

**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
2/2/2023	Risk for infection	S/RH	NA	NA
2/9/2023	Impaired physical mobility	S/NS	NA	NA

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	Mid term	9	10	11	12	13	Make Up	Make Up	Final
Competencies:			NA	S	S	S	S	NA	S	S	NA						
a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting)			NA	S	S	S	S	NA	S	S	NA						
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			NA	S	S	S	S	NA	S	S	NA						
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			NA	S	S	S	S	NA	S	S	NA						
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			NA	S	S	S	S	NA	S	S	NA						
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			NA	S	S	S	S	NA	S	S	NA						
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			NA	S	S	S	S	NA	S	S	NA						
g. Assess developmental stages of assigned patients. (Interpreting)			NA	S	S	S	S	NA	S	S	S						
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		NA	S	S	S	S	NA	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		No clinical	3T, Age 78. Dx: Sepsis	4N, Age(s) 78,79: AAA, @ Hip Fracture	3T, Age 74. Dx: Stroke	5T, Age 68. Dx: Stroke	Simulation, Age 55. Dx: Left Lower Leg Fracture	MIDTERM	4N, Age 71. Cecal Volvulus with roation of the mesentery. Ileocolic	Erie County Senior Center.						
Instructors Initials	RH		DW	RH	NA	KA	MD	MD	M D								

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. RH

Week 5 1(a-h) – Tabitha, you did a great job this week making correlations between your patient’s disease processes. On day one you cared for a patient one day post-op from a AAA repair. You discussed the importance of monitoring for bleeding and ensuring adequate circulation to the lower extremities. You independently researched the activating clotting time to in addition to the sealing device used at the femoral site. You did a great job identifying the poor perfusion to the patient’s lower extremities and interpreted your findings appropriately. On day 2 you cared for a patient s/p fall with hip fracture and pinning. We discussed the importance of the 6P assessment related to the diagnosis. Additionally you did a great job making correlations between the diagnostics, medications, and treatments for each of your patient’s. By doing so, you demonstrated a willingness to learn and preparation for the clinical experience. NS

Week 6 – 1a , b, c, e– You did a nice job discussing on clinical your patient’s disease process and what nursing was doing to help the patient. You were able to discuss symptoms we were monitoring and managing in your patient as well as pertinent labs for your patient diagnosis. KA

Week 6 – 1d – You did a nice job reviewing all your medications before you administered them to the patient. You were able to discuss the reason why the patient was taking the medication as well as what we were monitoring the patient for. You also were able to discuss what information was needed to determine if the medication should be administered (i.e. blood pressure, pulse). KA

Objective

2. Perform physical assessments as a method for determining deviations from normal. (3,4,5)*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies:			NA	S	S	S	S	NA	S	S	NA						
a. Perform inspection, palpation, percussion, and auscultation in the physical assessment of assigned patient. (Noticing)			NA	S	S	S	S	NA	S	S	NA						
b. Conduct a fall assessment and implement appropriate precautions. (Noticing)			NA	S	S	S	S	NA	S	S	NA						
c. Conduct a skin risk assessment and implement appropriate precautions and care. (Noticing)			NA	S	S	S	S	NA	S	S	NA						
d. Communicate physical assessment. (Responding)			NA	S	S	S	S	NA	S	S	NA						
e. Analyze appropriate assessment skills for the patient's disease process. (Interpreting)			NA	S	S	S	S	NA	S	S	NA						
f. Demonstrate skill in accessing electronic information and documenting patient care. (Responding)	S		NA	S	S	S	S	NA	S	S	NA						
	RH		DW	RH	NS	KA	MD	MD	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 5 2(a,b,e) – Nice work with your assessments this week, noticing numerous deviations from normal. On day one you noticed poor circulation to the lower extremities with edema. You correlated your findings as a result of his history of PVD and sitting in the dependent position. Based on the admitting diagnosis you understood the importance of identifying pedal pulses and utilized the doppler to ensure pulses were present. Based on your assessment findings and risk factors, you conducted a thorough fall assessment and ensured safety was maintained. Great job using the appropriate assessments for the patient's disease process. NS

