EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Paige Knupke

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)			N/A	S	S												
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			N/A	S	S												
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			N/A	S	S												
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			N/A	S	S												
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			N/A	S	S												
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			N/A	S	S												
g. Assess developmental stages of assigned patients. (Interpreting)			N/A	S	S												
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		N/A	S	S												
Indicate your clinical site as well as your patient's age and primary medical diagnosis in this box weekly.	Meditech, FSBS, IV Pump Sessions		N/A	Rehab, 39, Seizures	4N, 93, Weakness and AKI												
Instructors Initials	**NS**	**NS**	**DW**	**MD**													

Comments:

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

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

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

Objective

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

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

Comments:

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

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

*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		N/A	S	S												
b. Demonstrate nursing measures skillfully and safely. (Responding)	S		N/A	S	S												
c. Demonstrate promptness and ability to organize nursing care effectively. (Responding)			N/A	S	S												
d. Appropriately prioritizes nursing care. (Responding)			N/A	S	S												
e. Recognize the need for assistance. (Reflecting)			N/A	S	S												
f. Apply the principles of asepsis where indicated. (Responding)	S		N/A	S	S												
g. Demonstrate appropriate skill with Foley catheter insertion, maintenance, & removal (Responding)			N/A	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												
	NS	**NS**	**DW**	**MD**													

Comments:

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

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

Objective

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

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

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

Week 1 (3s)- The student was able to satisfactorily perform a Quality Control check of the glucometer as well as demonstrate skills and knowledge required for proper fingerstick blood glucose measurement with the ACCU-CHEK Inform II glucometer. DW

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

Objective

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

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

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

g. Provide a clear, organized hand-off report to your patient's next provider of care. (Responding)			N/A	S	S												
	NS	**NS**	**DW**	**MD**													

Comments:

Rehab Clinical Objective 4 E-You had a wonderful CDG this week with response! You were able to turn in your CDG on time, have the adequate word count for both posts, and you were able to provide to the conversation with the information you gave! This week your initial response had both an in-text citation and a reference and your peer response had a reference. However, your peer response did not have an in-text citation. For this reason, you are receiving a NI. Please remember this for the next CDG you turn in. This way you will receive a satisfactory. Let me know if you have any questions. MD

4e- I had received an NI last week for not meeting the CDG criteria and had missed putting in an in-text citation. For this week of clinicals and moving forward I will ensure that I put an in-text citation in my CDG response post behind my findings, as well as triple check that I have an in-text citation and a reference for my posts.

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)			N/A	S	S												
b. Utilize appropriate termino-logy and resources (Lexicomp, UpToDate, Dynamic Health, Skyscape) when providing patient education. (Responding)			N/A	~~NI~~ S	S												
	NS	**NS**	**DW**	**MD**													

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

Comments:

5a & b- Education on fall prevention (Not to stand or walk by himself, to get me or another nurse if he needed his phone, book, urinal, or even food menu was out of reach, to get me if he needed help repositing to prevent any accidents, utilizing his wheelchair when needing to go anywhere, besides in PT when he could have extra help with ambulating) This was provided to my patient through discussion, we used the teach back method a little bit, where he explained back to me what he needs to do and avoid doing. This was very necessary for his safety to prevent any injuries. This was due to his extreme weakness in his right lower extremity.

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Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

weakness. I looked at skyscape for proper nursing intervention for falls, and verbally told my patient. The teach back was validated for learning, he had told me what he shouldn't do if a nurse or PCT was not with him. As in do not try and grab anything that's not in reach, do not try and get up without his wheelchair, call if he needs us to help reposition. I am unsure about the reason for rating yourself a NI for 5B-you were able to use Skyscape as a resource for gaining knowledge to give to your patient. I am going to change this to a satisfactory. I think you did a great job with education this week! MD
5a& 5b Week 4- I had given myself an NI because I had felt I could've done more patient education. For my clinical this week, and so forth I will work harder on provided more education to my patient on interventions they need, or just simple education. I will continue to do more research on their preventions and risk to provide even more useful education to my patients.

