

**EVALUATION OF CLINICAL PERFORMANCE TOOL  
Medical Surgical Nursing – 2024**

**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; Rachel Haynes, MSN, RN; Kelly Ammanniti, MSN, RN, CHSE;  
Monica Dunbar, DNP, RN; Heather Schwerer, MSN, RN; Nick Simonovich, MSN, RN

**Faculty eSignature:**

**Teaching Assistant:** None

**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, & Reflection Journals
- Nursing Care Map Rubric
- Meditech Documentation
- Clinical Debriefing
- Clinical Discussion Group Grading Rubric
- Evaluation of Clinical Performance Tool
- Lasater’s Clinical Judgment Rubric & Scoring Sheet
- Virtual Simulation Scenarios

**ABSENCE (Refer to Attendance Policy)**

Date	Number of Hours	Comments	Make-up (/Date/Time)

Faculty’s Name	Initials
<b>Kelly Ammanniti</b>	<b>KA</b>
<b>Monica Dunbar</b>	<b>MD</b>
<b>Rachel Haynes</b>	<b>RH</b>
<b>Heather Schwerer</b>	<b>HS</b>
<b>Nick Simonovich</b>	<b>NS</b>
<b>Dawn Wikel</b>	<b>DW</b>

## PERFORMANCE CODE

### SATISFACTORY CLINICAL PERFORMANCE

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

### UNSATISFACTORY CLINICAL PERFORMANCE

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

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

### OTHER

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

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

Date	Care Map Top Nursing Priority	Evaluation & Instructor Initials	Remediation & Instructor Initials	Remediation & Instructor Initials

Note: Students are required to submit two satisfactory care maps over the course of the semester. If the care map is not evaluated as satisfactory upon initial submission, the student must revise the care map based on instructor feedback/remediation and resubmit. A maximum of two remediation attempts will be provided for a single care map and if still unsatisfactory, the student will be required to start fresh and initiate a care map on a new patient. At least one care map must be submitted prior to midterm.

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**Objective**

1. Illustrate correlations to demonstrate the pathophysiological alterations in adult patients with medical-surgical problems. (2,3,4,5)\*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
<b>Competencies:</b>			S	S													
a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting)			S	S													
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			S	S													
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			S	S													
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			S	S													
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	S													
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			S	S													
g. Assess developmental stages of assigned patients. (Interpreting)			S	S													
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		S	S													
Indicate your clinical site as well as your patient's age and primary medical diagnosis in this box weekly.	Meditech (room H) FSBS room (skills lab) IV Pump		3T 71years old;Syncope episode	Rehab, 59 years old, Stroke													
Instructors Initials	DW		KA														

**Comments:**

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

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

Week 3 – 1a, b, c, e – You took good care of your patient with syncope and dehydration. 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. You also set a goal for your patient and were able to discuss your patient’s work towards meeting that goal. KA

Week 3 – 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
<b>Competencies:</b>			S	S													
a. Perform inspection, palpation, percussion, and auscultation in the physical assessment of assigned patient. (Noticing)			S	S													
b. Conduct a fall assessment and implement appropriate precautions. (Noticing)			S	S													
c. Conduct a skin assessment and implement appropriate precautions and care. (Noticing)			S	S													
d. Communicate physical assessment. (Responding)			S	S													
e. Analyze appropriate assessment skills for the patient's disease process. (Interpreting)			S	S													
f. Demonstrate skill in accessing electronic information and documenting patient care. (Responding)	S		S	S													
	DW		KA														

**Comments:**

Week 1 (2f)- By attending the Meditech clinical update & providing your full, undivided attention during the demonstration of documenting insulin, IV solutions, and the Meditech 2.2 upgrades, you are satisfactory for this competency. NS

Week 3 – 2a, d – You did a nice job thoroughly assessing your patient and notifying your nurse of any pertinent information. You were able to identify the focused assessment needing to be completed for your patient related to their diagnosis and monitored abnormal assessment findings. KA