Week 6 – 2a, d – You did a nice job thoroughly assessing you patient and notifying your nurse of any pertinent information. KA

Week 6 – 2f – You utilized the EMR to research your patient and determine what care needed to be provided to your patient throughout the day. KA

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

Comments:

Week 5 3(b,c,g) – You were timely in your assessments this week, allowing you time to research your patient and their medications. You were extremely thorough in your review of the medications and ensured timely administration. Overall your time management seemed to be a strong point of your clinical week. This opens the door for numerous other learning opportunities. On day 1 you maintained the patient's foley catheter using aseptic technique. You prepared him for discharge by removing excess

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

tubing and connecting the patient to a leg bag for easier mobility. Great job indpeenently maintaining the cather. The patient's significant other was very complimentary of your care! NS

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

Week 5 3(k-s) – Great job with medication administration this week! You were very well-prepared by reviewing each medication and discussing the implications, side effects, and nursing assessments required. Truly great job. You communicated well with your patient and ensured safety measures were in place and performed, including the 3 safety checks and 6 patient rights. You gained experience administering numerous PO medications using the BMV process appropriately. A saline flush was performed using aseptic technique while monitoring the IV site for potential complications. You gained experience with priming IV tubing appropriately and regulating the IV flow rate for an antibiotic. You also gained experience with the IV flow sheet, accurately documenting intake. Overall a successful week of medication administration!
NS

Week 6 – 3k – You did a nice job administering your medications this week. You observed the rights of medication administration and was able to answer all questions about your medications. You had the opportunity to pass PO medications this week. You performed the medication administration process with beginning dexterity. KA

Week 6 – 3r – You did a nice job monitoring your patient’s IV site this week and documenting your assessment in the EMR. KA

Objective

4. Use therapeutic communication techniques to establish a baseline for nursing decisions. (1,5,7)*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies:			NA	S	S	S	S	NA	S	S							
a. Integrate professionally appropriate and therapeutic communication skills in interactions with patients, families, and significant others. (Responding)			NA	S	S	S	S	NA	S	S							
b. Communicate professionally and collaboratively with members of the healthcare team using hand-off communication techniques. (SBAR) (Responding)			NA	S	S	S	S	NA	S	NA							
c. Report promptly and accurately any change in the status of the patient. (Responding)			NA	S	S	S	S	NA	S	NA							
d. Maintain confidentiality of patient health and medical information. (Responding)			NA	S	S	S	S	NA	S	NA							
e. Consistently and appropriately post comments in clinical discussion groups. (Reflecting)			NA	S	S	S	S	NA	S	S							
f. Obtain report, from previous care giver, at the beginning of the clinical day. (Noticing)			NA	S	S	S	S	NA	S	NA							
g. Provide a clear, organized hand-off report to your patient's next provider of care. (Responding)			NA	S	S	S	S	NA	S	NA							
			DW	RH	NS	KA	MD	MD	MD								

Comments:

Week 5 4(a,b) – You were an accountable member of the health care team as demonstrated through strong communication with the assigned RN and health care staff. You collaborated with RNs on the floor to gain additional learning experiences. Your communication with your patient(s) and family members was also very good. The family member of your first patient had positive comments to say about your interactions with them, nice work! NS

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 5 4(e) – Overall you did a nice job with your CDG this week, meeting all the necessary requirements for a satisfactory evaluation. See my comments on your posts for further details/comments. APA formatting for your initial post was spot on. I appreciate the insight and additional research provided in your response post to Lyndsey. Great use of supplemental resources to enhance your knowledge. NS

Week -6 – 4b, g – You did a nice job keeping your nurse up-to-date on all pertinent information throughout the day. You also provided the nurse with a concise report at the end of the day before leaving. KA

Week 6 – 4e – Tabitha, you did a wonderful job responding to all the CDG questions related to your patient’s medications and relating it into a story. The information you discussed was thorough and thoughtful. Your response to your classmate was concise and considerate and added to the discussion. You included both an in-text citation and a reference. Remember to include the page number or paragraph number if there are no page numbers in your in-text citation when in-text citing a direct quotation. Keep up the great work! KA

