed the empty IV bag once the fluids were instilled and flushed the saline lock before and after the instillation of IV fluids. You followed the proper procedure and maintained aseptic technique. Great job! LM

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:			S	S	S	S											
a. Integrate professionally appropriate and therapeutic communication skills in interactions with patients, families, and significant others. (Responding)			S	S	S	S											
b. Communicate professionally and collaboratively with members of the healthcare team using hand-off communication techniques. (SBAR) (Responding)			S	S	NA	NA											
c. Report promptly and accurately any change in the status of the patient. (Responding)			S	S U	NA S	NA											
d. Maintain confidentiality of patient health and medical information. (Responding)			S	S	S	NA											
e. Consistently and appropriately post comments in clinical discussion groups. (Reflecting)			S	S	S	S											
f. Obtain report, from previous care giver, at the beginning of the clinical day. (Noticing)			S	S	NA	NA											

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Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

g. Provide a clear, organized hand-off report to your patient's next provider of care. (Responding)			S	S	NA	NA											
	MD		NS	LM	MD												

Comments:

Week 3 4(b) – Nice work with your communication and collaboration with other members of the health care team. You provided frequent updates to the assigned RN and collaborated with your classmates to learn additional skills. Nice job! NS

Week 3 4(e) –Overall your CDG this week was well done. Great job succinctly summarizing the information. That study was certainly relevant to your patient situation. This could be a good article to use for your EBP poster as Firelands has implemented the intervention, it could be good to see the research behind it! See my comments on your posts for further detail. Overall APA formatting looked pretty spot on. For in-text citations of references that include numerous author(s), you would include the first author's last name followed by et al to cover the remaining authors. Correct APA formatting for your in-text citation would be (Bergbower et al., 2020). For your response post to Sela, which was excellent, the proper in-text citation for your reference would be (Dykes & Bates, 2021). These are tips for future success. All necessary criteria were met for a satisfactory evaluation, nice job. NS

Week 4 objective 4(a, b, c, e)- Katelyn, a U was given for competency 4c due to neglecting to report a change in your patient's status on Wednesday. Any changes in status should be reported promptly to the instructor and patient's primary nurse. You did communicate effectively with your patient and other members of the health care team throughout the clinical day on Thursday. You accurately completed an initial CDG post and peer post. Please read through the correct APA formatting for the references. The article title should only have the first initial of the first word capitalized and the journal title and volume number should be italicized: Wang, M., Liao, W., & Chen, X. (2019). Effects of a short-term mindfulness-based intervention on comfort of stroke survivors undergoing inpatient rehabilitation. *Rehabilitation Nursing*, 44(2), 78–86. <https://doi.org/10.1097/rnj.000000000000098>. You did a nice job on both posts this week! Please address the “U” with your next clinical tool submission explaining why it is no longer a “U” and what you will do to avoid a “U” in the future. If this is not addressed, you will continue to receive a “U” until it is addressed. LM

Week 4 objective c – I believe this objective should no longer be a “U” because I believe I have learned from my mistake and will improve on this skill. I was also able report promptly any changes that occurred the following day and in this weeks clinical. Thank you for addressing this unsatisfactory. MD

Objective

5. Implement patient education based on teaching needs of patients and/or significant others. (1,6)*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies:			S	S	NA	NA											
a. Describe a teaching need of your patient.** (Reflecting)			S	S	NA	NA											
b. Utilize appropriate terminology and resources (Lexicomp, UpToDate, Dynamic Health, Skyscape) when providing patient education. (Responding)			S	S NI	NA	NA											
	MD		NS	LM	MD												

****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 (a): When providing care for my patient I educated her on the importance of coughing and deep breathing. I showed her that when she properly deep breaths her oxygen levels are more normal then when she is breathing heavily. I taught her the importance of keeping her oxygen levels stable when she is on RA so then she does not need oxygen. I explained deep breathing to her and watched her perform it appropriately and accurately. This was an important educational topic for your patient due to her pain and reluctance to move out of bed. In order to prevent respiratory complications, educating on deep breathing and coughing is essential. Additionally, providing the education related to her Spo2 levels on RA was important due to her anxiety of being without supplemental O2. Nice job!! NS

Week 4 (a): A teaching need for my patient was encourage more fluids due to the complication she had with dysphagia. I was able to discuss this with her many times and made sure she always had a drink on her bed side table. Another teaching that the nurse and I taught her was tucking her chin when swallowing her pills. Due to the fact that she was on thickened liquids there were some pills that were hard for her to swallow there for we taught her how it was important to tuck her chin. If that did not work for her we provided her pills to her in pudding making it easier for her to swallow the pills whole. You did an excellent job with this for your patient! An NI was given for competency 5b due to omitting teaching resources. What did you use to help you provide teaching? How did you validate learning? Please review the yellow highlighted example above. LM

*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)			NA	NA	NA	NA											
b. Identify factors associated with Social Determinants of Health (SDOH) &/or cultural elements that have the potential to influence patient care.** (Noticing, Interpreting, Responding, Reflecting)			S	S	S	S											
	MD		NS	LM	MD												

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

Comments:

See Care Map Grading Rubrics below.

