

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

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

**Student:** Presley Stang

**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)
2/12/2024	2 hours	Late ECSC survey & sign. form	2/13/2024, 2 hours

Faculty’s Name	Initials
Kelly Ammanniti	KA
Monica Dunbar	MD
Rachel Haynes	RH
Heather Schwerer	HS
Nick Simonovich	NS
Dawn Wikel	DW

## PERFORMANCE CODE

### SATISFACTORY CLINICAL PERFORMANCE

**Satisfactory (S):** Safe, accurate each time, efficient, coordinated; confident, focuses on the patient; some expenditure of excess energy; within a reasonable time period; appropriate affective behavior; occasional supporting cues; minimal faculty feedback related to written clinical work.

### UNSATISFACTORY CLINICAL PERFORMANCE

**Needs Improvement (NI):** Safe; accurate each time; skillful in parts of behavior; focuses more on the skill and self rather than the patient; inefficient, uncoordinated, anxious, worried, flustered at times; expends excess energy within a delayed time period, frequent verbal and occasional physical directive cues in addition to supportive cues; faculty feedback required in several areas of clinical written work.

**Unsatisfactory (U):** Failure to achieve the course competency, safe but needs faculty reminders constantly, not always accurate, unskilled, inefficient, considerable expenditure of excess energy, anxious, disruptive or omitting behaviors, focus on skills and/or self, continuous verbal and frequent physical cues, unsafe, performs at risk to patient/clients/others, unable to function, incomplete, erroneous, faulty, illegible clinical written work, no feedback sought from faculty or response to feedback not evident in submitted written work. If the student does not self-rate a competency the competency is graded "U." A "U" in a competency must be addressed in writing by the student in the Evaluation of Clinical Performance tool. The student response must include how the competency has been or will be met at a satisfactory level. If the student does not address the "U," the faculty member (s) will continue to rate the competency unsatisfactory.

### OTHER

**Not Available (NA):** The clinical experience which would meet the competency was not available.

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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
1/31/24	Impaired physical mobility r/t fracture	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.

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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>			S	S	NA	S											
a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting)			S	S	NA	S											
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			S	S	NA	S											
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			S	S	NA	S											
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			S	S	NA	S											
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	S	NA	S											
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			S	S	NA	S											
g. Assess developmental stages of assigned patients. (Interpreting)			S	S	NA	S											
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		S	S	NA	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	Rehab, 69, Type 2 diabetes	Rehab, 71, Right Femur Fracture	ECSC	3T, 66, Exacerbation of COPD, Pneumonia											
Instructors Initials	MD	MD	MD	RH	DW												

**Comments:**

\*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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

Week 3- 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

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.

Week 5 (1h)- Presley, please keep in mind that Infection Control, Digestive Health, and the Erie County Senior Center, while not your typical inpatient clinical, are still clinical experiences. In the future, be sure to review each competency and evaluate as appropriate. For example, competency 1h asks you to evaluate whether or not you demonstrated evidence in being prepared for clinical. Did you prepare for the ECSC activity and bring your clinical paperwork that was mentioned in the syllabus? If yes, the evaluation could have been an S. If not, it would have been an NI or U. DW

## Objective

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

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

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

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

**Comments:**

Week 3- 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

\*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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

Week 3- 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

\*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 4 (3 k, l, m)- 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 did great going through each medication with me. RH

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

**Comments:**

Week 3- 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! Awesome job with your reference and in-text citation in your initial response as well! For your reply to a peer you did not have an in-text citation. Please be sure to include this with all CDG submissions. MD

\*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 4 (4 b, e, f, g) you upheld the professionalism standard while on the floor and interacting with staff and patients. You also did great with your discussion post and reply this week. You gave a good SBAR report prior to leaving for the day. RH

Week 5 (4a,b)- How was your communication with the clientele at the ECSC? Did you engage with the other professionals running the organization? These would have been appropriate skills to evaluate yourself on following the ECSC clinical experience this week. Please be sure to thoroughly review the clinical tool and evaluate yourself accordingly. It's important to take credit where credit is due. (4e)- According to the CDG Grading Rubric, you have earned an S for your participation in the Erie County Senior Center discussion this week. Your discussion was thoughtful and supported by evidence. Additionally, I have one suggestion for future improvement with APA formatting. When you use a direct quote, the citation should include the author(s) last name, the year of publication and the page or paragraph number. This would be an example of an APA formatted citation- (Rank, 2023, para 2). Otherwise, keep up the good work! DW

## 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>			S	S	NA	S											
<b>a. Describe a teaching need of your patient.** (Reflecting)</b>			S	S	NA	S											
<b>b. Utilize appropriate terminology and resources (Lexicomp, UpToDate, Dynamic Health, Skyscape) when providing patient education. (Responding)</b>			S	S U	NA	S											
	MD	MD	MD	RH	DW												

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

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

### Comments:

**Week 3:** Patient education was provided when I was passing meds. I educated my patient on each medication that was ordered for him and the therapeutic use prior to administration. I utilized Skyscape to look up his medications and discussion when delivering the information. This was necessary so the patient knew what they were taking and why they were taking it. The patient showed understanding when he replied “okay” after I explained each medication. **Great job! MD**

