

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

**Firelands Regional Medical Center School of Nursing
Sandusky, Ohio**

Student:

Final Grade: Satisfactory/Unsatisfactory

Semester: Spring

Date of Completion:

Faculty: Dawn Wikel, MSN, RN, CNE; Rachel Haynes, MSN, RN; Kelly Ammanniti, MSN, RN, CHSE;
Monica Dunbar, DNP, RN; Heather Schwerer, MSN, RN; Nick Simonovich, MSN, RN

Faculty eSignature:

Teaching Assistant: None

DIRECTIONS FOR USE:

Each week the students evaluate themselves based on the competencies using the performance code on page 2. The performance code includes the terms **Satisfactory (S)**, **Needs Improvement (NI)**, **Unsatisfactory (U)**, and **Not Available (NA)**. The faculty member will initial if in agreement with the student’s evaluation. If there is a discrepancy in the performance code evaluation between the student and the faculty member, a note is written on the comment section by the faculty member with the rationale for the evaluation. All competencies must be rated a “S, NI, U, or NA”. If the student does not self-rate, then it is an automatic “U”. A student who submits the clinical evaluation tool late will be rated as “U” in the appropriate competency(s) for that clinical week. Whenever a student receives a “U” in a competency, it must be addressed with a comment as to why it is no longer a “U”. If the student does not state why the “U” is corrected, it will be another “U” until the student addresses it. All clinical competencies are critical to meeting the objectives of the course. If the final performance code is unsatisfactory or needs improvement in any one of the competencies, a grade of unsatisfactory is given. If a pattern of unsatisfactory performance occurs after performing the competency satisfactorily, this also constitutes a grade of unsatisfactory. An unsatisfactory or needs improvement as a final score in any single competency results in a clinical course grade of unsatisfactory; this is a failure of the course. The terms Satisfactory and Unsatisfactory will be used in evaluating the final grade or clinical course performance.

METHODS OF EVALUATION:

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

ABSENCE (Refer to Attendance Policy)

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

Faculty’s Name	Initials
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
2/2/24	Impaired Gas Exchange	S KA	NA	NA

Note: Students are required to submit two satisfactory care maps over the course of the semester. If the care map is not evaluated as satisfactory upon initial submission, the student 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:					s												
a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting)			na	s	s												
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			na	s	s												
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			na	s	s												
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			na	s	s												
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			na	s	s												
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			na	s	na												
g. Assess developmental stages of assigned patients. (Interpreting)			na	s	s												
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		na	s	s												
Indicate your clinical site as well as your patient's age and primary medical diagnosis in this box weekly.	Meditech, FSBS, IV Pump Sessions		No Clinical	3T - 71 y/o male Altered Mental Status	4N - 71 y/o male UR/AKI												
Instructors Initials	HS		HS	KA													

Comments:

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

Week 1 (1h)- During week 1, the Meditech, FSBS and IV pump sessions were all considered clinical hours. You came prepared to each of them and demonstrated competency accordingly. For this reason, you have earned an S for this competency. I added the S in for this competency as you did not self-evaluate for this competency. Please be sure to self-evaluate all competencies that are not grayed out. HS

Week 3-Be sure to indicate the clinical site in the last box each week including for off-site and no clinical weeks. HS

Week 4 – 1a, b, c, e– You did a nice job discussing on clinical your patient’s disease process and what nursing was doing to help the patient. You were able to discuss symptoms we were monitoring and managing in your patient as well as pertinent labs for your patient diagnosis. You also set a goal for your patient and were able to discuss your patient’s work towards meeting that goal. KA

Week 4 – 1d – You did a nice job reviewing all your medications before you administered them to the patient. You were able to discuss the reason why the patient was taking the medication as well as what we were monitoring the patient for. You also were able to discuss what information was needed to determine if the medication should be administered (i.e. blood pressure, pulse). KA

Objective

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

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

Comments:

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

Week 4 – 2a, d – You did a nice job thoroughly assessing your patient and notifying your nurse of any pertinent information. You were able to identify the focused assessment needing to be completed for your patient related to their diagnosis and monitored abnormal assessment findings. KA

Week 4 – 2f – You utilized the EMR to research your patient and determine what care needed to be provided to your patient throughout the day. You also utilized the EMR to research your patient's health history and information related to the patient's current hospital visit. KA

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

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

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

Comments:

Week 4 – 3b – You did a terrific job managing the care of a patient who had altered mental status. I know this was out of your comfort zone and you handled the situation so well. You should be proud of yourself. KA

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

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

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

Comments:

