EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Karli Schnellinger

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
1/31/24	Acute pain	S/RH	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: a. Analyze the involved patho-physiology of the patient's disease process. (Interpreting)			NA	S	NA												
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			NA	S	NA												
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			NA	S	NA												
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			NA	S	NA												
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			NA	S	NA												
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	NA												
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		NA	S	NA												
Indicate your clinical site as well as your patient's age and primary medical diagnosis in this box weekly.	Meditech, FSBS, IV Pump Sessions		No clinical	Rehab, 71, Reverse Shoulder replacement													
Instructors Initials	RH		DW	RH													

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. HS, DW, NS

Week 4 (1 c, d, e)- This week you did a great job discussing your patient's pathophysiology of their illness as well as had a great discussion of their medications and why they were relevant to their care. RH.

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

Objective

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

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

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 (2 a-f)- This week you did a good job of performing your head to toe when time was available to you due to the therapy scheduling. You also ran into the issue when therapy was during the time you wanted to reassess and you worked around that in order to still complete an assessment. You also were able to document and find other assessment pieces in the electronic health record. RH

*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		NA	S	NA												
b. Demonstrate nursing measures skillfully and safely. (Responding)	S		NA	S	NA												
c. Demonstrate promptness and ability to organize nursing care effectively. (Responding)			NA	S	NA												
d. Appropriately prioritizes nursing care. (Responding)			NA	S	NA												
e. Recognize the need for assistance. (Reflecting)			NA	S	NA												
f. Apply the principles of asepsis where indicated. (Responding)	S		NA	S	NA												
g. Demonstrate appropriate skill with Foley catheter insertion, maintenance, & removal (Responding)			NA	NA	NA												
h. Implement DVT prophylaxis (early ambulation, SCDs, ted hose, administer enoxaparin or heparin) based on assessment and physicians' orders (Responding)			NA	S	NA												
i. Identify the role of evidence in determining best nursing practice. (Interpreting)	S		NA	S	NA												
j. Identify recommendations for change through team collaboration. (Reflecting)			NA	S	NA												
	RH		**DW**	**RH**													

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

Comments:
Week 4 (3 c, d, e) This week you demonstrated good organization and time management when it was time for medication administration. This was difficult due to the varying therapy schedules we had to work around. You did a good job looking up your medications, administering medications, completing your head to toe, and charting your findings while also participating in therapy with your patient throughout both days. You were not afraid to ask for assistance when needed. RH

Objective

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

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

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

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

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

Week 4 (3 k, l, m, n, o, p, r)- You were well prepared for medication administration this week and you performed all checks well! You used the EMAR to look up medications that were due then used skyscape to further investigate each medication. You answered all my questions well and your medication pass went smoothly! You had so many medications and you did great going through them with me. You had the opportunity to hang an IV infusion. You compared the order on the IV bag to the order in the chart, you checked IV placement, primed the IV tubing, and programed the pump correctly. RH

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

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

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

Comments:

Week 4 (4e): proper APA formatting for your citation is as follows: Dykes, P. C., Burns, Z., Adelman, J., Benneyan, J., Bogaisky, M., Carter, E., Ergai, A., Lindros, M. E., Lipsitz, S. R., Scanlan, M., Shaykevich, S., & Bates, D. W. (2020). Evaluation of a patient-centered fall-prevention tool kit to reduce falls and injuries: A nonrandomized controlled trial. *JAMA network open*, *3*(11), e2025889. https://doi.org/10.1001/jamanetworkopen.2020.25889.

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

Objective

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

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

****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 – One of the points of education I was able to provide to my patient was the importance of early ambulation and using her incentive spirometer. With her having a history of several DVTs in the past I wanted to make sure she knew the importance of getting up and moving and using the incentive spirometer to keep her lungs nice and clear throughout her stay. After discussion I was able to help her get up and go to the bathroom and when she came back, she demonstrated to me how to use the incentive spirometer, and explained the importance back to me. Can you tell me what resource you used for this information? I changed your 5b to NI because no resource was listed. This can be skyscape or Lexicomp. RH

*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	NA												
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	NA												
			DW	**RH**													

****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 – One of the things that I noticed about my patient was that she seemed to be pretty knowledgeable about what I was doing when I was getting her vitals and doing my assessments. I was able to ask her about her job and she proceeded to tell me she had been a nursing aid for over 50 years. She also told me that she had a hard time cooking meals because she wasn't able to stir and mix things like she used to, so her and her husband tend to go out to eat most nights rather than making a home cooked meal. A social determinate of health could be lack of resources. Since she is unable to mix or do things with her arms, she might not have the assistive devices she needs to perform these tasks. Does them eating out often cause financial stress on them? RH

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

****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: I think an area of strength I had this week was doing the IV dosage calculations that we learned. I enjoy doing math, so memorizing and understanding the formulas was fairly easy for me, which will definitely be beneficial when it comes to the clinical setting.