5a & 5b- Education related to medications (medication action, dose of medication, effectiveness for the medicine on him and route of administration) . This was provided to my patient through discussion and reassurance that he knew what medication he was taking and how he was taking it. This was necessary to provide to my patient because he needed to understand why he was taking 5 drugs orally as well as a subcu shot he was getting to have a full understanding on the medication effective towards him. It was also necessary to provide the route of each medication given so he could let me know if he does good with taking oral medications as well as how he preferred taking them (as in all at once or one at a time). I looked at Davis's Drug guide on Skyscape to ensure I had provided him the right teaching for the medications, as well as double checked my patients chart to ensure he could take pills whole as well as not need anything special to take them with besides water. The teach back method was effective in my opinion because the next day when I was administering his medications, he had told back to me why he was taking his meds, (as in, he told he was taking his anxiety med, his depression med, and his aspirin).

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)*

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

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	S	S												
	NS	**NS**	**DW**	**MD**													

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

See Care Map Grading Rubrics below.

Comments:

6b: A factory associated with his social determines of health would be his health insurance and where he lives. He had stated to me his insurance covers a lot but not some necessary things, like some dental care that he needed done and some surgeries that he couldn't get. He also stated that his home is not equipped for his right lower extremity weakness. He has a big tub/ shower that is hard to step into, he has stairs he has to go up to get into his bedroom and he has 2 dogs that he could trip over. These are very important SDOH to consider! MD

6b: A factory associated with his social determines of health would be his transportation. He can no longer safely drive, and he relies on his wife to drive him anywhere he needs to go. This includes doctors' appointments, hospitals, and grocery stores. Since his wife is his only means of transportation it is a big factor in his social determinants of health because if she is unavailable or not home, he is secluded to his home with no way of going anywhere.

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

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

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

Comments:

Week 1- 7a: An area of strength this week was coming prepared to class by watching all the videos needed, as well as all doing all the lessons that were given to us beforehand. Very good! Being prepared allows you to practice more meaningfully to help apply to the clinical setting. Nice job. NS

*End-of-Program Student Learning Outcomes

7b: An area of weakness this week was forgetting steps in our skills during skills lab. I had watched the videos beforehand but doing it from memory was a little bit harder than I had thought. By not forgetting any steps from here on out, I will watch the videos more than once as well as look over my red folder more than once before demonstrating a skill. Good reflection and plan to help you master the skills learned in foundations. Keep up the hard work! NS

Week 1 7(f) – This competency was changed to a "U" due to late submission of the clinical tool for week 1. The submission was due 1/13/24 at 2200 and was submitted on 1/15/2024. Remember, the clinical tool is due each Saturday at 2200. Be sure to set a reoccurring reminder to avoid late submission moving forward. As a reminder from the directions at the beginning of this document, 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. Let me know if you have any questions. NS

Week 2 7(f)- Moving forward I will ensure that I am thoroughly checking the syllabus for upcoming assignments that are due as well as set reminders on my computer and my phone to ensure that I submit my clinical tool in a timely manner with it done. NS

Week 3- 7a: N/A, 7b: N/A

Week 4- 7a: An area of strength this clinical would be assessing for pain throughout my day with him, to ensure his medication was still working and to ensure his chest pain had not gotten worse during PT and OT. Awesome! MD

7b: An area of weakness this clinical would-be time management. Rehab mornings were fast past with med pass, full head to toe, vitals and ensuring he was ready to go to OT/ PT. For next clinical on rehab, I will ensure I prioritize my time evenly. I will look up my medications faster and more effectively, so I am prepared to go through them with my clinical instructor, as well as watch the time on the clock routinely so I am managing my time, so I have everything done by the time they need to go to PT or OT. I will also manage my time to ensure I have adequate time to get all my documentation done appropriately and in a timely manner. This is a great goal to strive for! I think this will help you in all clinical areas not just rehab! MD

Week 5- 7a- An area of strength this clinical would be using my clinical judgment to determine what was best for my patient. My patient was started on Heparin because he had impaired mobility due to his generalized mild weakness. I reviewed his labs before I administered his medication and found he had low platelet count, which told me that his blood was not clotting the best. Because Heparin is a blood thinner and stops clotting, I made a clinical to decide to not give him the Heparin to eliminate anything from happening in case he was to start bleeding or was already bleeding from somewhere already.