**Week 4:** Patient education was provided when she asked me why I was doing what I was doing. I explained to my patient that performing a basic head-to-toe assessment is important to gather baseline data and helps to identify change in the patient’s status from the previous assessment. I did not utilize any resources as I knew this off the top of my head, but I did utilize appropriate terminology when explaining it to her, so she understood. The patient showed understanding of our discussion when she said, “I understand.” **You need to choose a topic of education that is relevant to patient care and include method of delivery as well as the materials used (including a resource). Explaining why a head to toe is a good educational topic if the patient has questions, but you should have followed up with a resource. Please address this “U” and how you will prevent from getting another “U” in the future. This competency will remain a “U” until it is addressed. RH**

I got a U because I did not educate my patient on something relevant. I put this because I thought it was a form of education and I didn’t think we could repeat something we have already educated our patient on. The only thing I educated my patient on was her medications and I didn’t think I could put that because I already put that for week 3. I will be sure to educate my patients on something that is relevant to their care. I will do this for my next clinical and each one following. **Thank you for sharing how you will improve, but I would like to help you reflect on this a little more deeply. Though I was not in clinical with you for week 4, just knowing the patients age and diagnosis, I’m guessing you may have talked to the patient about fall precautions and asking for help when wishing to be mobile. This is just one example of education you provided or could have provided that maybe you aren’t thinking of. It doesn’t always have to be something big like a new diagnosis or a procedure. Just something to think about. DW**

**Week 6:** Patient education was provided when I encouraged my patient to cough and deep breathe. I educated her that in doing so it would help mobilize secretions and promote oxygen diffusion. I utilized Skyscape to look up this information and discussion when educating her. This was necessary for the patients healing and respiratory status.

**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	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>MD</b>	<b>RH</b>	<b>DW</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:**

Week 3- Social determinants of health that could potentially influence care for my patient might be his race. My patient was African American, and, in some countries, marginalized groups don't receive the same quality healthcare as dominants group do. This is very sad, but I feel as though my patient was treated with dignity and respect as he greatly deserves. I treated my patient the same way as I would any other patient I care for. **This is so true. You gave him great care! I am glad you had him as a patient this week! MD**

Week 4- Social determinants of health that could have potentially influenced care for my patient could have been her employment. My patient slipped and fell on the ice going into work. She is 71 which means she's at the age of retirement. If it wasn't covered under workers compensation, then she might not have had the funds to get the proper care she needed. **Good observations! This could have also caused financial strain if she did not have the funds to pay for this incident. RH**

Week 5- Social determinants of health that could potentially affect patient care for the seniors could be transportation. Some might rely on the senior transit bus for transportation because they are unable to drive or don't have family members around to take them to their doctor's appointments. The senior transit bus only drives to a select few places. This would make it hard for them to get to their appointments and get the care and treatment they need. **Excellent reflection here, Presley. DW**

Week 6- Social determinants of health that could potentially influence care for my patient could have been that she was homeless and lives at the shelter. This could influence her patient care because she might not be able to afford it. She might also not receive the same quality care as someone who does live in a home simply because she's homeless.

\*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		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	NA	S											
d. Follow the standards outlined in the FRMCSN Student Code of Conduct Policy. (Responding)	S		S	S	NA	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	NA	S											
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (Responding)	S		S	S	NA U	S											
g. Demonstrate the ability to give and receive constructive feedback. (Responding)	S		S	S	NA	S											
h. Actively engage in self-reflection. (Reflecting)	S		S	S	NA	S											
	MD	MD	MD	RH	DW												

**\*\*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 was the IV math we learned. I really seemed to understand it and get the hang of it. I will continue to practice this by reviewing the calculations and doing practice problems, so this becomes second nature. **Wonderful! MD**

7b. I need to work on counting the drip rate when an IV pump is not available. I seemed to struggle with trying to find the right balance of unclamping the roller clamp while also trying to get the correct number of drips after fifteen seconds and one minute. I can work on this by going to the open labs and watching the videos in the lessons tab. I plan on attending each open lab to work on this and plan on watching the videos once each week. **It will come with more practice! Practice makes progress! MD**

Week 3- 7a. An area of strength this clinical was my medication administration. I think I did a good job looking up my meds, educating my patient, and then safely administering them. I was also very happy with myself after giving my patient a subcutaneous injection in his left lower abdomen. I remember last semester I had to give my patient a flu vaccine and as I was going to give it, I hesitated and pulled back. This time I just went for it and did it on the very first try. Go me! **You did fantastic! I am so proud of you! MD**  
7b. I need to work on locating my patients dorsalis pedis and posterior tibialis pulses. I have a very hard time finding them. I can work on this by practicing on two different family members before my next clinical. **Great goal! MD**