Week 3 – 2f – You utilized the EMR to research your patient and determine what care needed to be provided to your patient throughout the day. You also utilized the EMR to research your patient's health history and information related to the patient's current hospital visit. 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
<b>Competencies:</b>	S		S	S													
a. Perform standard precautions. (Responding)	S		S	S													
b. Demonstrate nursing measures skillfully and safely. (Responding)	S		S	S													
c. Demonstrate promptness and ability to organize nursing care effectively. (Responding)			S	S													
d. Appropriately prioritizes nursing care. (Responding)			S	S													
e. Recognize the need for assistance. (Reflecting)			S	S													
f. Apply the principles of asepsis where indicated. (Responding)	S		S	S													
g. Demonstrate appropriate skill with Foley catheter insertion, maintenance, & removal (Responding)			NA	NA													
h. Implement DVT prophylaxis (early ambulation, SCDs, TED hose, administer enoxaparin or heparin) based on assessment and physicians' orders (Responding)			S	S													
i. Identify the role of evidence in determining best nursing practice. (Interpreting)	S		S	S													
j. Identify recommendations for change through team collaboration. (Reflecting)			S	S													
	DW		KA														

**Comments:**

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

**Objective**

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

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

**Comments:**

Week 1 (3o,r)- During the IV pump session, you actively participated in the programming and maintenance of the Alaris IV pump. Additionally, you accurately identified abnormal IV site assessment data with an IV site monitoring activity. HS  
 (3s)- The student was able to satisfactorily perform a Quality Control check of the glucometer as well as demonstrate skills and knowledge required for proper fingerstick blood glucose measurement with the ACCU-CHEK Inform II glucometer. DW

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

Week 3 – 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 and IV medications this week. You performed the medication administration process with beginning dexterity. KA

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

Week 3 – 3s – You demonstrated proper technique when completing FSBS on your patient. You utilized the information received from the monitor to determine the need for insulin utilizing the patient’s prescribed coverage scale. You documented all information correctly 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
<b>Competencies:</b>			S	S													
a. Integrate professionally appropriate and therapeutic communication skills in interactions with patients, families, and significant others. (Responding)			S	S													
b. Communicate professionally and collaboratively with members of the healthcare team using hand-off communication techniques. (SBAR) (Responding)			S	S													
c. Report promptly and accurately any change in the status of the patient. (Responding)			S	S													
d. Maintain confidentiality of patient health and medical information. (Responding)			S	S													
e. Consistently and appropriately post comments in clinical discussion groups. (Reflecting)			S	S													
f. Obtain report, from previous care giver, at the beginning of the clinical day. (Noticing)			S	S													
g. Provide a clear, organized hand-off report to your patient's next provider of care. (Responding)			S	S													
			KA														

**Comments:**

Week 3 – 4b – You completed the SBAR worksheet and provided your RN with handoff communication related to your patient utilizing the SBAR you developed. You made sure all pertinent information and changes in patient status were communicated to your nurse during hand-off report. KA

\*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 3 – 4e – Josh, you did a wonderful job discussing your EBP article on the older adult population and factors to focus on with their care in your CDG this week. You did a nice job responding to a peer with thoughtful and considerate comments. Remember to include the page number in your in-text citation when using a direct quotation. If your reference does not have page numbers include the paragraph number. Keep up the nice 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
<b>Competencies:</b>			S	S													
<b>a. Describe a teaching need of your patient.** (Reflecting)</b>			S	S													
<b>b. Utilize appropriate terminology and resources (Lexicomp, UpToDate, Dynamic Health, Skyscape) when providing patient education. (Responding)</b>			KA														

**\*\*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: 5a & b: I educated my patient on the need of coughing and deep breathing when they have been inactive for a long time. I had the patient take a couple of coughs follow with a deep inspiration and expiration as I showed them first they followed right after me. I believe that this was important to teach my patient since they haven't been moving much and have been laying down since they have gotten admitted and this would be able to loosen their secretions and prevent them from developing pneumonia. I provided patient education while using my skyscape app on the benefits of coughing and deep breathing and as well as the risk for them being immobile. I was able to use the teach back method and asked if the patient had any other questions regarding what we smoke about. **This was definitely good information to provide your patient especially to help her prevent further complications related to her decreased mobility. KA**

