EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Hannah Baum

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: a. Analyze the involved patho-physiology of the patient's disease process. (Interpreting)			NA	NA	S												
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			NA	NA	S												
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			NA	NA	S												
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			NA	NA	S												
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			NA	NA	S												
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			NA	NA	S												
g. Assess developmental stages of assigned patients. (Interpreting)			NA	NA	S												
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		S	NA	S												
Indicate your clinical site as well as your patient's age and primary medical diagnosis in this box weekly.	Meditech, FSBS, IV Pump Sessions		Infection Control and Digestive Health	No clinical	3T, 79 years old, Parkinson's Disease												
Instructors Initials	**MD**	**MD**	**DW**	**DW**													

Comments:

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

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

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies: a. Perform inspection, palpation, percussion, and auscultation in the physical assessment of assigned patient. (Noticing)			NA	NA	S												
b. Conduct a fall assessment and implement appropriate precautions. (Noticing)			NA	NA	S												
c. Conduct a skin assessment and implement appropriate precautions and care. (Noticing)			NA	NA	S												
d. Communicate physical assessment. (Responding)			NA	NA	S												
e. Analyze appropriate assessment skills for the patient's disease process. (Interpreting)			NA	NA	S												
f. Demonstrate skill in accessing electronic information and documenting patient care. (Responding)	S		S	NA	S												
	MD	**MD**	**DW**	**DW**													

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

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

Objective

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

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

Comments:

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

Objective

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

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

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

Objective

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

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

Comments:

Week 3 (4e)- According to the CDG Grading Rubric, you have earned a satisfactory for your Infection Control discussion this week. Your discussion was extremely thorough and backed by evidence. Keep up the good work! In terms of APA formatting, I have just one suggestion. When you use a direct quote, the citation should include the author(s) last name, the year of publication and the page number. This would be an example of an APA formatted citation- (Harding et al., 2023, p. 251). DW

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

Objective

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

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

5a & b- You must address this competency in the comments below for all clinicals on 3T, 4N, or Rehab- describe the patient education you provided; be specific- include the topic, method of delivery, reason for teaching need, materials to support learning through above resources (if applicable), and method used to validate learning.
Example: Education related to orthostatic hypotension (changing positions slowly by sitting at the side of the bed or chair for a few minutes before moving to another position, utilizing the walker when ambulating) was provided to my patient through discussion and demonstration. This was necessary to maintain patient safety as he/she was experiencing a drop-in blood pressure and dizziness when getting out of bed. A patient education sheet was printed from Lexicomp and given to the patient. The teach back method was used to validate learning.

Comments:

Week 5: Education related to aspiration prevention (sitting in a chair while eating, chin tucked for swallowing, eat slowly with small bites, providing proper consistency of food/fluid) was given to my patient through discussion and practice. We also discussed the importance of preventing aspiration. This education piece is necessary because the patient experienced dysphagia as a symptom of Parkinson's Disease. The patient frequently experienced coughing fits during meals and when drinking water prior to education. This education is pertinent to help the patient avoid a blocked airway and aspiration pneumonia. I gathered this information from Skyscape and used the teach back method to ensure the patient understood the education. I continued to observe the patient throughout the day to help remind the patient of aspiration prevention techniques.

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

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

Comments:

See Care Map Grading Rubrics below.

Week 3(b): In preparation for a colonoscopy preparation, the patient is asked to complete a bowel cleansing regimen in addition to the avoidance of fiber and maintaining NPO status for a full 24 hours before the procedure. Patients who do not live in an environment that is supportive of this preparation for a colonoscopy or those who are poorly educated on the importance of maintaining a clear bowel in preparation for the procedure will likely be unsuccessful in clearing their bowels as recommended. This can increase the patient's risk of perforation, cause more technical difficulties during the procedure, cause the procedure to last longer than expected, or cause the patient to undergo multiple colonoscopies. Excellent reflection on the effects of SDOH related to the population seeking care in Digestive Health. I will also add that not fully clearing out the bowel could result in missing a concerning area of the colon. Keep up the great work, Hannah! DW

Week 5(b): For this patient, a social determinant of health is their living situation. The patient has Parkinson's Disease, is 79 years old, and lives in a condo with his wife. The patient is known to have frequent falls and fell at home while attempting a stand and pivot with his wife assisting him. At home, the patient does not have the support

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

to continue to do necessary therapy to improve muscle response, balance, coordination, strength, and flexibility. The ability of his wife to care for him is limited and she may feel as though she is unable to care for the patient at home. The patient may feel as though he is a burden to his wife as his needs may be greater than what she is able to care for. This will worsen the patient's condition and put them at greater risk for falls.