Week 4- 7a. I think an area of strength this week was adjusting and working around my patient's therapy schedule. She had an early tray each day caring for her which made it difficult to get my assessment and vitals done with her eating and before therapy would come get her. Although this was hard, I was flexible and did the best I could to get everything done when I could. **Good job with being flexible while caring for your patient. RH**  
7b. An area for improvement would be my documenting. There were a few times I noticed I documented something differently one day than the other and nothing changed with my patient. I did end up going back in the chart and editing it. I can work on this by slowing down and reading each section and not getting click happy. I will be sure to do this next time I have clinical and each time after that. **Documentation is time consuming and when we rush sometimes we can skip things accidentally or click on the wrong assessment finding. Slowing down is a good goal so you can be more attentive to the chart. RH**

Week 5- 7a. An area of strength was talking with the seniors and making puppy chow. A lot of them never tried it or even heard of it and were pleased with the results. It was nice getting to interact with them and do an activity that a lot of them have never done before. Playing bingo and eating lunch with them was also fun. It is nice they have a facility like that where seniors can go to keep them engaged and give them a sense of belonging. **DW**  
7b. An area for improvement would be bringing bowls to mix all the ingredients together. We used a bowl to mix the Chex, chocolate, and peanut butter together, but once that was all mixed in, we poured it into plastic bags with some powdered sugar and mixed that in using the bag. This got messy as we missed the bag a few times and the chocolate and peanut butter got stuck to the bag. If we decide to do this activity in the future, we should bring bowls to mix everything all together and then put it in the plastics bags when everything's mixed in. **DW**  
**Week 5 (7f)- Due to the late submission of your Erie County Senior Center survey and signature form, you have earned a U for professionalism and accountability, as well as 2 hours of missed clinical time. This was made up with the submission of the requirements. Please be sure to address your U with the week 6 tool to explain how you have made a change and will prevent this from happening in the future. Failure to comment on your improvement will result in a continued rating of U regardless of your performance. Let me know if you have any questions about future clinical requirements. DW**

I got a U for turning in my ECSC paper in late. I made a change by turning it in when Rachel addressed me. I will prevent this from happening in the future by writing it down in my planner, so I know when it is due, and I don't forget.

Week 6- 7a. An area of strength was getting to administer an IV piggyback, flush the saline lock, and discontinue the IV. This was my first time doing all of it. I was nervous at first but in the end, I was glad I got to experience it all for the first time. My patient was understanding and patient with me and because of that I couldn't have been more grateful that she was my patient I got to do it on for the first time.  
7b. An area for improvement would be watching the skills videos prior to clinical. When I found out I was going to administer IV piggyback meds I got nervous and drew a blank when I primed the tubing. This was because it was my very first time and I was nervous. If I would have watched the videos prior to this clinical experience I would have been more prepared for this scenario and would have felt more comfortable doing it. I can improve on this by watching the skills videos prior to each clinical experience.

Student Name: Presley Stang		Course Objective: MSN					
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	
	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	5. how is the pulse related to this patient's mobility? I do agree it is an abnormal finding, but I do not think it needs to be highlighted.  7. Great list of potential complications!!
	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. Any other educational topics you would include? What about pain management Healthy bowel habits? Use of assistive devices?
	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. You need to re-evaluate all items that are highlighted here. This means there should be a surgery update, xray update,

ecting	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>	Complete			Not complete	3	plantar flexion update, ROM update. Just saying that ROM is assessed in PT is not enough, you should also reassess it.
<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: Very good job! See comments for improvements. I would recommend keeping this for your senior portfolio because it was very well done.</b></p>							<p><b>Total Points: 41/42 Satisfactory</b></p>
							<p><b>Faculty/Teaching Assistant Initials: RH</b></p>

Student Name:		Course Objective:					
Date or Clinical Week:							
Criteria		3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)		
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)		
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)		
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	5. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	6. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)		
	7. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)		
Responding	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	9. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete		
	10. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete		
	11. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete		
	12. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete		
Refl	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete		

<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>			
Total Possible Points= 42 points 42-33 points = Satisfactory 32-21 points = Needs Improvement* < 21 points = Unsatisfactory* <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>  <b>Faculty/Teaching Assistant Comments:</b>							<b>Total Points:</b>	
							<b>Faculty/Teaching Assistant Initials:</b>	

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

Student name: Presley Stang								
<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>
	<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)*
Performance Codes:  S: Satisfactory  U:Unsatisfactory	<b>Date:</b> 1/9/24	<b>Date:</b> 1/9/24	<b>Date:</b> 1/10/24	<b>Date:</b> 1/10/24	<b>Date:</b> 1/12/24	<b>Date:</b> 1/17 or 1/18/24	<b>Date:</b> 1/17 or 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 1/10/24. 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. 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 were able to maintain sterile field when necessary and you did not need any prompts for either skill. You answered my questions regarding knowledge and competence of both procedures. Great job! DW/RH/NS/HS

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

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

<b><u>Simulation Evaluation</u></b>	<b>Student Name: Presley Stang</b>							
	<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							
Faculty/Teaching Assistant Initials	MD							
<b>Remediation:</b> 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