Week 4: 5a & b: For this week in in Rehab I educated my patient on the use of their self-suction device when they have impaired swallowing due to their stroke. I had instructed the patient to suction their mouth when it had gotten to the point where they felt like they had quite a bit of saliva in their throat so that they don't irritate their mouth so much. I utilized the teach back method and the patient was able to let me know what I had told them. I believe that this important because of the first things that I had learned in nursing school was ABC which airway, breathing, and circulation and with the teaching I had provided the patient is able to keep a patent airway. The way I provided patient education was through Skyscape on the nursing priorities of impaired swallowing.

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

**\*\*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 3 6b: My patients Social determinants of health would have to come from housing since they are a nursing home patient they do not have a house of their own. This influenced my patient care because I had to keep in mind that my patient is used to help in the nursing home so they will probably need extra assistants in the hospital as well, I was able to ask my patients if their was anything I could help them with every chance I had gotten because since my patient is used to having an environment with caregivers that are with them for long periods of time I wanted them to feel welcomed and not a burden to me. Patients backgrounds and housing needs to be part of the care one is giving because it can act as guide on being able to deliver care without being to invasive or doing different things that patients may not be used to depending on where they come from. **Being in an extend-care facility definitely affects the patient's ability to manage their overall health since they are reliant on the care provided to them while they are there. KA****

Week 4 6b: My patients Social determinant of health would have to come from economic stability since they have been working since before their stroke. This influenced in the care of my patient because since before going up to the rehab floor they had stated that they had to drop everything and decide that this is best for them. My patient was worried about their home and how they were going to pay bills. My patient had a son and friends that came in and reassured them that everything is going to be taken care of and what they should worry about getting better. A way that this influences in the care that I give is because my patient came from living a independent life where they worked and did everything by themselves and now have someone to help them do activities of daily living is hard for them. I made sure I allowed my patient times to where they could do certain things on their own so they can have that sense of independence. One must be able to look at where the patient is coming from so that you are delivering care that is specific to to them.

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		S	S													
b. Reflect on an area for improvement and set a goal to meet this need.** (Reflecting)	S		S	S													
c. Demonstrate evidence of growth, initiative, and self-confidence. (Responding)	S		S	S													
d. Follow the standards outlined in the FRMCSN Student Code of Conduct Policy. (Responding)	S		S	S													
e. Incorporate the core values of caring, diversity, excellence, integrity, and “ACE”- attitude, commitment, and enthusiasm during all clinical interactions. (Responding)	S		S	S													
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (Responding)	S		S	S													
g. Demonstrate the ability to give and receive constructive feedback. (Responding)	S		S	S													
h. Actively engage in self-reflection. (Reflecting)	S		S	S													
	DW		KA														

**\*\*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:I believe that an area of strength was being able to correctly calculate how much insulin I must give prior to administering my practice insulin injection. This is crucial because being off in units can be a life or death situation to a patient and knowing how to calculate the correct dosage is as important as knowing how to administering insulin. **Great reflection here! Keep up the great work! DW**

7b:I believe that an area for improvement that I had was when administering my IM injection in the NF skills practice lab I didn't pull the syringe down when drawing back the medication fluid which caused for air bubbles to form and making the process of drawing up medications difficult . I am going to review the steps on how to perform a IM injection 3 times in my NF skills slides that I had received last semester a week prior to starting clinical. I will additionally check in with clinical instructor if I am still having issues with drawing up medications. **Good plan! Practice will help to solidify this skill in your mind. Also, if it helps, you did a nice job reconstituting and drawing up the pantoprazole during the IV lab. DW**

Week 2 7a:I believe that a strength that I was able to correctly able to figure out how to do ABG practice questions. I believe this is very important to be able to figure out what is going on with my patient and interventions I am able to do as a nurse to try and correct an imbalance my patient may have. **Wonderful! DW**