Week 1 (3o,r)- During the IV pump session, you actively participated in the programming and maintenance of the Alaris IV pump. Additionally, you accurately identified abnormal IV site assessment data with an IV site monitoring activity. HS

(3s)- The student was able to satisfactorily perform a Quality Control check of the glucometer as well as demonstrate skills and knowledge required for proper fingerstick blood glucose measurement with the ACCU-CHEK Inform II glucometer. DW

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 4 – 3k – You did a nice job administering your medications this week. You observed the rights of medication administration and was able to answer all questions about your medications. You had the opportunity to pass PO, SQ, and IV medications this week. You performed the medication administration process with beginning dexterity. KA

Week 4 – 3p – You did a nice job flushing your patient’s IV this week and ensuring patency of the IV line. You were able to document this appropriately in the EMR. KA

Week 4 – 3r – You did a nice job monitoring your patient’s IV site this week and documenting your assessment in the EMR. KA

Objective

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

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

Comments:

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

Week 4 – 4e – Davondre, you did a nice job responding to your CDG questions related to your EBP article on delirium in patients and a sleep program this week. It was very relevant to your patient this week from the second day. I would have liked to see you explain and summarize the article a little more. You included a reference in

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

APA format, but no internal in-text citation. You must include both in your CDG posts to receive a satisfactory. I found an in-text citation in your post to your peer, but not in your EBP article summary. In your reference only the first letter of the first word of the article needs to be capitalized. Also, for the in-text citation in your post to your peer the in-text citation would look like this (Farasat, et.al, 2020, pg#). You only need to include a page number if it is a direct quote. You were thoughtful with your response to your peer and added to the discussion of their EBP article. Overall you did a nice job. KA

Objective

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

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

****5a & b- You must address this competency in the comments below for all clinicals on 3T, 4N, or Rehab- describe the patient education you provided; be specific- include the topic, method of delivery, reason for teaching need, materials to support learning through above resources (if applicable), and method used to validate learning.**

Example: Education related to orthostatic hypotension (changing positions slowly by sitting at the side of the bed or chair for a few minutes before moving to another position, utilizing the walker when ambulating) was provided to my patient through discussion and demonstration. This was necessary to maintain patient safety as he/she was experiencing a drop-in blood pressure and dizziness when getting out of bed. A patient education sheet was printed from Lexicomp and given to the patient. The teach back method was used to validate learning.

Comments:

5A & B: Education related to Edema (making sure that she implemented ankle rolls and ambulated q1-2hrs to increase the circulation in her lower extremities and potentially reduce some of the swelling/neurological pain) was provided to my patient through discussion and demonstration with my hands. This was necessary so she would be prepared when PT came to work with her. There unfortunately was no education sheet provided to the patient when I educated her. Despite her saying "I do that at home", she did begin rotating her ankles and massage them after I explained this to her, validating that she understood what was taught via teach back method. **Where did your information come from? 5b is related to documenting where the information came from like Skyscape. Please make sure to include this in the future to receive a satisfactory for this competency. KA**

5A & B: I would say that I provided education related to 3-Way Catheter insertion/maintenance. I provided my patient with what the procedure included removal of his current Foley Catheter and replacing it with a 3-Way Catheter to monitor, locate, irrigate, and remove the hematuria/blood present in his urine. There was no educational sheet provided to the patient but the information came from the Essentials for Nursing Practice Book.

*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	s	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)			na	s	s												
			HS	KA													

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

Comments:

6B: Some social determinates that influenced my patient care would be that my Thursday patient's mental status was deteriorating. So, with that I had to make sure that I spoke loud and clear so he could hear me and was somewhat aware of what was going on, so he wasn't startled or frightened. I also had to alter how I did my head-to-toe assessment since my patient couldn't give subjective data by assessing his facial expressions/FLACC. Reflecting on this experience, I think I did very good with my patient

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

and even got him to smile at me a couple times, so I think he was content with the care he was receiving. I also believe your patient live in an extended care facility which is another SDOH that cn impact his ability to mange his overall health besides his AMS changes and chronic illnesses. Great job. KA

See Care Map Grading Rubrics below.

Week 4 – 6a – You satisfactorily completed your care map on your patient this week. Please see comments on the rubric at the end of the tool for details. KA

6B: A social determinates that influenced my patient care would be that he was 71-year-old man who was administered with Urinary Retention and an Acute Kidney Infection. This required him to have his current indwelling catheter removed and replaced due to the severity/unimprovement of his conditions/symptoms. This procedure is preformed sterile; however, I was extra cautious on sterility due to his age, the removal/replacement of the catheter, and his bladder/kidneys having an “active bleed” according to the assessments performed. Reflecting on this experience, I think I did everything that was required of me sterility and supportively wise.