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

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

MD	**MD**	**DW**	**DW**													

Comments:

Week 1:
   a. Successfully learned about and gained confidence in IV's, insulin, FSBS, monitoring of IV sites, and reviewed Nursing Foundations skills. I came to class prepared and asked appropriate questions for clarification. I successfully practiced administering a dose of insulin and correctly identified examples of infiltration, extravasation, and phlebitis. I also successfully performed a saline flush of a venous access device, IV bolus medication administration, prepared IV solution and tubing, and hanged IVPB. Wonderful! MD
   b. I had trouble remembering appropriate needle sizes for IM injections during the review of Nursing Foundations review. I will review IM and subcutaneous injections three times over the next week to solidify understanding. Great! MD

Week 3:
   a. I successfully identified proper isolation precautions for several patients including those with pneumonia, MDRO, COVID-19, and C. difficile. I observed multiple units (4N, 4P, 4C, 3T, and 5T) for implementation of correction isolation precautions and handwashing. I was able to look at a patient's chart and determine if there was appropriate and accurate documentation regarding their isolation status. Well done! DW
   b. During the digestive health portion of the clinical, I was unfamiliar with possible diagnoses for colonoscopies (ex. polyps and diverticulosis, prolapse). Knowing about these diagnoses would have been helpful going into the clinical experience. I will spend 1-2 hours this week studying polyps, diverticulosis, inflammatory bowel disease, and bowel cancer and their related nursing interventions. Way to think beyond the diagnostic procedure to consider what your role might be in educating and providing care based on a diagnosis. Identifying opportunities and engaging in independently learning will be so important to your future in nursing. Nice job! DW

Week 5:
   a. I successfully provided cues and reminders for education that was taught in physical and speech therapy. The patient picked up on new concepts quickly but would forget to apply them outside of therapy. I continued to remind the patient the importance of tucking his chin when swallowing, taking smaller sips or bites of food, eating/drinking slower, bending at the waist when sitting down or standing up, and pushing up from the chair rather than holding on to the walker. Over time, this helped the patient remember to follow these educational pieces and he had fewer coughing fits when eating/drinking and had an easier time standing.
   b. I was unfamiliar with Parkinson's Disease and the assessment findings that can be associated with it. This made it difficult to identify interventions and areas for education aside from the cues I provided to mitigate aspiration risk and promote effective usage of the walker. A lack of understanding of the disease process makes it difficult to understand the physical and emotional difficulties that the patient may face on a day to day basis. I will spend 1-2 hours this week looking into Parkinson's Disease including disease process and nursing interventions.

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

Student Name:						
Date or Clinical Week:		Course Objective:				

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

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

Total Possible Points= 42 points 42-33 points = Satisfactory 32-21 points = Needs Improvement* < 21 points = Unsatisfactory* ***Total points adding up to less than or equal to 32 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.** **Faculty/Teaching Assistant Comments:**	**Total Points:** **Faculty/Teaching Assistant Initials:**

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

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

15

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

Total Possible Points= 42 points 42-33 points = Satisfactory 32-21 points = Needs Improvement* < 21 points = Unsatisfactory* ***Total points adding up to less than or equal to 32 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.** **Faculty/Teaching Assistant Comments:**	**Total Points:** **Faculty/Teaching Assistant Initials:**

Student name: Hannah Baum								
Skills Lab Competency Evaluation	**Lab Skills**							
	Week 1	Week 1	Week 1	Week 1	Week 1	Week 2	Week 2	Week 9
Performance Codes: **S**: Satisfactory **U**:Unsatisfactory	**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: 1/10/24	Date: 1/10/24	Date: 1/12/24	Date: 1/17/24	Date: 1/18/24	Date: 3/11 or 3/12/24
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 1/10/24. 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. MD

Week 2
(Trach Care & Suctioning) - During this lab, you satisfactorily demonstrate competence with tracheostomy care and tracheostomy suctioning. You did a nice job overall and sterility was maintained. One prompt was received for applying the mask before tracheal suctioning. Remember to step back and avoid cleaning the inner cannula over the sterile field. Otherwise, keep up the good 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

Simulation Evaluation Performance Codes: **S**: Satisfactory **U**: Unsatisfactory	Student Name: Hannah Baum							
	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	DW							
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