7b:I believe that an area for improvement that I had was when I prep my sterile equipment for cleaning a tracheostomy. Although I did do good during my lab practical I still could find some area for improvement on where I place my items and ways I can move around my equipment without being at risk for breaking sterile field. I am going to look at the supplies that I may need for cleaning a tracheostomy and figure out how I can place them and organize my equipment 3 times before attending my first clinical on 3 tower. **Great idea! Maintaining your sterile field is a basic but extremely important concept. DW**

**Side note: On weeks that you do not have clinical (ex. Week 7, 8 and 13), you do not need to write a strength and goal for improvement. Regardless, I'm really glad you did. It's always important to reflect on past experiences for future growth. DW**

Week 3 7a: I believe that a strength that I had was being able to flow through my head to toe assessment fairly smooth without having to check my meditech screen to see what I missed. I feel that this is important because it helps me be time efficient and be able to help the patient with anything they need and as well as being able to pass medications more efficiently by having more time to look up my meds to be able to pass them out to my patient on time. **Great job! Practice makes perfect! KA**

7b:I believe than an area for improvement would be that I had trouble in was being able to fill out my report sheet in the right slots and found myself having to write everything behind my paper and fill the information in the correct spots after report was done. I am going to look over where everything goes in my report sheet 3 times before my next clinical so I am able to find information for my patient easier when asked a question about my patient. **It does take time to get a flow with where to write things. Once you are working on a unit you may choose to create your own worksheet that flows they way you think and want to have information displayed. KA**

Week 4 7a: I believe that a strength that I had was being able to do NG medication safely. I feel that this is important to know because I am not always going to do a traditional med administration such as PO or Injection meds. I was able to mix the medications correctly and make sure I took my time because these patients are at a high risk of aspiration, so I had to be able to time it right and have patience.

7b:I believe that an area for improvement would have to organization when being a team leader. I felt overwhelmed with writing patient's meds so then I could be able to ask my classmates about the meds they were going to be administered. I am going to grab 3 blank pieces of paper and place them in my clipboard the night before and as well as start with looking up my classmates meds first so that way I am able to help them out more after med administration.

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		

<b>ecting</b>	14. Evaluation includes one of the following statements: <ul style="list-style-type: none"> <li>• Continue plan of care</li> <li>• Modify plan of care</li> <li>• Terminate plan of care</li> </ul>	<b>Complete</b>			<b>Not complete</b>			
<p>Total Possible Points= 42 points            42-33 points = Satisfactory            32-21 points = Needs Improvement*            &lt; 21 points = Unsatisfactory*</p> <p><b>*Total points adding up to less than or equal to 32 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.</b></p> <p><b>Faculty/Teaching Assistant Comments:</b></p>							<b>Total Points:</b>	
							<b>Faculty/Teaching Assistant Initials:</b>	

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

<b>ecting</b>	14. Evaluation includes one of the following statements: <ul style="list-style-type: none"> <li>• Continue plan of care</li> <li>• Modify plan of care</li> <li>• Terminate plan of care</li> </ul>	<b>Complete</b>			<b>Not complete</b>			
Total Possible Points= 42 points 42-33 points = Satisfactory 32-21 points = Needs Improvement* < 21 points = Unsatisfactory* <b>*Total points adding up to less than or equal to 32 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.</b>  <b>Faculty/Teaching Assistant Comments:</b>							<b>Total Points:</b>	
							<b>Faculty/Teaching Assistant Initials:</b>	

Firelands Regional Medical Center School of Nursing  
**Medical Surgical Nursing 2024**  
**Skills Lab Competency Tool**