Objective

7. Illustrate professional conduct including self-examination, responsibility for learning, and goal setting. (7)*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
a. Reflect on an area of strength. ** (Reflecting)	S		na	s	s												
b. Reflect on an area for improvement and set a goal to meet this need.** (Reflecting)	S		na	s	s												
c. Demonstrate evidence of growth, initiative, and self-confidence. (Responding)	S		na	s	s												
d. Follow the standards outlined in the FRMCSN Student Code of Conduct Policy. (Responding)	S		na	s	s												
e. Incorporate the core values of caring, diversity, excellence, integrity, and “ACE”- attitude, commitment, and enthusiasm during all clinical interactions. (Responding)	S		na	s	s												
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (Responding)	S U		na	s	u												
g. Demonstrate the ability to give and receive constructive feedback. (Responding)	S		na	s	s												
h. Actively engage in self-reflection. (Reflecting)	S		na	s	s												
	HS		HS	KA													

****7a and 7b: You must address these competencies in the comments section on a weekly basis. Please write a different comment each week. Remember that a goal includes what you will do to improve, how often you will do it, and when you will do it by (example- “I had trouble remembering to do the three checks of the six medication rights prior to administering medications. I will review the six rights and medication administration content in the textbook twice before the next clinical. Additionally, I will request to meet with my clinical faculty member to practice preparing and administering at least three medications before the next clinical.”**

Comments: Week 1 (7f)-You received a U for this competency because you did not hand in the tool by the due date of Saturday at 2200, you submitted it after being reminded to do so. Please be mindful of deadlines on assignments moving forward. HS

Moving forward, I will make sure to review the syllabus for upcoming assignments to ensure that I submit them in a timely manner. HS

WEEK 1: My strength this week would be that I prepared prior to the labs we participated in by watching the videos and reviewing all of the required information on ATI. I also remained pretty positive and uplifting throughout the week, despite being exhausted, I tried to keep the energy and vibrations positive. Also, I managed to manually set the drop rate to 56 gtt/min! HS

WEEK 1: A weakness of mine this week would be that I haven't fully got back into the routine of school. I had a game plan to come in how I left last semester, but I haven't fully got off to a running start. I know it has only been a week, and the weather isn't beneficial, but after being back for a week I feel that now I am prepared for this semester! How I plan to get into the routine is by reviewing my materials and staying ahead of the materials/requirements so that I don't feel as if I am not prepared! That is a great plan! Be sure to review the material, and don't procrastinate. HS

WEEK 2: My strength this week would be that I demonstrated resiliency by learning how to suction/maintenance of a tracheostomy and managed to receive a Satisfactory rating with 0 prompts all within a day of receiving/learning the material/procedure! I am very proud of myself for pulling it off. HS

WEEK 2: Personally, I don't think I had a weakness this week. Despite, I can always use improvement in a particular area, I don't think there was anything that stuck out to me during this week. HS

WEEK 3: NA

WEEK 3: NA

WEEK 4: My strength this week would be that I correctly administered all the medication that was required of me! Not only did I administer them orally, but I also got to do a subcut injection which went pretty smooth (besides the needle being stubborn and not retracting) and getting to administer Furosemide and Hydromorphone intravenously!!! This and my Thursday's patient were the highlight of my clinical week. You did a great job administering your medications this! KA

WEEK 4: My weakness this week would be that I started off Thursday with a little self-doubt after receiving the handoff report and hearing that the patient was experiencing alterations in his mental status. I was nervous after hearing him screaming from the hallway and then being offered a different patient if it would be too much for me. I appreciated the words of affirmations, but I think mentally I was preparing myself for the worst scenario but to my surprise, he was the cutest/sweetest old man! Also, I almost got emotional a couple times watching him struggling to function/talk/eat and I had to pull it together so that was another thing but overall, it was a beautiful experience! You did wonderful caring for him. I am glad you were able to overcome your nervousness because you did an excellent job providing holistic care to him and ensuring all of his needs were met. Remember to include a goal on how you can work on improving this area in the future. Such as having an affirmation you can say to yourself when you are doubting your abilities to remind yourself that you are capable, knowledgeable, and enough in all situations you come across. KA

WEEK 5: My strength this week would be that I performed a catheter insertion. Being that this was a last-minute physician order, I was completely unprepared mentally and material wise. Despite the nerves, I was ready for the challenge and did my best at not letting the patient know that I was nervous and that he was my first ever catheter insertion. Overall, I think this was a great learning experience and a reality check when it comes to clinicals and how orders and patient's plan of care can change.

