

**5 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
<b>Kelly Ammanniti</b>	<b>KA</b>
<b>Monica Dunbar</b>	<b>MD</b>
<b>Rachel Haynes</b>	<b>RH</b>
<b>Heather Schwerer</b>	<b>HS</b>
<b>Nick Simonovich</b>	<b>NS</b>
<b>Dawn Wikel</b>	<b>DW</b>

## 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.

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**\*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	Decreased Cardiac Output	S KA	NA	NA
2/8/2024	Impaired Physical Mobility	Satisfactory/MD	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.

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**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
<b>Competencies:</b>			N/A	S	S	S											
a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting)			N/A	S	S	S											
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			N/A	S	S	S											
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			N/A	S	S	S											
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			N/A	S	S	S											
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			N/A	S	S	S											
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			N/A	S	S	S											
g. Assess developmental stages of assigned patients. (Interpreting)			N/A	S	S	S											
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		S	S	S	S											
	Indicate your clinical site as well as your patient's age and primary medical diagnosis in this box weekly.	Meditech, FSBS, IV Pump Sessions	Digestive Health and Infection control.	31, 70-year-old female, <small>Female, 70 years old, 160 lbs, 5'6"</small>	51, 77-year-old female, right total hip	31, 76-year-old female, weakness and altered mental status											
Instructors Initials	MD	MD	DW	K A	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/DW/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

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

**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

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
<b>Competencies:</b>	S		S	S	S	S											
a. Perform standard precautions. (Responding)	S		S	S	S	S											
b. Demonstrate nursing measures skillfully and safely. (Responding)	S		S	S	S	S											
c. Demonstrate promptness and ability to organize nursing care effectively. (Responding)			N/A	S	S	S											
d. Appropriately prioritizes nursing care. (Responding)			N/A	S	S	S											
e. Recognize the need for assistance. (Reflecting)			N/A	S	S	S											
f. Apply the principles of asepsis where indicated. (Responding)	S		S	S	S	S											
g. Demonstrate appropriate skill with Foley catheter insertion, maintenance, & removal (Responding)			N/A	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	S	S	S											
i. Identify the role of evidence in determining best nursing practice. (Interpreting)	S		S	S	S	S											
j. Identify recommendations for change through team collaboration. (Reflecting)			S	S	S	S											
	<b>MD</b>	<b>MD</b>	<b>DW</b>	<b>KA</b>	<b>MD</b>												

**Comments:**

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

Week 4 – 3b – You did a wonderful job managing a complex patient and ensuring all care was provided to his to the best of your ability. Even though you felt overwhelmed with the amount of work the patient had to complete, you managed his care well and maintained a smile the whole time. Be proud of everything you accomplished. KA

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
<b>Competencies:</b>			N/A	S	S	S											
k. Administer PO, SQ, IM, or ID medications observing the rights of medication administration. (Responding)			N/A	S	S	S											
l. Ensure patient safety through proper use of EHR, IV flow sheet, and BMV. (Responding)			N/A	S	S	S											
m. Calculate medication doses accurately. (Responding)			N/A	S	S	S											
n. Administer IV therapy, piggybacks, IV push, and/or adding solution to a continuous infusion line. (Responding)			N/A	S	N/A	S											
o. Regulate IV flow rate. (Responding)	S		N/A	S	N/A	S											
p. Flush saline lock. (Responding)			N/A	S	N/A	S											
q. D/C an IV. (Responding)			N/A	N/A	N/A	N/A											
r. Monitor an IV. (Noticing)	S		N/A	S	N/A	S											
s. Perform FSBS with appropriate interventions. (Responding)	S		N/A	S	N/A	S											
	<b>MD</b>	<b>MD</b>	<b>DW</b>	<b>KA</b>	<b>MD</b>												

**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 and IV medications this week. You performed the medication administration process with beginning dexterity. KA

Week 4 – 3n – You had the opportunity to practice drawing up medication from a vial and administering slow IV push to your patient. You did a nice job priming your piggy back and connecting your patient to the medication for the first time. You performed all IV skills with beginning dexterity. You documented all medication administration and line care appropriately in the EMR. Nice job! 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