Student name: Joshua Hernandez								
<b>Skills Lab Competency Evaluation</b>	<b>Lab Skills</b>							
	<b>Week 1</b>	<b>Week 1</b>	<b>Week 1</b>	<b>Week 1</b>	<b>Week 1</b>	<b>Week 2</b>	<b>Week 2</b>	<b>Week 9</b>
Performance Codes:  S: Satisfactory  U:Unsatisfactory	<b>Insulin</b> (2,3,5,7)*	<b>Assessment</b> (2,3,4,5,7)*	<b>IV Math Application</b> (3,7)*	<b>Lab Day</b> (1,2,3,4,5,6,7)*	<b>IV Skills</b> (2,3,5,7)*	<b>Trach</b> (1,2,3,4,5,6,7)*	<b>EBP</b> (3,7)*	<b>Lab Day</b> (1,2,3,4,5,6,7)*
	<b>Date:</b> 1/9/24	<b>Date:</b> 1/9/24	<b>Date:</b> 1/10/24	<b>Date:</b> 1/10/24	<b>Date:</b> 1/12/24	<b>Date:</b> 1/17/24	<b>Date:</b> 1/18/24	<b>Date:</b> 3/11 or 3/12/24
Evaluation:	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	
Faculty/Teaching Assistant Initials	<b>DW</b>	<b>DW</b>	<b>DW</b>	<b>DW</b>	<b>DW</b>	<b>DW</b>	<b>DW</b>	
<b>Remediation: Date/Evaluation/Initials</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	

\*Course Objectives

**Comments:**

**Week 1**

(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

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

(IV Math)-You satisfactorily participated in the IV Math learning session on 1/9/24 as well as the assigned IV Math practice questions and the IV Math Application lab on 1/10/24. KA/DW

(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, foley insertion, and development of nursing notes. NS/MD

(IV Skills)- You have satisfactorily completed IV lab including a saline flush, IV push medication administration, priming and 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. DW

**Week 2**

(Trach Care & Suctioning) - During this lab, you satisfactorily demonstrate competence with tracheostomy care and tracheostomy suctioning. You did a nice job of explaining the procedure to your patient. Overall nice job with maintaining your sterile field. During tracheostomy care, your sterile gloves broke when applying them, you

identified the need to obtain a new pair and executed the application effectively. During trach suctioning, you were able to remind yourself about the need to apply a mask prior to opening the sterile kit. No prompts were needed for tracheal suctioning. For tracheostomy care, you reminded yourself to fill both sides of the empty basin when preparing supplies. You also reminded yourself to remove the soiled dressing prior to applying your sterile gloves. As a result, no prompts were needed. You were able to answer my questions appropriately and demonstrated competence in both procedures. Keep up the hard work. DW/RH/NS/HS  
(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. KA/LK

Firelands Regional Medical Center School of Nursing  
 Medical Surgical Nursing 2024  
 Simulation Evaluations

<b><u>Simulation Evaluation</u></b>	<b>Student Name:</b> Joshua Hernandez							
	Performance Codes:  <b>S:</b> Satisfactory  <b>U:</b> Unsatisfactory	<b>vSim-</b> Vincent Brody (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	<b>vSim-</b> Juan Carlos (Pharmacology) (*1, 2, 3, 4, 5, 6)	<b>vSim-</b> Marilyn Hughes (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	Simulation #1 (Musculoskeletal & Resp) (*1, 2, 3, 4, 5, 6, 7)	Simulation #2 (GI & Endocrine) (*1, 2, 3, 4, 5, 6, 7)	<b>vSim-</b> Stan Checketts (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	<b>vSim-</b> Harry Hadley (Pharmacology) (*1, 2, 3, 4, 5, 6)
	<b>Date:</b> 1/29/24	<b>Date:</b> 2/12/24	<b>Date:</b> 2/26/24	<b>Date:</b> 2/28 or 2/29/24	<b>Date:</b> 4/10 or 4/11/24	<b>Date:</b> 4/15/24	<b>Date:</b> 4/25/24	<b>Date:</b> 4/29/24
Evaluation								
Faculty/Teaching Assistant Initials								
<b>Remediation:</b> Date/Evaluation/Initials								

\* Course Objectives

**Comments:**

**EVALUATION OF CLINICAL PERFORMANCE TOOL**  
**Medical Surgical Nursing – 2024**

**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:

12/27/2023