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies:			NA	S	S	S	S	NA	S	S	NA						
a. Describe a teaching need of your patient.** (Reflecting)																	
b. Utilize appropriate terminology and resources (Lexicomp, UpToDate, Dynamic Health, Skyscape) when providing patient education. (Responding)			NA	S	S	S	S	NA	S	S	NA						
			DW	RH	NS	KA	MD	MD	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 4: 5a & b- Patient education provided on the need to offload b/l heels. This education was provided due to patient inquiry as task was being performed along with turning and repositioning. The teach back method was utilized and effective. Patient was able to verbalize the need to offload b/l heels was to distribute the load to other areas and prevent heel wounds. **Good educational topic for your patient since his history of stroke has him at high risk for skin breakdown. I am glad he was responsive and pleasant for you during your interactions. RH**

Week 5: 5a & b- Patient education provided on the use of incentive spirometer. The education was provided because patient said spirometer did not work. I asked patient for demonstration of use and patient was exhaling instead of inhaling. Patient able to use with no difficulty after one on one education. Patient was additionally able to explain the importance of use. **Very good! Great job identifying that the lack of use could be a result of not properly understanding rather than equipment malfunction. This is a very important intervention post-operatively to prevent complications. I am glad the patient was able to provide a return demonstration to demonstrate adequate understanding. Nice job! NS**

Week 6: 5a & b- Patient education provided on the purpose of prescribed medication. The education was provided because the patient was questioning what medications she was taking at that time and why. Patient educated with one-on-one teaching method and verbalized understanding by being able to state the reason the medication was prescribed. Patient encouraged to ask questions as needed. **Great job providing important education to your patient related to her medications. Remember to include the resources you utilized to educate your patient with to further support the education you provided. KA**

Week 7: 5a & b- Heart healthy diet patient education provided. The education was provided to improve his weight, overall health, and with the idea that the patient will improve his choices without feeling like he is missing out. Patient education was printed from UpToDate and discussed with the patient. The patient and I completed one-

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

on-one teaching. We read and reviewed the material. The patient additionally discussed changes that were acceptable for him. **Awesome! You did a wonderful job with looking up this information! MD**

Week 9: 5a & b-One-on-one patient education with patient feedback provided on the need for FSBS. The patient stated “prior to admission she was not diabetic and does not have a hx of diabetes.” Patient and I reviewed her prescribed order for TPN and how that may cause her sugar to elevate along with the stressors that she has encountered during her stay. Referencing Skyscape, the patient and I were able to identify related risk factors, and discuss signs and symptoms of sugar elevation or decline that should be reported to healthcare immediately.

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	S	S	NA	NA	NA	S	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)			NA	S	S	S	S	NA	S	S	S						
			DW	RH	NS	KA	MD	MD	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

Week 4: 6b. Economic Stability- Patient is dependent upon spouse for all care and financial support affecting economic stability. Additionally, since patients spouse is the sole provisioner; management, coordination, and access to multidisciplinary team(s) affect improved health outcomes. **Good observation. Is the wife still working or is she retired? How is their income at home? Some questions to ask if the wife were to come in while you were performing nursing care. Are there any resources we can offer him or his family? RH**

Week 5: 6b. Neighborhood and Built Environment- Patient and wife are currently living in a temporary location and city due to their pipes freezing recently in their home of 50+ years. Unfortunately, this has great effects on the influence of patients care as patient and wife are elderly and are not familiar with surroundings. Home health was initiated for assistance with patient needs and maintaining quality of life. **Great thought process! When your patient was telling us about his living arrangements, this competency came to mind in my head. I am glad to see we were on the same page! Being out of their home and having to rely on others for their shelter could negatively impact his health, especially following the procedure that he went through. I am curious if home health will go to their friends house that they are staying with. Good thoughts! NS**

Week 6: 6b. Health and Healthcare-While the patient was admitted to FRMC Rehab there was a question as to whether she was going to qualify through her insurance and receive approval even with her permitted diagnosis due to her limited plan. Additionally, patient is limited on health literacy. Without the suggestion of family, patient was not going to return to hospital for further evaluation. **Health insurance or the lack thereof is an important SDOH to consider with the patient's ability to manage chronic health conditions such as stroke. KA**

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 7: 6b. Social and Community Context- The patient will return home to be with his wife. The patients wife called to check on him frequently, however she was troubled with having to perform patients household duties. For the benefit of his continued health, a positive relationship with his wife needs to be maintained as the nonmedical factors can determine his health. Patient encouraged to reach out to children or added support. **Great job! MD**

Week 9: 6b. Health Care Access and Quality- The patient splits her time between Ohio and Florida. She will need at minimum two healthcare providers to manage her care. Effctive communication and coordination between the physcians and their staff will be imperative for her optimal health. While the monetary concern is not present due to the patient having Medicare and financial stability, the transferring of care may prove to be difficult in providing health equity.