Week 4 – 3s – You demonstrated proper technique when completing FSBS on your patient. You utilized the information received from the monitor to determine the need for insulin utilizing the patient’s prescribed coverage scale. You documented all information correctly in the EMR. KA

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

### Comments:

Week 3 (4e)- According to the CDG Grading Rubric, you have earned a satisfactory for your Infection Control discussion this week. While your content was thoughtful and appropriate, please ensure that all future CDG posts utilize proper sentence structure. There were a couple sentences that you lost your train of thought and didn't finish the sentence. I know it can be challenging to identify mistakes in your own writing, but it may be helpful to read it out loud before submitting it. This often helps me. As for

\*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

APA formatting, your in-text citation was nearly right on point. Remember to separate your author and year of publication with a comma in the citation. Additionally, if you are going to use direct quotes, the citation should include the page number. With that said, in scholarly writing, it is ideal to paraphrase information instead of directly quoting whenever possible. Please keep this in mind for future CDGs. Otherwise, keep up the great work! DW

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 – Destiny, you did a nice job responding to the CDG questions related to your EBP article on pursed-lip breathing and blood pressure. It related very well to your patient with hypertensive urgency this week. You were very thoughtful with your response to your classmate and added to the discussion on their EBP article. In your in-text citation make sure to include the page number or a paragraph number if there are no page numbers, when in-text citing a direct quotation. Overall great job! Keep up the wonderful work! KA

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! You also provided a reference and an in-text citation for both your initial post and peer response. Remember, Skyscape should not be in the in-text citation. It would be whoever the author is in the in-text. For example: you referenced correctly on your peer response but the in-text citation should have been (Doenges et al., 2022). Let me know if you have any questions. MD

## 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
<b>Competencies:</b>			N/A	S	S	S											
<b>a. Describe a teaching need of your patient.** (Reflecting)</b>			N/A	S	S	S											
<b>b. Utilize appropriate terminology and resources (Lexicomp, UpToDate, Dynamic Health, Skyscape) when providing patient education. (Responding)</b>			N/A	S	S	S											
	MD	MD	DW	KA	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. Week 3: I had infection control and digestive health. DW

5a&b. Week 4: Education related to the patient's blood pressure medication was given. I explained the importance of taking the medication as prescribed is extremely important. The patient had not been taking the blood pressure medication that was needed which then led to her blood pressure increasing tremendously. I used skyscape to get the information about the medication and I was able to explain the adverse effects, the implementation (it does not have to be taken with meals), and that it is important to continue taking the blood pressure medication (amlodipine besylate) even if her blood pressure is normal. I informed her that the reason her blood pressure would be normal is because of the medication. I then asked the patient to paraphrase what I explained to ensure she understood. **Great job! This was great education to provide her with since she abruptly stopped her BP medications. KA**

5a&b. week 5: Education related to the patient's risk for falls was given. I explained the importance of using the walker when she is moving around especially because she is uncomfortable standing if she does not have anything to hold onto. I also explained that she should have someone helping her when she is walking just to ensure she does not fall. I used skyscape to explain some good actions and interventions that would help her specifically. One intervention I found helpful was to observe behaviors that would show the patient's level of anxiety when she was walking or explaining her at home situation. **Excellent! MD**

5a&b. week 6: Education related to the patient's suppository was needed. I explained that the suppository was important because she needed it for her hemorrhoids. I looked on skyscape as well as Lexicomp to get information about the suppository (phenylephrine). I explained to the patient that the suppository would help with the swelling, burning, and pain that the hemorrhoids caused. She had been refusing it in the morning because she said it would cause pain but once I explained why she is getting it she understood more and had agreed to it.

**Objective**

6. Implement patient-centered plans of care utilizing the nursing process, clinical judgment, and consideration for cultural, ethnic, and social diversity. (2,3,4,5)\*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
a. Develop and implement a priority care map utilizing the nursing process and clinical judgment. (Noticing, Interpreting, Responding, Reflecting)			N/A	S	S	S											
b. <b>Identify factors associated with Social Determinants of Health (SDOH) &amp;/or cultural elements that have the potential to influence patient care.**</b> (Noticing, Interpreting, Responding, Reflecting)			S	S	S	S											
	<b>MD</b>	<b>MD</b>	<b>DW</b>	<b>KA</b>	<b>MD</b>												