Week 3 (b): My patient recently went through the loss of a loved one. Therefore, at times, she would get very upset and anxious when mentioning his name. She then would get very short of breath. I was very careful when talking about her life to not mention her loved on in order to keep her breathing normal and stable. **Good! Which social determinant of health do you think this relates to? I encourage you to review the SDOH online to gain an understanding of how one's environment and background can impact health. (<https://health.gov/healthypeople/priority-areas/social-determinants-health>). Your discussion seems to relate to her social context and social support. Grieving the loss of her significant other and having family that is not in the area for support can certainly negatively impact her health. NS**

Week 4 (b): A SDOH that influenced by patient was her housing situation. She had no concerns about going home after her care was over at the hospital because she knew that living with her sister, her sister would be able to help take care of her and more importantly drive her. They live in a condo together with no stairs so therefore she knew that she would have no troubles at home after her new diagnosis. She is able to functioning move around the house with no problems with the help of her glasses along with

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

a prosthetic eye. Her sister is able to drive her, and she mentioned that they both do their own shopping once they get there. My patient stated she is ready to get back home and continuing to cook for her and her sister. **These are excellent examples of SDOH influencing your patient's care! Great job! LM**

Week 5 (b): A SDOH that I was able to recognize during my digestive health experience was that one of the patients mentioned that they live with many people in one household along with his wife being pregnant with another child. It would be hard for this patient to be able to schedule an appointment and be in recovery at home after the procedure when trying to take care of all of his children along with taking care of his pregnant wife. It is very important for patients to realize the importance of recovery at home after a procedure and not doing your daily work so in return you have no complications that occur. **Great observation! MD**

Week 6 (b): A SDOH that I was able to recognize among the clients at the ECSC was that their living quarters were all very similar. Many of the clients that I was able to communicate with mentioned how they lived in a one story house. Therefore, making it easier for them to get around and providing not complications for them. Many of the clients also mentioned how they always wear shoes when they are in their house because it can be very slippery when they have just socks on which I thought was very important for them to recognize.

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	S	S											
b. Reflect on an area for improvement and set a goal to meet this need.** (Reflecting)	S		S	S	S	S											
c. Demonstrate evidence of growth, initiative, and self—[S		S	S	S	S											
d. confidence. (Responding)																	
e. Follow the standards outlined in the FRMCSN Student Code of Conduct Policy. (Responding)	S		S	S	S	S											
f. Incorporate the core values of caring, diversity, excellence, integrity, and “ACE”- attitude, commitment, and enthusiasm during all clinical interactions. (Responding)	S		S	S	S	S											

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Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

g. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (Responding)	S		S	S	S	S											
h. Demonstrate the ability to give and receive constructive feedback. (Responding)	S		S	S	S	S											
i. Actively engage in self-reflection. (Reflecting)	S		S	S	S	S											
	MD		NS	LM	MD												

****7a and 7b: You must address these competencies in the comments section on a weekly basis. Please write a different comment each week. Remember that a goal includes what you will do to improve, how often you will do it, and when you will do it by (example- "I had trouble remembering to do the three checks of the six medication rights prior to administering medications. I will review the six rights and medication administration content in the textbook twice before the next clinical. Additionally, I will request to meet with my clinical faculty member to practice preparing and administering at least three medications before the next clinical."**

Comments:

Week 1 Area of Strength: I believe that my strength this week was setting up an IV pump. I made sure I was very carefully setting it up and making sure the primary bag was below the secondary bag and made sure to continually assess the IV site. **Great! MD**

Week 1 Area of Improvement: I believe that an area of improvement for this week is completing the IV pump dosage calculations properly. I will continue to work on this skill by doing multiple practice questions every day before the quiz on 1/17/23. I will be sure to double check my calculations are correct and making sure that I am using the appropriate labels. **Great goal! MD**

Week 3 Area of Strength: I believe during this week my area of strength was being able to get right back in to the hang of things. I was very nervous coming back onto the floor after not having clinicals for a while. But, as soon as I walked into my patients room I was able to recall all of my knowledge and get very comfortable with the patient. **I thought you showed a lot of confidence despite the time off in between clinical experiences. Although this was my first experience with you in the clinical setting, I thought you were very well-prepared and have shown a lot of growth in one semester. I am excited to see you continue to grow in this role. You had numerous strengths to be proud of this week! NS**