WEEK 5: My weakness this week would also be that I performed a catheter insertion and that I was a team leader. Personally, I think that the catheter insertion could've went better being that it took 3 people to successfully insert it. Also, with me being a team leader, it was actually draining and despite me being told that I did a good job, I would never willingly volunteer to do that job. I feel that it depleted my social battery, and I felt spread thin and way behind schedule being that I had to juggle 4 people's patients and prioritize them which made me unable to be there for all of the patients I was "in charge" of. A goal I will set moving forward is to be more efficient with time management and make sure to do what is required of me in a quick yet efficient way. (I put a U for professionalism because I didn't adhere to the appearance standard)

Student Name: Davondre Harper		Course Objective:					
Date or Clinical Week: Week 4							
Criteria		3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)	3	Davondre, you did a nice job including the relevant information about your patient for the assessment findings, lab/diagnostics, and risk factors section. KA
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)	3	
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	You did a nice job listing the important nursing priorities for your patient. You should only highlight one priority as your focus. Would you like to focus on the impaired gas exchange or the ineffective airway clearance? When you look at the complications section it should be 3 complications related to your chosen nursing priority and then 3 S&S to assess for with each complication. So you have 3 complications listed under Impaired gas exchange (confusion, hypoxemia, respiratory failure) but no S&S for each. So for hypoxemia you could have listed cyanosis, decreased SpO2, and increased respiratory rate. You would want to do this for your other 2 complications of confusion and respiratory failure. You did a nice job highlighting the majority of the pertinent information. You would want to high the patient's respiratory rate and lung sounds in the assessment section as well. KA
	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	2	
	6. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	3	
	7. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	0	
Responding	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	2	You did a nice job writing interventions related to your designated nursing priority. You made sure your interventions were prioritized, realistic, and had rationale. Qwo of your interventions did not have frequencies. For lab/diagnostics you could make it prn or when available. For the fall
	9. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	10. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	2	

	11. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	precautions you would time it at all times. You would want to add interventions for assessing respiratory system (i.e. lung sounds) and for any respiratory specific medications we are administering to help your patient get better. KA
	12. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
Reflecting	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	You did a great job reassessing all of your highlighted findings in the noticing section. The only factor that wasn't reassessed was the patient being a high fall risk. Even if unchanged you can state that it hasn't changed. KA
	14. Evaluation includes one of the following statements: <ul style="list-style-type: none"> Continue plan of care Modify plan of care Terminate plan of care 	Complete			Not complete	3	
<p>Total Possible Points= 42 points 42-33 points = Satisfactory 32-21 points = Needs Improvement* < 21 points = Unsatisfactory* *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: You satisfactorily completed your care map. Please see comments above on areas to improve on in the future. Nice job! KA</p>							<p>Total Points: 36/42</p> <p>Faculty/Teaching Assistant Initials: KA</p>

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			
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:								
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: 1/10 or 1/11/24	Date: 1/10 or 1/11/24	Date: 1/12/24	Date: 1/17 or 1/18/24	Date: 1/17 or 1/18/24	Date: 3/11 or 3/12/24
	Evaluation:	S	S	S	S	S	S	S
Faculty/Teaching Assistant Initials	HS	HS	HS	HS	HS	HS	HS	
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 1/10/2024. 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. HS

Week 2

(Trach Care & Suctioning 1/17/2024) - During this lab, you satisfactorily demonstrated competence with tracheal airway suctioning and tracheostomy care. You provided comforting communication with your patient throughout the procedure. You did well to maintain your sterile field and applying sterile gloves. It was evident that you were

cognizant of the importance of maintaining sterility throughout both procedures. Just remember to appropriately discard used supplies away from the sterile drape to reduce the risk of contamination. You answered my questions appropriately demonstrating knowledge and competence of each procedure. No prompts were required for either skill. You were thorough in your approach and clearly well prepared. Keep up the hard work! NS
(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:								
	Performance Codes: S: Satisfactory U: Unsatisfactory	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									
Faculty/Teaching Assistant Initials									
Remediation: Date/Evaluation/Initials									

* Course Objectives

Comments:

EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

I was given the opportunity to review my final clinical ratings in each course competency. I was given the opportunity to ask questions about my clinical performance. I have the following comments to make about my clinical performance/final clinical evaluation:

Student eSignature and Date:

12/27/2023