**\*\*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. Week 3: Transportation is one factor that affects the social determinant of health because people need to make sure they can get to their colonoscopy appointment. They will also need a way home because they will be given monitored anesthesia which means they cannot drive themselves home. Employment could be another factor some people do not want to miss work or can not afford to miss work to get a colonoscopy, bronchoscopy, or EGD. **Great considerations here! DW**

6b. Week 4: Health coverage could be a factor that affects social determinants of health because my patient had not been taking her medication. I am not sure if it was because she was not able to get it or if she thought she did not need it because her blood pressure had not been high. She explained her blood pressure was not high, so she did not need to take it. This could also be due to provider linguistic; she may have not understood what the health care provider explained which led to her not taking her medication properly. Another factor could be stress, my patient has a lot going on at home which may have to do with her not taking her medication or not remembering to take it. **These are all great thoughts related to SDOH for your patient. KA**

**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. Week 5: Safety would be one factor that affects the social determinant of health because this patient would be at risk of falling. She has dementia so she is confused most of the time which could also lead to her safety being at risk. This also would pertain to her because she must be able to take her medication properly and perform her daily living activities safely. Stress would be another factor that affects the social determinant of health because mt patient would get stressed when she could not perform some of the activities she was asked to. One example would be she was not able to tie her shoes on her own, which was upsetting for her. These things can cause stress to her. **These are all appropriate SDOH for your patient. MD**

\*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

6b. Week 6: Safety would be one factor that affects the social determinants of health because this patient has fallen at home due to her oxygen cord getting caught on a pipe. She also has trouble walking and getting up on her own which means she could be at risk of falling at home. She also has trouble giving herself her suppository which causes issues with her hemorrhoids. This leads to an extreme amount of pain, and she has trouble walking due to the pain. Health coverage could also be a factor that would affect this patient. She had mentioned she could not afford to buy bottom dentures or hearing aids and that she needed to pay out of pocket. This made me think about her medications and if she can get them at home when she needs them.

**Objective**

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

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

My weakness would be that I had trouble remembering the IV math formulas. I will review the formulas and do practice problems before the first clinical so I will have a better understanding and I will be prepared. **Great goal! MD**

Week 2: I did not have clinical. **MD**

Week 3: My strength would be that I was able to remember what frequent organisms needed what specific precautions for infection control. This was helpful when I was going through the hospital to ensure the patients in precautions had the proper precautions set up. **Excellent! Glad this experience reinforced that knowledge for you. DW**

\*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

My weakness would be I was nervous to ask the doctor what we were looking at during the colonoscopy and there were some things I was unsure of what they were. Luckily the nurse and doctor explain what we were looking at during most of the colonoscopy. I would like to improve on asking questions when I am unsure of things for the next clinical. This will ensure I am more confident in what I am doing. I will also look over the procedure or illness if I find that I had questions about them after clinical. **Great idea! Figuring out the anatomy during an endoscopic procedure can be challenging. Asking questions will provide clarity and will also help to develop relationships with other disciplines. Teamwork is an integral part of healthcare, so the more you engage others now, the easier it will be when you are licensed as an RN. DW**

Week 4: My strength would be I was able to notice when I took my patients blood pressure it was normal but a few hours later I went in and seen the blood pressure on the monitor was very high and different from the number I got when I took it. I had asked the patient when she last remembered her blood pressure being taken and she said physical therapy had taken it before they started working with her. With this information I had taken her blood pressure again to ensure she was at a good blood pressure. **Great job providing continuous monitoring for your patient related to her hypertensive urgency. KA**  
My weakness would be I would like to be more comfortable when I am giving medication. I felt overwhelmed and nervous during the medication pass which I would like to improve on. I am going to review the videos on hanging IV bags and the information that was provided on advance to ensure I feel less overwhelmed for my next clinical experience. I will also review the notes we received last semester about medication this will also ensure that I feel more confident when passing medications during the next clinical. **These are all great things to do to help you feel more comfortable. I thought your overall did a great job with your medication pass even though you were nervous. You will get better with time and practice. You got this! KA**

