

EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Katelyn Morgan

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
Kelly Ammanniti	KA
Monica Dunbar	MD
Rachel Haynes	RH
Heather Schwerer	HS
Nick Simonovich	NS
Dawn Wikel	DW

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

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

UNSATISFACTORY CLINICAL PERFORMANCE

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

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

OTHER

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

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

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

Note: Students are required to submit two satisfactory care maps over the course of the semester. If the care map is not evaluated as satisfactory upon initial submission, the student 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.

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies:			n/a	S	S												
a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting)			n/a	S	S												
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			n/a	S	S												
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			n/a	S	S												
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			n/a	S	S												
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			n/a	S	S												
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			n/a	S	S												
g. Assess developmental stages of assigned patients. (Interpreting)			n/a	S	S												
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		n/a	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	rehab	Rehab: 73 yr old F; RT hip revision and femoral shaft fracture												
Instructors Initials	MD	MD	DW	MD													

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/NS/HS

Rehab Clinical Objective 1 B-E-This week you were able to identify symptoms, medical treatments, pharmacotherapy, and diagnostic tests that were a part of the patient's stay on the Rehab unit. You did a great job in correlating all of these with the patient's diagnosis. Great job! MD

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

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

Rehab Clinical Objective 2 A-This week you were able to perform a great head to toe assessment! You were able to translate all of your findings in documentation and while discussing your patient with me. You really did a great job putting the pieces together with the patient's assessment and what you would see with the diagnosis! MD

Objective																	
3. Execute safety precautions in the implementation of quality, patient-centered care and evidence-based nursing interventions. (2,3,4,5,8)*																	
Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies:	S		n/a	S	S												
a. Perform standard precautions. (Responding)	S		n/a	S	S												
b. Demonstrate nursing measures skillfully and safely. (Responding)	S		n/a	S	S												
c. Demonstrate promptness and ability to organize nursing care effectively. (Responding)			n/a	S	S												
d. Appropriately prioritizes nursing care. (Responding)			n/a	S	S												
e. Recognize the need for assistance. (Reflecting)			n/a	S	S												
f. Apply the principles of asepsis where indicated. (Responding)	S		n/a	S	S												
g. Demonstrate appropriate skill with Foley catheter insertion, maintenance, & removal (Responding)			n/a	S NA	N/A												
h. Implement DVT prophylaxis (early ambulation, SCDs, ted hose, administer enoxaparin or heparin) based on assessment and physicians' orders (Responding)			n/a	S	S												
i. Identify the role of evidence in determining best nursing practice. (Interpreting)	S		n/a	S	S												
j. Identify recommendations for change through team collaboration. (Reflecting)			n/a	S	S												
	MD	MD	DW														

Comments:

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Rehab Clinical Objective 3 G-Your patient this week did not have a catheter. This is an NA. MD – Ill be more careful on filling out “S” next time. KM

Rehab Clinical Objective 3 D-You were able to identify the priority assessments with your patient and prioritize interventions that needed to be completed! MD

Objective																	
3. Execute safety precautions in the implementation of quality, patient-centered care and evidence-based nursing interventions. (2,3,4,5,8)*																	
Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies:			n/a	S	S												
k. Administer PO, SQ, IM, or ID medications observing the rights of medication administration. (Responding)			n/a	S	S												
l. Ensure patient safety through proper use of EHR, IV flow sheet, and BMV. (Responding)			n/a	S	S												
m. Calculate medication doses accurately. (Responding)			n/a	S	S												
n. Administer IV therapy, piggybacks, IV push, and/or adding solution to a continuous infusion line. (Responding)			n/a	n/a	N/A												
o. Regulate IV flow rate. (Responding)	S		n/a	n/a	N/A												
p. Flush saline lock. (Responding)			n/a	n/a	N/A												
q. D/C an IV. (Responding)			n/a	n/a	N/A												
r. Monitor an IV. (Noticing)	S		n/a	n/a	S- had saline lock; assessed site												
s. Perform FSBS with appropriate interventions. (Responding)	S		n/a	n/a	N/A												

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

MD	MD	DW	MD														
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Comments:

Week 1 (30,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

Rehab Clinical Objective 3 K-M-This week you were able to identify the rights of medication administration and you were able to accurately administer medications to your patient. You identified safe practice and performed really well with administering your patient's medications! MD

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:			n/a	S	S												
a. Integrate professionally appropriate and therapeutic communication skills in interactions with patients, families, and significant others. (Responding)			n/a	S	S												
b. Communicate professionally and collaboratively with members of the healthcare team using hand-off communication techniques. (SBAR) (Responding)			n/a	S	S												
c. Report promptly and accurately any change in the status of the patient. (Responding)			n/a	S	S												
d. Maintain confidentiality of patient health and medical information. (Responding)			n/a	S	S												
e. Consistently and appropriately post comments in clinical discussion groups. (Reflecting)			n/a	S	S												

