EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Caitlin R Gresh

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)
2/2/24	1	Late CDG Post	2/5/24

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	Risk for Aspiration	S/RH	NA	NA
2/10/24	Impaired Gas Exchange	S KA	NA	NA

Note: Students are required to submit two satisfactory care maps over the course of the semester. If the care map is not evaluated as satisfactory upon initial submission, the student must revise the care map based on instructor feedback/remediation and resubmit. A maximum of two remediation attempts will be provided for a single care map and if still unsatisfactory, the student will be required to start fresh and initiate a care map on a new patient. At least one care map must be submitted prior to midterm.

Objective

1. Illustrate correlations to demonstrate the pathophysiological alterations in adult patients with medical-surgical problems. (2,3,4,5)*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies: a. Analyze the involved patho-physiology of the patient's disease process. (Interpreting)			NA	S	S	S											
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			NA	S	S	S											
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			NA	S	S	S											
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			NA	S	S	S											
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			NA	S	S	S											
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			NA	S	S	S											
g. Assess developmental stages of assigned patients. (Interpreting)			NA	S	S	S											
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		NA	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		NA-NO CLINICAL	5T – TEAM LEADER	3T – 65, pneumonia, drug and alcohol abuse.	4N – 78, mediastinal Lymphadenopathy											
Instructors Initials	KA	KA	HS	RH	KA												

Comments:

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

Week 1 (1h)- During week 1, the Meditech, FSBS and IV pump sessions were all considered clinical hours. You came prepared to each of them and demonstrated competency accordingly. For this reason, you have earned an S for this competency. KA
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. You also assisted your peers with their correlation of pharmacotherapy to diagnosis and treatment while acting as team leader. RH

Week 5 – 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 cared for with alcohol use disorder and potential overdose. 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 5 – 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

*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	S	S											
b. Conduct a fall assessment and implement appropriate precautions. (Noticing)			NA	S	S	S											
c. Conduct a skin assessment and implement appropriate precautions and care. (Noticing)			NA	S	S	S											
d. Communicate physical assessment. (Responding)			NA	S	S	S											
e. Analyze appropriate assessment skills for the patient's disease process. (Interpreting)			NA	S	S	S											
f. Demonstrate skill in accessing electronic information and documenting patient care. (Responding)	S		NA	S	S	S											
	KA	**KA**	**HS**	**RH**	**KA**												

Comments:

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

Week 4 (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. You also checked documentation and assisted your peers in correcting their charting while acting as team leader. RH

Week 5 – 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 5 – 2f – You utilized the EMR to research your patient and determine what care needed to be provided to your patient throughout the day. You also utilized the EMR to research your patient's health history and information related to the patient's current hospital visit. KA

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies: a. Perform standard precautions. (Responding)	S		NA	S	S	S											
b. Demonstrate nursing measures skillfully and safely. (Responding)	S		NA	S	S	S											
c. Demonstrate promptness and ability to organize nursing care effectively. (Responding)			NA	S	S	S											
d. Appropriately prioritizes nursing care. (Responding)			NA	S	S	S											
e. Recognize the need for assistance. (Reflecting)			NA	S	S	S											
f. Apply the principles of asepsis where indicated. (Responding)	S		NA	S	S	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)			NA	NA	NA	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)			NA	S	S	S											
	KA	**KA**	**HS**	**RH**	**KA**												

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 through the dobhoff NG tube, completing

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

your head to toe, and charting your findings while also participating in therapy with your patient throughout the day. You were not afraid to ask for assistance when needed. RH

Week 5 – 3b – You did a wonderful job performing compressions on the patient during the code. You we complimented by the director who reported you performed compressions with the appropriate depth and speed without the code. Terrific job! KA

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

Objective

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

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

Comments:

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

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

Week 4 (3 k, l, m)- You were well prepared for medication administration this week and you performed all checks well! You were able to pass medications through the dobhoff NG tube with correct technique. You used the EMAR to look up medications that were due then used skyscape to further investigate each medication. You

