

**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)
1/29/2024	2 hours	IC Signature Form & Scavenger Hunt	1/30/2024/2 hours

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

7. 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	N/A	S												
a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting)			N/A	N/A	S												
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			N/A	N/A	S												
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			N/A	N/A	S												
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			N/A	N/A	S												
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			N/A	N/A	S												
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			N/A	N/A	S												
g. Assess developmental stages of assigned patients. (Interpreting)			N/A	N/A	S												
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		N/A S	S	S												
Indicate your clinical site as well as your patient's age and primary medical diagnosis in this box weekly.	Meditech, FSBS, IV Pump Sessions		Infection control	ECSC	5T Rehab												
Instructors Initials	DW		HS	HS													

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

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

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:	S		N/A	N/A	S												
a. Perform standard precautions. (Responding)				S													
b. Demonstrate nursing measures skillfully and safely. (Responding)	S		N/A	N/A	S												
c. Demonstrate promptness and ability to organize nursing care effectively. (Responding)			N/A	N/A	S												
d. Appropriately prioritizes nursing care. (Responding)			N/A	N/A	S												
e. Recognize the need for assistance. (Reflecting)			N/A	N/A	S												
f. Apply the principles of asepsis where indicated. (Responding)	S		N/A	N/A	S												
g. Demonstrate appropriate skill with Foley catheter insertion, maintenance, & removal (Responding)			N/A	N/A	N/A												
h. Implement DVT prophylaxis (early ambulation, SCDs, TED hose, administer enoxaparin or heparin) based on assessment and physicians' orders (Responding)			N/A	N/A	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												
	DW		HS	HS													

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

Comments:

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	N/A	S												
k. Administer PO, SQ, IM, or ID medications observing the rights of medication administration. (Responding)			N/A	N/A	S												
l. Ensure patient safety through proper use of EHR, IV flow sheet, and BMV. (Responding)			N/A	N/A	S												
m. Calculate medication doses accurately. (Responding)			N/A	N/A	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/S												
p. Flush saline lock. (Responding)			N/A	N/A	N/S												
q. D/C an IV. (Responding)			N/A	N/A	N/S												
r. Monitor an IV. (Noticing)	S		N/A	N/A	N/S												
s. Perform FSBS with appropriate interventions. (Responding)	S		N/A	N/A	N/S												
	DW		HS	HS													

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

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

(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

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)																	
b. Communicate professionally and collaboratively with members of the healthcare team using hand-off communication techniques. (SBAR) (Responding)			S	S	S												
c. Report promptly and accurately any change in the status of the patient. (Responding)			N/A	N/A	S												
d. Maintain confidentiality of patient health and medical information. (Responding)			N/A S	N/A	S												
e. Consistently and appropriately post comments in clinical discussion groups. (Reflecting)			S U	S	S												
f. Obtain report, from previous care giver, at the beginning of the clinical day. (Noticing)			N/A	N/A	S												
g. Provide a clear, organized hand-off report to your patient's next provider of care. (Responding)			N/A	N/A	S												
			HS	HS													

Comments:

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

Week 3 (4e)- Nice job with your initial CDG post you have great information regarding the assessment and intervention and I believe you may have used a reference however you did not provide one with the post as well as the intext citation. Please review the CDG rubric. Per the rubric you must include a supportive reference with an in-text citation with each initial response. HS

Week 3 (4e) I failed to read fully what was needed for the CDG clinical sites. I thought it was different from the other post and just by answering the questions that were provided. This will be fixed by making sure I re-read what is needed for the CDG make sure that I understand what is expected and follow the directions by making sure that a intext citation is in every CDG. HS

Week 4 (4e)- According to the CDG rubric you earned a satisfactory for your Erie County Senior Center discussion this week. I was a little confused within the response to the second question. The question is asking how you would adapt as a nurse and respond to the patients with the declined functional ability. You mentioned that many of the patients use assistive devices because of a decline in mobility. I am unsure if you meant that you would familiarize yourself with how the assistive devices work so that you are able to assist the individuals when needed? In the future consider rereading the question and your response to ensure that it makes sense. Overall nice job! HS