Week 5: My strength would be I felt more comfortable administering medications. I followed the six rights of medication and confirmed the patients name, date of birth, and allergies. I felt it went well the patient took the PO medication one at a time and I was able to ensure she swallowed them without difficulty. **You did awesome with medication administration! MD**  
My weakness was that I would like to be more organized and better with time management. I felt that I was scrambling to get the information I needed written down and trying to be with the patient at the same time. I would like to improve on this by next clinical by organizing my things before clinical, waking up earlier so I am able to be on the floor which will help with feeling more prepared, and I am going to double check my information before I leave clinical in case I need to stay after to do more research. **Great goal! MD**

Week 6: My strength would be I was able to spend a good amount of time with my patient. I washed her hair, and I was able to do a thorough head to toe assessment. I felt like I did good ensuring my patient had what she needed, and I was able to be in the room when wound care and physical therapy worked with the patient.  
My weakness would be I would like to spend more time looking in the patients chart and being able to connect the patient's lab values to their history and their current diagnosis. I will ensure during the next clinical I am looking in the chart and writing down more information, so I am able to try to connect things to one another. This way if I am unsure of why something is being done or why something is abnormal, I can ask about it during the second day of clinical.

Student Name: Destiny Houghtlen		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	You did a great job including all pertinent information in the assessment findings, lab/diagnostics, and risk factors sections. 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 an exhaustive list of nursing priorities for your patient and highlighting your main nursing priority. You listed appropriate complication for your chosen priority and relevant S&S to assess for each. All pertinent data highlighted in the noticing section. 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	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	You did a nice job were pertinent nursing interventions for your priority nursing problem and ensuring they were prioritized, had frequencies, were realistic, and included rationale. You would want to list out the related medications individually versus a generalized statement. You would also want to make sure there is an intervention for each of your abnormal assessment findings. Therefore you would want to add an intervention related to assessing the patient's dizziness and monitoring the the patient's telemetry. KA
	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	2	
	12. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
Ref	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 nice job reassessing all of your highlighted areas in the noticing section when evaluating your care map. KA

<b>ecting</b>	14. Evaluation includes one of the following statements: <ul style="list-style-type: none"> <li>• Continue plan of care</li> <li>• Modify plan of care</li> <li>• Terminate plan of care</li> </ul>	<b>Complete</b>			<b>Not complete</b>	<b>3</b>	
<p>Total Possible Points= 42 points            42-33 points = Satisfactory            32-21 points = Needs Improvement*            &lt; 21 points = Unsatisfactory*</p> <p><b>*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.</b></p> <p><b>Faculty/Teaching Assistant Comments: You did a terrific job satisfactorily completing your first care map. See comments above for areas you can improve on in the future. Keep up the wonderful work! KA</b></p>						<b>Total Points: 41/42</b>	
						<b>Faculty/Teaching Assistant Initials: KA</b>	

Student Name: <b>Destiny Houghtlen</b>		Course Objective:					
Date or Clinical Week: <b>2/8/2024</b>							
Criteria		3	2	1	0	Points Earned	Comments
<b>Noticing</b>	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	All criteria met. MD
	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	
<b>Interpreting</b>	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	Be sure to be more specific with your potential complications. Respiratory problems and poor circulation are not specific complications. Pneumonia would be specific. Let me know if you have any difficulties with this. MD
	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)	2	
	7. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	2	
<b>Responding</b>	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	All criteria met. MD
	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	
<b>Refl</b>	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	All criteria met. MD

<b>ecting</b>	14. Evaluation includes one of the following statements: <ul style="list-style-type: none"> <li>• Continue plan of care</li> <li>• Modify plan of care</li> <li>• Terminate plan of care</li> </ul>	<b>Complete</b>			<b>Not complete</b>	<b>3</b>	
<p>Total Possible Points= 42 points          42-33 points = Satisfactory          32-21 points = Needs Improvement*          &lt; 21 points = Unsatisfactory*</p> <p><b>*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.</b></p> <p><b>Faculty/Teaching Assistant Comments:</b></p>							<b>Total Points: 40/42 Satisfactory MD</b>
							<b>Faculty/Teaching Assistant Initials: MD</b>