Week 10: 6b. Economic Stability-In my interactions with the Senior Center group, most were either elderly or disabled which affected their ability to earn an additional income. In speaking with the director, I was advised most individuals come for a discounted hot meal and free food that is provided from local establishments. While a table is accessible with free food for take home, the food is limited to what is available. Many cannot afford to purchase the additional nutrients needed to support healthy living, further compounding stability.

See Care Map Grading Rubrics below.

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		NA	S	S	S	S	NA	S	S							
b. Reflect on an area for improvement and set a goal to meet this need.** (Reflecting)	S		NA	S	S	S	S NI	NA	NI	S	S						
c. Demonstrate evidence of growth, initiative, and self-confidence. (Responding)	S		NA	S	S	S	S	NA	S	S							
d. Follow the standards outlined in the FRMCSN Student Code of Conduct Policy. (Responding)	S		NA	S	S	S	S	NA	S	S							
e. Incorporate the core values of caring, diversity, excellence, integrity, and “ACE”- attitude, commitment, and enthusiasm during all clinical interactions. (Responding)	S		NA	S	S	S	S	NA	S	S							
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (Responding)	S		NA	S	S	S	S	NA	S	S							
g. Demonstrate the ability to give and receive constructive feedback. (Responding)	S		NA	S	S	S	S	NA	S	S							
h. Actively engage in self-reflection. (Reflecting)	S		NA	S	S	S	S	NA	S	S							
	RH		DW	RH	NS	KA	MD	MD	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 7a. An area of strength was my ability to apply what I learned in nursing access and combine the old instruction with the new instruction to enhance my math problem-solving skills.

7b. I did struggle this week with nerves which unfortunately allowed for a misstep in the skills lab. I intend to improve said nerves by increasing the number of times that I practice my skills along with increasing the number of times that I review the videos. This will allow for increased confidence and deter the nervousness by the next skills lab. **This is a great goal. Being comfortable in the lab allows for ease of practice of skills. The more we are in there, the more comfortable you should become.**RH

Week 4 7a. An area of strength this week that brings much enjoyment is the ease of interaction with my assigned patient. With that ease, I am able to provide more efficient patient centered care and that benefits their overall health. **RH**

7b. I had difficulty with the location of supplies in clinicals this week. I intend to improve by observing what is located in each corridor as I enter for tasks. This will improve my ability to recall where supplies are located. **Each unit is typically set up the same and once you become more familiar with FRMC it will be easier to find items.**
RH

Week 5 7a. I felt an increased confidence in my ability to connect the patients admission diagnosis and procedures with the treatments/medications ordered. This allowed me to prioritize the patients needs. **Great strength to note for this week. I truly appreciated the amount of time spent in your patient's room connecting the dots. It was evident throughout the week how dedicated you are to learning. We had great conversations regarding priority needs and potential complications. In each occurrence, you were well-prepared and asked appropriate questions. You also demonstrated independent research to enhance your knowledge and understanding. Nice work!** NS

7b. This week I felt I had difficulty with understanding why a particular medication was ordered for a specific time, yet appeared differently at time of pull for administration. I can improve on understanding by double checking the order entered and verifying with a second reputable source. (Instructor, Patient RN) **While you are noting this as an area for improvement, a positive is the fact that you are paying close attention to details. You were observant and sought further information to clarify. Using your resources is a great way to improve your comfort level in the future. Keep up the hard work!** NS

Week 6 7a. An area of strength this week is the growth in my ability to use the SBAR technique with my assigned nurse. This allowed for me to effectively communicate and promote a better patient outcome. **Great job practicing your SBAR this week!** KA