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

f. Obtain report, from previous care giver, at the beginning of the clinical day. (Noticing)			n/a	S	S												
g. Provide a clear, organized hand-off report to your patient's next provider of care. (Responding)			n/a	S	S												
	MD	MD	DW	MD													

Comments:

Rehab Clinical Objective 4 E-You had a wonderful CDG this week with response! You were able to turn in your CDG on time, have the adequate word count for both posts, and you were able to provide to the conversation with the information you gave! Remember-when you are using Skyscape as a resource you are citing the authors of the source you are using not Skyscape. Let me know if you need assistance with this. MD

Objective																	
5. Implement patient education based on teaching needs of patients and/or significant others. (1,6)*																	
Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies:			n/a	S	S												
a. Describe a teaching need of your patient.** (Reflecting)			n/a	S	S												
b. Utilize appropriate terminology and resources (Lexicomp, UpToDate, Dynamic Health, Skyscape) when providing patient education. (Responding)			n/a	S	S												
	MD	MD	DW	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:

4A&B: Education related to using the call light for assistive transfers to my patient through verbal communication. This was necessary as my patient had fallen on the prior floor, she had been on in the hospital and fractured her right femur. My patient did not utilize the call light and attempted to self-transfer. That lead to my patient needing another surgery and being transferred to rehab for therapy to help gain strength, mobility, and independence. This teaching was necessary for safety due to her prior fall. My patient also takes a narcotic PRN for pain. Side effects r/t my patient's narcotic is, orthostatic hypotension, sedation, dizziness, and experiencing a "floating feeling.' Those

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

side effects are alarming for safety considerations, and to prevent falls. Redirection was provided to my patient. Resource used: Skyscape for medication side effects.

Excellent! MD

5A&B: I provided verbal education on medications, fall precautions, Ted hose, and utilizing assistive devices for mobility/ambulating. My patient was/is a high fall risk patient with a score of 13. She was deemed a high falls risk due to being on rehab floor, NWB, Limited ROM in RLE, generalized weakness, and she is RX'd narcotics. Narcotics automatically place a patient on fall precautions due to the sedation side effect that a patient may experience. I utilized teach back method. My patient sees therapy to help her gain her strength, mobility, and independence so she is able to return home.

Objective

6. Implement patient-centered plans of care utilizing the nursing process, clinical judgment, and consideration for cultural, ethnic, and social diversity. (2,3,4,5)*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
a. Develop and implement a priority care map utilizing the nursing process and clinical judgment. (Noticing, Interpreting, Responding, Reflecting)			n/a	n/a- did not do caremap this week	S												

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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)			n/a	S U	S												
	MD	MD	DW	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.**

See Care Map Grading Rubrics below.

Comments:

Rehab Clinical Objective 6B-With every clinical experience this competency should be addressed with a comment. You are to provide an example of a SDOH and or cultural element that influenced your patient's care. Again, this is for all clinical experiences. Due to lack of comment, I am changing this rating to an unsatisfactory. Please be sure to comment with how you will prevent this from occurring in future tools. MD

I will be sure to overlook all of the questions prior to submission for completion. KM

6B: My patient does not drive. She is happily married to her husband of 60 years (per pt). By her not driving, it can affect her care when she returns home to get to follow up appts to see her doctors, and to pick up her medications, and over all wellbeing. She told me that her husband is retiring in 2 years. So, they only have one care. Having one car and one person able to drive can be stressful on both parties.

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 NA	S	S												
b. Reflect on an area for improvement and set a goal to meet this need.** (Reflecting)	S	S	S NA	S	S												
c. Demonstrate evidence of growth, initiative, and self-confidence. (Responding)	S	S	S NA	S	S												
d. Follow the standards outlined in the FRMCSN Student Code of Conduct Policy. (Responding)	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	S	S NA	S	S												
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (Responding)	S	S	S NA	S	S												
g. Demonstrate the ability to give and receive constructive feedback. (Responding)	S	S	S NA	S	S												
h. Actively engage in self-reflection. (Reflecting)	S	S	S NA	S	S												
	MD	MD	DW	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:

7A week 1

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

An area of strength is asking questions when needed. Asking questions is important because asking questions shows that you are eager to learn and to ensure you understand the topic appropriately which is crucial during nursing school. **This is a great strength! MD**

7B week 1 :

An area of improvement for me is IV calculations. I will improve my IV calculation skills by working on math problems every day for an hour and checking my answers on the answer documents provided. I will do this until we have our test on IV calculations. I am a visual learner so I like to watch videos. I enjoy watching “Sarah registered nurse RN” on youtube. She goes over IV calculations. I can also do this in my free time until we are tested and prn. **This is a great idea! Keep in mind, there will be math on all quizzes and tests! MD**