7b: An area of improvement would be looking at the IV sites and being able to correctly document them. To help me improve this I will look in my textbooks and use ATI to review the potential complications of an IV site as well as what a normal, intact, asymptomatic site should look like at least 2 times a week before clinicals start to make sure I know what to look for and

*End-of-Program Student Learning Outcomes

what to document when the time comes. RH

Week 3- 7f. In order to prevent myself from getting a "U" on further clinical tools I will put a reminder in my phone that will go off every week on Fridays to remind me to fill and turn in the evaluation tool. Great idea! Lesson learned! You've got this! Please also make sure you are submitting the correct version will all of the faculty's previous feedback. DW

Week 4 7a: An area of strength I think I had was doing my patient's IV infusion of iron. I was able to hang and spike the bag, prime the tubing, and flush out her IV. I was a little nervous when I first heard I was going to have to do it, but once I started to get things going, I thought it was so much fun to do. I think this will help in my future clinicals on the other floors because I might have a couple more opportunities to do that again. You did great with this! RH

Week 4 7b: An area of improvement this week would definitely be time management. With this being my first clinical on rehab, I wasn't exactly sure how fast things were going to have to be done, such as preparing to give the meds and getting the vitals and assessment done within the right time frame. In order to help improve this for my next clinical, I want to be more organized with my clinical documents, and knowing how to find certain things in the new charting system. In order to do this I was try to set out all my documents the night before in the order I need them, as well has review the documents we were given on where things are in the new charting system at least 3 times prior to my next clinical. This is a great goal! We are all struggling a little bit with the new charting system so reviewing it and having documents for pointers/tips and tricks will be helpful. RH

Student Name: Karli Schnellinger	**Course Objective:**
Date or Clinical Week: 1/31/24	

	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	1. Was your patient in a sling? This could be an assessment finding.
	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	4. Great list! 5. Puffiness could be highlighted to relate to your priority problem as well 6. Great list here as well! Chronic pain can be a risk if the acute pain is not addressed or managed well. Great job putting that together
	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**	3	
	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)**	3	
Responding	8. List all nursing interventions relevant to the top nursing priority.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	8. "Medications as ordered" is very broad. What medications would you specifically give your patient for your priority problem?
	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**	3	
	11. All interventions are individualized and realistic	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	12. An appropriate rationale is included for each intervention	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
Refl	13. List all of the highlighted reassessment findings for the top nursing priority.	**>75% complete**	**50-75% complete**	**<50% complete**	**0% complete**	2	13. Here you did not re-evaluate all items that were highlighted. This includes xrays and a surgery update. This could

ecting	14. Evaluation includes one of the following statements: • Continue plan of care • Modify plan of care • Terminate plan of care	**Complete**			**Not complete**	3	something like “no new xrays” or “no new xrays ordered”

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: This shows good thought process while caring for your patient! You did a good job developing a list of potential problems and complications from the priority problem. I would definitely save this for your senior portfolio!**	**Total Points: 41/42 Satisfactory** **Faculty/Teaching Assistant Initials: RH**

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: Karli Schnellinger								
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	RH	RH	RH	RH	RH	RH	RH	
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. RH

Week 2
(Trach Care & Suctioning 1/17/2024) - During this lab, you satisfactorily demonstrated competence with tracheal airway suctioning and tracheostomy care. Although you stated that this was the most nerve-wracking check-off you have done, you were able to remain composed and demonstrate preparedness for each skill. During the tracheal suctioning procedure, you were able to remind yourself to flush the catheter and suction the oropharynx prior to discarding the suction catheter. You were conscientious of

your sterile field throughout. During tracheostomy care, you identified potential sterile field contamination from your stethoscope and verbalized the appropriate steps to move forward. Because you were able to identify and remind yourself, no prompts were needed for either skill. You answered my questions appropriately demonstrating knowledge and competence of each procedure. 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

Simulation Evaluation Performance Codes: **S**: Satisfactory **U**: Unsatisfactory	**Student Name:** Karli Schnellinger							
	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	RH							
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