7b. I struggled this week with a particular medications differences. Antiplatelet vs Anticoagulant. While both prevent strokes, they have different "jobs". I can improve on learning the difference on this medication and others by reviewing Skyscape and my other provided resources. Additionally, ask my instructor for further clarification, if needed. **You do an excellent job asking questions and figuring out the why. This will help not only in your education but in your ability to educate others.** KA

Week 6 – 7e – Tabitha, you provided excellent care this week and went above and beyond to develop a good rapport with your patient and her family. You were able to use your clinical judgment and advocated for what was best for your patient even if the family disagreed with the course of treatment. KA

Week 7 7a. My strength this week was the ability to find Lexicomp. That may sound trivial, but I have struggled with navigation of the computer system and am super proud that I was able to find it! **AWESOME!!!! What a great feeling when you find something that has been a struggle!!!!** MD

7b. My weakness was definitely time management in the morning. With my patient having an early tray and therapy, I found that I was challenged with expedited task completion. **This is definitely a weakness that I see a lot on the rehab unit. It makes you think hard about how to prioritize your day. You are receiving an NI on this competency due to not stating how you will achieve this goal. How do you think you would work on this in the future. Yes you were challenged, but how will you work on it so it will be less of a challenge in future clinical experiences?** MD
NI Response- In the future, I can improve on time management by prioritizing the most important tasks first such as: Assessment(s), VS, and resident needs. Changing the linens, tidying the room, and other non-essential tasks can be completed later in the day. This will allow for me to feel less challenged that I have to complete all tasks first thing in the morning.

MIDTERM-Great job this first half of the semester! Please be sure to be achieving the competencies you have an NA in. MD

Week 9 7a. My strength this week was the ability to develop a caregivers trust with my patient. In developing this trust, the patient felt more comfortable communicating her feelings and needs. This allowed me to meet her needs, yet also encourage her to complete tasks that even though she felt were difficult, she trusted me enough to know that they were for her benefit.

7b. My weakness this week would be lack of knowledge on my patients procedures and apparatuses. I intend to continue to improve on this weakness by paying close attention to all aspects of the clinical experience and also by going home to further understand by researching the patient's diagnosis and procedures on my own. Additionally, if understanding remains unclear, I will reach out to my instructor for help.

Week 10 7a. An area of strength this week was the relatability of enjoyment of crafts with everyone that participated. With having a commonality of enjoying crafts, the need to ask for assistance was less weary and the comfortability of conversation flowed smoothly. I felt it was an enjoyable time for all.

7b. I struggled with feeling that I did not have enough time to spend with each individual. I will work on this by ensuring that with each conversation, (regardless of the setting) I will provide a meaningful response that shows that I have listened with intent.

Student Name: Tabitha Thom		Course Objective:					
Date or Clinical Week: 2/2/2023							
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)	3	3. Is history of DVT relevant to risk for infection?
	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	
	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)	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	4. Good job with all the diagnoses! Next time make sure there are some that are not "Risk for" type of diagnoses. 6. You can list more than 3 in this area if you can think of more 7. Very thorough list of signs and symptoms! Add to kidney failure: low urine output. Add to necrosis: skin color changes because color could be pale or red
	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	3	
	6. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	3	
	7. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	3	
Responding	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	Overall just a reminder that you should use a reference for your rationales. The reference can be listed as an in-text citations (Author, year) then the full reference can be at the end of the interventions box. This is not on the rubric so no points were deducted, but for next time please include a reference
	9. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	10. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	11. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	12. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
Ref	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	

	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	3	
<p>Total Possible Points= 42 points 42-33 points = Satisfactory 32-21 points = Needs Improvement* < 21 points = Unsatisfactory*</p> <p>*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: Please see comments in red for feedback about certain areas.</p> <p>Overall, be cautious when highlighting. Is every item you highlighted related to the priority diagnosis? If they are all related, that is great, but I feel that there are a few highlights that aren't needed.</p> <p>Good job!</p>						<p>Total Points: 42 Satisfactory</p>	<p>Faculty/Teaching Assistant Initials: RH</p>