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	N/A	S												
a. Describe a teaching need of your patient.** (Reflecting)																	
b. Utilize appropriate terminology and resources (Lexicomp, UpToDate, Dynamic Health, Skyscape) when providing patient education. (Responding)			N/A	N/A	S												
			HS	HS													

****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: 5a&b. Proper use of an assistive device. (Not leaving the walker behind, keeping the walker close to his body. Keep the walker in front of him while he went to sit in the chair, he liked to set it aside and independently walk a few steps to his chair and sit). I provided education to the patient through discussion. This is necessary to keep the patient safe from unwanted falls and injury. I did not print anything or provide him with any papers just knowledge. This was just a discussion we had together and I had the patient us the teach back method to ensure he understood what I was telling him.

*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)			N/A	N/A	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)			N/A U	S	S												
			HS	HS													

****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: The 6b competency should be addressed each week that there is a clinical experience.

Week 3 (6b) I did not understand the rubric clearly. I guess I figured since we were not assigned a patient in infection control this would not have needed to be answered. I will fix this by making sure that I answer every field even when not assigned a patient. I am not sure what the social determinants of health were associated with any of the patients as we did not get to speak to them we just observed from afar to watch and make sure employees were foaming in and out of the rooms. We did observe that the Drs. and medical students were the worst! Also the we did observe a few nurses entering and exiting a C-DIFF patient room but they did not gown up so the question is did they really wash with soap and water? We were unable to see this due to the doors being shut while they were in the rooms. With this we must remember that we are creatures of habit and to help stop infection follow proper protocol. **I understand that this one is a little more challenging to think about. When considering SDOH and or cultural elements were there any concerns that patients would be impacted by the fact that staff were gowning up prior to entering the room, especially if it was a change since the patient was admitted or the fact that some but not all of the staff were following the proper precautions what do you think that may do to the patient’s mindset?**
HS

Week 4 (6b) This week we were at the Erie County Senior Center, and it seemed most of the individuals that went to the center was more so for the social aspect of things. Most of them are retired just looking for something to do. The one lady that attended crafts with us, did many side jobs but now was retired and enjoyed her time at home. She came to the Senior Center for the activities and a good meal. The Center provides the seniors with a number of services delivering food to those who cannot get out and about and also entertainment with Bingo on Mondays and other activities throughout the week. Some of the individuals use public transportation to get around. Some individuals used a walker and a cane. A lot of the people came in for the free table they had cakes, bread, pretzels and plenty more that was donated from Kroger. **As we look at the factors associated with SDOH and based on your statement that several of them came in for the table of free food, do you think that some of them may have**

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

issues obtaining food? Older adults on fixed incomes may have financial issues limiting the amount and or quality of food they have access to. Therefore, a place that provides food may be very helpful to those in need. HS

Week 5(6b) Factors associated with social determinants of health for my patient would have been he worked in a factory lifting and moving 100lb paper bundles daily. This takes a strain on your back not using the proper body mechanics. My patient is having financial difficulties. He spent about 4 weeks in the hospital setting. This was my patient's second spinal surgery. This surgery was to remove a cyst and he had some complications from this surgery such as weakness, numbness in on his right side. because of all the issues he had with this surgery he can no longer return to work, so he filed the paperwork to retire early. Which caused him much stress. With his retirement and him being 63 he will need to pay out of pocket for insurance. My patient was stressed about how much the visits were costing him and how he was going to pay for everything. When you are trying to heal stress is the last thing you want to deal with.