7b- An area of weakness this clinical would be pulling the saline flush syringe a little bit too hard. During IV lab I had pulled it a little harder because it was a little bit tough to pull back to get the air out. In this case, it turned out to be a lot easier to pull back than the other syringe. For next clinical, I will ensure that I do not pull on the plunger as hard, so the plunger does not come out and all the saline does not spill on the floor, again.

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: • 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 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: • 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: Melisa Fahey								
Skills Lab Competency Evaluation Performance Codes: **S**: Satisfactory **U**:Unsatisfactory	**Lab Skills**							
	Week 1	**Week 1**	**Week 1**	**Week 1**	**Week 1**	**Week 2**	**Week 2**	**Week 9**
	Insulin (2,3,5,7)*	**Assessment** (2,3,4,5,7)*	**IV Math Application** (3,7)*	**Lab Day** (1,2,3,4,5,6,7)*	**IV Skills** (2,3,5,7)*	**Trach** (1,2,3,4,5,6,7)*	**EBP** (3,7)*	**Lab Day** (1,2,3,4,5,6,7)*
	Date: 1/9/24	**Date:** 1/9/24	**Date:** 1/11/24	**Date:** 1/11/24	**Date:** 1/12/24	**Date:** 1/17/24	**Date:** 1/18/24	**Date:** 3/11 or 3/12/24
Evaluation:	**S**	**S**	**S**	**S**	**S**	**S**	**S**	
Faculty/Teaching Assistant Initials	NS	NS	NS	NS	NS	NS	NS	
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	

*Course Objectives

Comments:
Week 1
(Insulin)- You were able to correctly prepare an insulin pen and administer subcutaneous insulin. Insulin requirements were accurately identified and calculated through the corrective scale and carbohydrate coverage orders. MD
(Assessment)- You were able to satisfactorily demonstrate the Basic Head to Toe Assessment during lab. KA/RH
(IV Math)-You satisfactorily participated in the IV Math learning session on 1/9/24 as well as the assigned IV Math practice questions and the IV Math Application lab on 1/11/24. KA/DW
(Lab Day)- You satisfactorily completed the mandatory lab review of nursing foundational skills. This was achieved through simulating care for a patient in a scenario requiring competency in assessment, communication, medication administration (including PO and IM injection), nasogastric tube insertion and maintenance, patient mobility and hygiene, use of PPE for Contact Isolation, wound care, foley insertion, and development of nursing notes. NS/MD
(IV Skills)- You have satisfactorily completed IV lab including a saline flush, IV push medication administration, priming and hanging a primary and secondary IV solution, adjusting a flow rate to run by gravity, discontinuing IV solution, and monitoring the IV site for infiltration, phlebitis, and signs of complication. NS

Week 2
(Trach Care & Suctioning 1/17/2024) - During this lab, you satisfactorily demonstrated competence with tracheal airway suctioning and tracheostomy care. You did a nice job of explaining the procedure to your patient and promoting comfort throughout the procedure with strong communication. Great job maintaining your sterile field and applying sterile gloves throughout both procedures. It was evident that you were cognizant of the importance of maintaining sterility. 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 1/18/2024)- 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:**							
	vSim- Vincent Brody (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	**vSim**- Juan Carlos (Pharmacology) (*1, 2, 3, 4, 5, 6)	**vSim**- Marilyn Hughes (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	Simulation #1 (Musculoskeletal & Resp) (*1, 2, 3, 4, 5, 6, 7)	Simulation #2 (GI & Endocrine) (*1, 2, 3, 4, 5, 6, 7)	**vSim**- Stan Checketts (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	**vSim**- Harry Hadley (Pharmacology) (*1, 2, 3, 4, 5, 6)	**vSim**- Yoa Li (Pharmacology) (*1, 2, 3, 4, 5, 6)
	Date: 1/29/24	**Date: 2/12/24**	**Date: 2/26/24**	**Date: 2/28 or 2/29/24**	**Date: 4/10 or 4/11/24**	**Date: 4/15/24**	**Date: 4/25/24**	**Date: 4/29/24**
Evaluation	S							
Faculty/Teaching Assistant Initials	MD							
Remediation: Date/Evaluation/Initials	NA							

* Course Objectives

Comments:

EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

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

Student eSignature and Date:
-

`12/27/2023