Student Name: Tabitha Thom		Course Objective:					
Date or Clinical Week: Week 5							
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)	3	A list of 9 abnormal assessment findings were provided based on the care performed during week 5. Due to a lack of diagnostic testing for your patient's disease process, you were limited on what to provide. However, you did include the relevant lab tests that were performed related to his AAA repair. A list of 4 diagnostic tests were listed as pertaining to the priority problem. Risk factors, including age, past medical history, and limitation were provided (nine in total). Nice job with the noticing section of the care map. NS
	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	
	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)	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	A list of 7 priority nursing problems were included, each pertinent to the patient situation. Although his risk for bleeding was a primary concern related to his AAA repair, during the time you were caring for him his risk was decreased and mobility was certainly a concern for him in the hospital environment and at home. Nice job using clinical judgment to identify this as a priority concern for his safety. Three potential complications were provided, including signs and symptoms of each. Good work!
	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	3	
	6. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	3	
	7. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	3	
Responding	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	A thorough list of 14 nursing interventions was provided relevant to the top nursing priority. Interventions are prioritized appropriately. Each intervention includes a frequency and are realistic to the patient situation. I encourage you to elaborate a little more when discussing rationale, as this is a great learning tool. Otherwise, well done.
	9. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	10. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	11. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	12. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
Ref	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	A thorough evaluation based on the patient's assessment findings was provided. It was appropriately determined

ecting	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	3	to continue the plan of care. NS
<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: Tabitha, you are satisfactory with your second care map of the semester related to impaired physical mobility. Overall you did a great job with this care map. We had a good discussion on how to complete the care map and you used your clinical judgment to provide the necessary data. I truly appreciate your willingness to learn! I also appreciate the level of thought and independent research put into the development of this care map. You have completed the minimum requirements of two satisfactory care maps for the semester. I encourage you to continue practicing as you progress through the program as you continue to build your clinical judgment. Keep up the hard work!</p>						<p>Total Points: 42/42</p>	
						<p>Faculty/Teaching Assistant Initials: NS</p>	

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

Student name: Tabitha Thom								
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 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	
Faculty/Teaching Assistant Initials	RH	RH	RH	RH	RH	RH	RH	
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:

(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

(Trach Care & Suctioning 1/18/2023) – During this lab, you satisfactorily demonstrated competence with tracheal airway suctioning and tracheostomy care. Your communication with your patient was very thorough and efficient. You were very aware of your sterile technique and did a good job maintaining sterility. Keep up the good work, you're doing great! RH

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

<u>Simulation Evaluation</u>	Student Name: Tabitha Thom							
	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)
Performance Codes: S: Satisfactory U: Unsatisfactory								
	Date: 1/30/23	Date: 2/13/23	Date: 2/24/23	Date: 3/1	Date: 4/12 or 4/13/23	Date: 4/17/23	Date: 4/27/23	Date: 5/1/23
Evaluation	S	S	S	S				
Faculty/Teaching Assistant Initials	RH	MD	MD	MD				
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA				

* Course Objectives

Comments:

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

3/1/23 - Simulation #1- Please review the comments placed on the Simulation Scoring Sheet below. In addition, please review the individual faculty feedback placed on your prebrief assignment that was returned to you during the debriefing session along with your reflection journal. MD

Lasater Clinical Judgment Rubric Scoring Sheet

Student Roles: A=Assessment Nurse; M=Medication Nurse; O=Observer (Course Specific)

STUDENT NAME(S) AND ROLE(S): Emily Litz (A), Tabitha Thom (M)