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

****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 Strength I am good at doing an head to toe assessment. Glad to hear that you are comfortable with this from last semester. It’s always nice to know that you aren’t losing skills from one semester to the next. Keep up the great work! DW

7B Improvement: I need to work on improving IV math. I will work on improving this by attending the open lab as well as continuing practice questions that are provided to us to ensure that I excel. **Great idea! The more you practice with it, the more it will come to you naturally when you need it in the clinical setting. DW**

Week 2- 7a Strength: This week my strength is coming to class prepared and making sure I went over the material prior to class so I was familiar with the days work. **Excellent! DW**

7b Improvement: I need to improve my confidence with trach care and I will work on this by practicing the steps twice a week at home to ensure the procedure goes as smoothly as possible. **The videos, checklist and two kits that you took home with help quite a bit. If you ever want to get into the lab, let me know and I can open it for you to practice on the manikin. DW**

Side note: 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

Week 3 – 7a Strength: My partner and myself, when doing rounds for infection control a nurse was in need of assistance and on 4C and we stepped in and asked her if we could assist her to which she replied yes I need help placing him on a bed pan. But then it was a false alarm once we got gloved up the patient informed her he didn't have to go. So our strength was stepping up and assisting a fellow nurse. **Great job, teamwork is always appreciated. HS**

7b Weakness: My weakness I didn't have a patient this week and so I am struggling with anxiety, this semester is A LOT I was not ready for there is so much crammed in what I am doing to fix this is some breathing exercises and a yoga pose my coworker showed me I am also working a schedule to help and cross off each item once I complete it. **Great idea! HS**

7f- You received a U for this competency because you did not submit the Infection Control Scavenger Hunt and Signature Form by the deadline. HS

Week 3 (7f) This was an honest mistake we had clinical then we did not have class until Monday and Stressing for the two upcoming test this slipped my mind. I apologize for this error and will attempt for this to not happen again. I will make sure for the future classes that I make a alarm in my phone to turn it in the next day! **HS**

Week 4 7a Strength: This week clinical got me out of my comfort zone a little bit my weakness is that I am a shy person I do not know how to make small talk I am bad at it. This week at the senior center I was able to start small talk and carry the conversation a little bit. I will try to build with this the hardest part is carrying the conversation I am more of a listener. **Hopefully this will continue to get easier as the weeks go on and the more experiences you have. HS**

Week 4 7b Weakness: We were not assigned to specific patients this week we went to the senior center. My weakness I addressed in the strengths is that I absolutely am horrible at trying to carry a conversation with individuals I do not know. I am usually quiet and observe people. I learned that you can learn a lot by blending into the background and observing. I will work on carrying on a conversation with my next upcoming clinicals with my patients. **HS**

Week 5 7a Strength: My strength this week was I was able to perform my head-to-toe assessment much quicker than previous clinicals and confidently.

Week 5 7a Weakness: This week I struggled passing meds and knowing them. I know with time this will become easy. I get nervous when people are watching me. My confidence drops I will work on this with my upcoming clinicals and work on more pharmacology work sheets to learn meds. I have to remember that I am learning and it's ok I am not going to know everything.

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

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

Student name: Nikki Papenfuss								
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	DW	DW	DW	DW	DW	DW	DW	
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. DW

Week 2

(Trach Care & Suctioning) - During this lab, you satisfactorily demonstrate competence with tracheostomy care and tracheostomy suctioning. 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>	Student Name: Nikki Papenfuss							
	vSim- Vincent Brody (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	vSim- Juan Carlos (Pharmacology) (*1, 2, 3, 4, 5, 6)	vSim- Marilyn Hughes (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	Simulation #1 (Musculoskeletal & Resp) (*1, 2, 3, 4, 5, 6, 7)	Simulation #2 (GI & Endocrine) (*1, 2, 3, 4, 5, 6, 7)	vSim- Stan Checketts (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	vSim- Harry Hadley (Pharmacology) (*1, 2, 3, 4, 5, 6)	vSim- Yoa Li (Pharmacology) (*1, 2, 3, 4, 5, 6)
Performance Codes: S: Satisfactory U: Unsatisfactory	Date: 1/29/24	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	HS							
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