Week 3 Area of Improvement: I believe my area of improvement for this week was being comfortable performing my care and needs for my patient while there was someone else in the room. I get more nervous when there is someone else working with the patient while I am also helping the patient. I will work on this skill in the upcoming clinicals by not getting nervous when someone else enters the room and make myself comfortable with someone else in there. **Good reflection!! I can empathize with that feeling. As you gain more confidence and experience those feelings start to drift away. However, I would encourage you to work on this by even going into patient's rooms to assist others to gain that comfort level. Ask your peers and classmates if they need help with various aspects and that will expose you to new situations. Keep up the hard work! NS**

Week 4 Area of Strength: I believe my area of strength this week was being able to manage my care in a timely matter. With my patient have many types of therapy throughout the day it left very little time slots for me to provide my care and perform my assessments on my patient. I do think that I was able to successfully work around her schedule and get all of my assessments complete while still having time to talk with my patient about her life. **Excellent, Katelyn! LM**

Week 4 Area of Improvement: I believe my area of improvement for this week was not getting so anxious or stressed after I make a mistake. I believe that I let a mistake effect my whole day and then felt very overwhelmed for the rest of the day. I will work on this area in the upcoming clinicals by watching for mistakes I make and learning from them for future situations. **Katelyn, it is difficult to focus on a mistake for the rest of the day, but the important message is that we can reflect on the situation, focus on what we can do to improve the situation, and carry on with our day as a stronger person. You did an excellent job remaining calm through the situation and continued with your day, completing your tasks appropriately. Great job! LM**

Week 5 Area of Strength: I believe during this weeks clinicals my area of strength was recognizing and understanding the importance of having the proper precautions in place for a patient that is in isolation. I was able to appropriately identify what type of precautions to put in place for the proper diagnosis of a patient in isolation. I believe that it is very important to provide education on any person that may be entering a patient's room that is in isolation and the importance of wearing the proper PPE when entering the room. **Awesome! MD**

Week 5 Area of Improvement: I believe an area of improvement for this week was not understanding the whole process of a colonoscopy. I was able to expand my knowledge on colonoscopies during this week by watching may procedure from the time of admission to the time of discharge for a colonoscopy. I knew coming in to the clinical what a colonoscopy was but I did not realize how quickly the patient is in and out of the hospital for the procedure, nor did I realize how fast the turn over rate is for these types of procedures. I will continue to expand my knowledge on these procedures by doing more research on colonoscopies and continuing to learn more about them in the weeks to come and during the gastrointestinal content I will ask any questions that are still remaining. **Great goal! MD**

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 6 Area of Strength: I believe my area of strength for this week's clinical included being able to comfortably interact with many of the clients. I was able to learn about their lifestyle and what they do for fun and what their families are like. I feel as though it was the most comfortable, I have felt easily interacting with people in the clinical setting that I have never seen before.

Week 6 Area of Improvement: I feel as though my area for improvement at the ECSC was not knowing what the clients were going to be like. Before coming to this clinical I thought that many of the patients were going to have disabilities or be more immobile. Therefore, when showing up to this clinical I was very surprised for how well the clients were able to get around and participate in the activities for the day. I will improve on this skill by looking more into off site clinicals and what they are more about instead of just going with what I think and then being surprised when I show up to the clinicals.

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		

Reflecting	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"> • Continue plan of care • Modify plan of care • Terminate plan of care 	Complete			Not complete		
<p>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.</p> <p>Faculty/Teaching Assistant Comments:</p>						<p>Total Points:</p>	
						<p>Faculty/Teaching Assistant Initials:</p>	

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		
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. Evaluation includes one of the following statements: <ul style="list-style-type: none"> • 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:

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

Student name:								
Skills Lab Competency Evaluation	Lab Skills							
	Week 1	Week 1	Week 1	Week 1	Week 1	Week 2	Week 2	Week 9
	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: 1/11/23	Date: 1/10/23	Date: 1/10/23	Date: 1/11/23	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	
Faculty/Teaching Assistant Initials	MD	MD	MD	MD	MD	LM	LM	
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. You did a great job explaining the procedure to your patient and maintaining the sterile field. Continue to practice to build your confidence. Keep up the good work! RH

(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

<u>Simulation Evaluation</u>	Student Name:							
	Performance Codes: S: Satisfactory U: Unsatisfactory	vSim- Vincent Brody (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	vSim- Juan Carlos (Pharmacology) (*1, 2, 3, 4, 5, 6)	vSim- Marilyn Hughes (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	Simulation #1 (Musculoskeletal & Resp) (*1, 2, 3, 4, 5, 6, 7)	Simulation #2 (GI & Endocrine) (*1, 2, 3, 4, 5, 6, 7)	vSim- Stan Checketts (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	vSim- Harry Hadley (Pharmacology) (*1, 2, 3, 4, 5, 6)
	Date: 1/30/23	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	S						
Faculty/Teaching Assistant Initials	NS	MD						
Remediation: Date/Evaluation/Initials	NA	NA						

* Course Objectives

Comments:

Week 3 Vincent Brody – All requirements were completed by the assigned due date and time. NS

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