7A week 2

An area of strength is staying ahead with my studies. I am very goal driven. I do not like to set myself up for failure. If I don’t study or feel like I did enough, I get very anxious. By staying ahead with studying, helps to ease my anxiety. I plan to stay ahead as best as I can throughout the remaining of the course. I had to cut down my hours at work to PRN. Cutting down my hours will help me plan better for school. **Great goal! MD**

7B week 2:

An area of improvement is going to skill check off more confidently. I study as much as I can and I have the knowledge and skills to help me pass skills check off. I am confident at work and work fine at the bedside but for some reason it’s a different ball game during check offs. I will have to grow mentally confident for my check offs throughout the remaining of the program. I will have to start giving myself prep talks prior to each skill check off throughout the program. During check offs, I like to talk out what I’m doing to help me stay on track. Perhaps I am too hard on myself. **Make sure to give yourself grace in not being perfect with a skill. That is why you are in school! If you need anything we are always here to help you succeed! MD**

7A week 3:

An area of strength is not rushing through exams. I like to take as much time I need on the questions to make sure I understand what the questions is asking before selecting an answer. This also helps with my test anxiety. An answer or 2 I can easily eliminate based on the process of elimination. Nursing exams has two correct answers, but you want to select the MOST correct answer 😊

7B week 3:

An area of improvement is not second guessing myself on the quizzes and exams. I will NOT change my answer(s) unless I am 1000000% certain that the answer that I have selected is not correct. I will (practice) learn/utilize this as time goes on throughout the program.

Katelyn, on weeks that you do not have clinical (ex. Week 8 and week 13), you do not need to write about a strength or goal for improvement. With that said, I appreciate that you are routinely reflecting on past experiences in order to achieve future growth. Thank you! DW

7A week 4:

An area of strength is taking rest periods while studying. Taking breaks while studying helps your brain absorb the information that you’re learning. I will continue this throughout the program. **I think it is great that you are implementing this! Breaks are definitely needed! MD**

7B week 4:

An area of improvement is not drinking caffeine prior to bed. I have learned that the hard way a couple weeks ago. I had drunk an energy drink later on in the evening and tried to go to bed at my usual time, and couldn’t. With that being said, I plan to no longer drink energy drinks a couple hours prior to bed anymore. Getting sleep (especially in nursing school) is crucial. **Absolutely! I cannot agree more! MD**

7A wk 5: An area of strength is being able to communicate with patients. I 100% believe being able to talk to your residents and then opening up to you depends on your approach and how you carry yourself. Patients want to be well taken care of and to know that that they will be taken care of. If patients feel like they won’t be able to “connect” with their nurse, it can affect their care.

7B wk 5: I believe not everyone is “perfect” we could all improve on things. I believe I can improve on my assessment skills everyday at clinical throughout the remainder of the program and the rest of my career.

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

ecting	14. Evaluation includes one of the following statements:	Complete			Not complete		
	- Continue plan of care - Modify plan of care - Terminate plan of care						
Total Possible Points= 42 points 42-33 points = Satisfactory 32-21 points = Needs Improvement* < 21 points = Unsatisfactory* *Total points adding up to less than or equal to 32 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines. Faculty/Teaching Assistant Comments:							Total Points:
							Faculty/Teaching Assistant Initials:

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

ecting	14. Evaluation includes one of the following statements:	Complete			Not complete		
	- Continue plan of care - Modify plan of care - Terminate plan of care						
Total Possible Points= 42 points 42-33 points = Satisfactory 32-21 points = Needs Improvement* < 21 points = Unsatisfactory* *Total points adding up to less than or equal to 32 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines. Faculty/Teaching Assistant Comments:							Total Points:
							Faculty/Teaching Assistant Initials:

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

Student name: Katelyn Morgan								
Skills Lab Competency Evaluation	Lab Skills							
	Week 1	Week 1	Week 1	Week 1	Week 1	Week 2	Week 2	Week 9
	Insulin (2,3,5,7)*	Assessment (2,3,4,5,7)*	IV Math Application (3,7)*	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: 1/9/24	Date: 1/9/24	Date: 1/11/24	Date: 1/11/24	Date: 1/12/24	Date: 1/18/24	Date: 1/17/24	Date: 3/11 or 3/12/24
	Performance Codes: S: Satisfactory U:Unsatisfactory							
Evaluation:	S	S	S	S	S	S	S	
Faculty/Teaching Assistant Initials	MD	MD	MD	MD	MD	MD	MD	
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	

*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 1/11/24. 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. MD

Week 2

(Trach Care & Suctioning) - During this lab, you satisfactorily demonstrate competence with tracheostomy care and tracheostomy suctioning. During this lab you satisfactorily demonstrated competence with tracheal airway suctioning and tracheostomy care. You were able to maintain sterile field when necessary and you did not need any prompts for either skill. You answered my questions regarding knowledge and competence of both procedures. Great job! 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

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

* 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