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

Student name: Destiny Houghtlen								
<b>Skills Lab Competency Evaluation</b>	<b>Lab Skills</b>							
	<b>Week 1</b>	<b>Week 1</b>	<b>Week 1</b>	<b>Week 1</b>	<b>Week 1</b>	<b>Week 2</b>	<b>Week 2</b>	<b>Week 9</b>
Performance Codes:  S: Satisfactory  U:Unsatisfactory	<b>Insulin</b> (2,3,5,7)*	<b>Assessment</b> (2,3,4,5,7)*	<b>IV Math Application</b> (3,7)*	<b>Lab Day</b> (1,2,3,4,5,6,7)*	<b>IV Skills</b> (2,3,5,7)*	<b>Trach</b> (1,2,3,4,5,6,7)*	<b>EBP</b> (3,7)*	<b>Lab Day</b> (1,2,3,4,5,6,7)*
	<b>Date:</b> 1/17/24	<b>Date:</b> 1/16/24	<b>Date:</b> 1/17/24	<b>Date:</b> 1/16/24	<b>Date:</b> 1/12/24	<b>Date:</b> 1/17/24	<b>Date:</b> 1/18/24	<b>Date:</b> 3/11 or 3/12/24
Evaluation:	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	
Faculty/Teaching Assistant Initials	<b>MD</b>	<b>MD</b>	<b>MD</b>	<b>MD</b>	<b>MD</b>	<b>MD</b>	<b>MD</b>	
<b>Remediation: Date/Evaluation/Initials</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	

\*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 1/17/24. KA/DW

(Lab Day)- You satisfactorily completed the mandatory lab review of nursing foundational skills. This was achieved through simulating care for a patient in a scenario requiring competency in assessment, communication, medication administration (including PO and IM injection), nasogastric tube insertion and maintenance, patient mobility and hygiene, use of PPE for Contact Isolation, wound care, foley insertion, and development of nursing notes. NS/MD

(IV Skills)- You have satisfactorily completed IV lab including a saline flush, IV push medication administration, priming and hanging a primary and secondary IV solution, adjusting a flow rate to run by gravity, discontinuing IV solution, and monitoring the IV site for infiltration, phlebitis, and signs of complication. MD

**Week 2**

(Trach Care & Suctioning) - During this lab, you satisfactorily demonstrate competence with tracheostomy care and tracheostomy suctioning. 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 keeping

the patient comfortable. Great job maintaining your sterile field and applying sterile gloves. You stayed very calm throughout both procedures. You were able to answer my questions appropriately demonstrated knowledge and competence of each procedure. No prompts were needed for either skill. You were thorough in your approach and well prepared. Nice job! DW/RH/NS/HS

(EBP Lab)- You actively participated in the online searching process for evidence-based practice literature, as well as reviewing example articles to determine appropriate selection and information needed when summarizing a research article. KA/LK

Firelands Regional Medical Center School of Nursing  
 Medical Surgical Nursing 2024  
 Simulation Evaluations

<b><u>Simulation Evaluation</u></b>	<b>Student Name:</b> Destiny Houghtlen							
	<b>vSim- Vincent Brody</b> (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	<b>vSim- Juan Carlos</b> (Pharmacology) (*1, 2, 3, 4, 5, 6)	<b>vSim- Marilyn Hughes</b> (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	<b>Simulation #1</b> (Musculoskeletal & Resp) (*1, 2, 3, 4, 5, 6, 7)	<b>Simulation #2</b> (GI & Endocrine) (*1, 2, 3, 4, 5, 6, 7)	<b>vSim- Stan Checketts</b> (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	<b>vSim- Harry Hadley</b> (Pharmacology) (*1, 2, 3, 4, 5, 6)	<b>vSim- Yoa Li</b> (Pharmacology) (*1, 2, 3, 4, 5, 6)
Performance Codes:  S: Satisfactory  U: Unsatisfactory	<b>Date:</b> 1/29/24	<b>Date:</b> 2/12/24	<b>Date:</b> 2/26/24	<b>Date:</b> 2/28 or 2/29/24	<b>Date:</b> 4/10 or 4/11/24	<b>Date:</b> 4/15/24	<b>Date:</b> 4/25/24	<b>Date:</b> 4/29/24
Evaluation	S	S						
Faculty/Teaching Assistant Initials	MD	MD						
<b>Remediation:</b> Date/Evaluation/Initials	NA	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