GROUP #: 4

SCENARIO: MSN Scenario #1 - Part 1

OBSERVATION DATE/TIME(S): 3/1/2023 1300-1430

CLINICAL JUDGMENT COMPONENTS	<u>OBSERVATION NOTES</u>
<p>NOTICING: (2) *</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 	<p>Obtained full set of VS BP 150/86, HR 106 but did not recognize abnormal VS.</p> <p>Performed a focused assessment on Lt. lower extremity and foot once pt. stated in extreme pain; assessing 6Ps.</p> <p>Asked about preferred pronouns/recognized preferred pronouns.</p> <p>Sought information about pain, asked about rating pain, asked what happened to pt., asked about numbness & tingling.</p> <p>Sought information about allergies; double checking dosage.</p> <p>Recognized compartment syndrome.</p> <p>Reassessed VS.</p>
<p>INTERPRETING: (1) *</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 	<p>Prioritized neuro assessment of 6Ps.</p> <p>Prioritized pain and neuro assessment by exposing Lt. foot by removing sock.</p> <p>Prioritized pain medication of morphine sulfate for Lt. leg pain.</p> <p>Notified HCP in timely manner.</p> <p>Gathered data prior to calling HCP providing a full SBAR, recognizing pt. is displaying compartment syndrome, which is emergent.</p>
<p>RESPONDING: (2,3,4,5,6) *</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 	<p>Roles were not clearly defined as the assessment nurse assisted the medication nurse throughout the scenario.</p> <p>Both nurses were calm throughout the scenario.</p> <p>Confidence was lacking in the medication role.</p> <p>Used preferred pronouns.</p> <p>Notified HCP in a timely manner; verbalized all 6Ps to HCP and</p>

	<p>provided a fully organized SBAR; repeated back information to HCP.</p> <p>Medication was wasted after it was administered; gave IM injection over 4-5 minutes.</p> <p>Removed ice pack; educated on ice pack.</p> <p>Removed pillow from under leg.</p> <p>Nurse completed hibiclens prep on the limb.</p> <p>Did great job communicating with pt.'s partner. Nurse provided honesty to pt. when asked about losing leg.</p> <p>Properly used BMV & confirmed dose.</p> <p>Switched needle to appropriate gauge for IM.</p> <p>Administered morphine sulfate; incorrect dose given; used 2 syringes; 4mL given instead of 4mg (order read to give 4mg & syringe label was 2mg/ 1mL).</p> <p>Properly prepped, cleansed, & administered NS flush and primed & connected IV tubing; properly hung primary IV and antibiotic IVPB; but had difficulty programming IV pump.</p> <p>Educated pt. on fall precautions and discussed pt.'s antihypertensive medication and atrial fib.</p> <p>Excellent job communicating with pt. Explained surgery somewhat, identified ORIF but did not describe the surgery.</p> <p>Report given to OR nurse.</p>
<p>REFLECTING: (7) *</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Evaluated and analyzed clinical performance after being prompted, overall. Key decision points were identified, and alternatives were considered; discussed conflict resolution.</p> <p>Demonstrated awareness of the need for improvement and offered some effort to learn from this experience; stated obvious improvement.</p>
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric.</p> <p>E= Exemplary</p> <p>A= Accomplished</p>	<p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Regularly observed and monitored a variety of subjective and objective data; most useful information was noticed but missing some important information until prompted by the patient. Recognized most obvious patterns and deviations such as vital signs & pain; at times unsure of how to properly continue prioritized</p>

<p>D= Developing B= Beginning</p> <p>Scenario Objectives:</p> <ol style="list-style-type: none"> 1. Select physical assessment priorities based on individual patient needs. (2)* 2. Implement appropriate nursing interventions based on patient's assessment. (1,3,6)* 3. Communicate appropriately with the patient, family, team members, and healthcare providers incorporating elements of clinical judgment and conflict resolution. (4,7)* 4. Provide patient centered care with consideration to cultural, ethnic, and social diversity. (2,3,6)* 5. Provide appropriate patient education based on diagnosis. (5)* 	<p>assessment. Tried, at times, to seek additional information. At times unsure of what information to seek and/or pursue.</p> <p>Interpreting: Prioritized data by focusing on the most relevant and important data useful for explaining the patient's condition. Group was able to compare data patterns with those known to develop intervention plans.</p> <p>Responding: Tentative in leadership role and confidence. Showed some communication ability; communication with patient & patient's partner were successful; communication with team members were partially successful. Developed interventions on the basis of relevant patient data; monitored progress but was unable to adjust at times as indicated by patient response. Hesitant and inaccurate with some nursing skills.</p> <p>Reflecting: Key decision points were identified, and alternatives were considered. Demonstrated awareness of need to improve performance; offered some effort to learn from this experience.</p> <p>Satisfactory completion of MSN simulation scenario #1.</p>
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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