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

answered all my questions well and your medication pass went smoothly! You also did a great job looking up medications as team leader and asking your peers questions about their medications prior to med pass. RH

Week 5 – 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. You did well documenting the patient's refusal of the one medication and respecting her right to refuse. KA
Week 5 – 3n – You did a nice job monitoring the patient's primary IV fluids and monitoring for continued patency of the IV line. You had the opportunity to practice drawing up medication from a vile and administering slow IV push to your patient. You performed all IV skills with beginning dexterity. You documented all medication administration and line care appropriately in the EMR. Nice job! KA
Week 5 – 3r – You did a nice job monitoring your patient's IV site this week and documenting your assessment in the EMR. KA

*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	S	S											
b. Communicate professionally and collaboratively with members of the healthcare team using hand-off communication techniques. (SBAR) (Responding)			NA	S	S	S											
c. Report promptly and accurately any change in the status of the patient. (Responding)			NA	S	S	S											
d. Maintain confidentiality of patient health and medical information. (Responding)			NA	S	S	S											
e. Consistently and appropriately post comments in clinical discussion groups. (Reflecting)			NA	~~S~~ U	~~S~~ NI	S											
f. Obtain report, from previous care giver, at the beginning of the clinical day. (Noticing)			NA	S	S	S											
g. Provide a clear, organized hand-off report to your patient's next provider of care. (Responding)			NA	S	S	S											
	KA	**KA**	**HS**	**RH**	**KA**												

Comments:

Week 4 (4 b, 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

You were given a "U" for 4e due to turning in your CDG late. Please reply to this "U" stating how you will avoid getting another one in the future. You will continue getting a "U" until this is addressed. RH

Week 5: 4e. In the future to prevent my CDG post from being turned in late, I will refresh the discussion page to make sure my initial post was posted. KA

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 5 – 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 5 – 4e – Caitlin, you did a great job responding to all the CDG questions on your EBP article about attitudes related to alcohol usage this week. Your response to your peer was well thought out and added to the discussion on their article. You included an in-text citation and reference in your post to your peer, however there was a reference without an in-text citation in your original post about your EBP article. Remember only the first letter of the first word of the title of the article is capitalized in your reference. Overall your posts were well done and brought up good discussion. Keep up the great work! KA

Week 6:
4.e. In the future to prevent myself from getting a NI, I will doble check my APA formatted citation against Purdue Owl to ensure the citation is correct.

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	S	S											

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

b. Utilize appropriate termino-logy and resources (Lexicomp, UpToDate, Dynamic Health, Skyscape) when providing patient education. (Responding)			NA	S	S	S											
	KA	**KA**	**HS**	**RH**	**KA**												

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

Week 4:
5.a. A teaching need of my patient this week was knowledge on Nasogastric tubes. She didn't quite understand why we had to flush the tube with water in between giving her crushed medication with water. RH
5.b. The resources I utilized with my patient teaching was skyscape. I used skyscape to do some more research on NG tubes and why they need to have a water bolus in between medication administration. I was then able to relay that information in a way my patient would understand. This is such an important teaching topic for those with NG tubes, great choice of education! RH

Week 5:
5.a. A teaching need of my patient this week was the effects drug and alcohol abuse can have on the body.
5.b. The resources I utilized with my patient this week was Lexicomp. I used Lexicomp to research any and all possible side effects and adverse reactions to drug and alcohol abuse, and complications that can occur later in life. I imagine Lexicomp had some excellent handouts as well you could have provided to your patient as well related to the signs and symptoms. KA

Week 6:
5.a. A teaching need of my patient this week was for his moist, productive cough. The education presented to my patient was how to splint with a pillow to help relieve some pain he has with coughing.

5.b. The resources I utilized with my patient this week was skyscape to teach my patient some techniques and positions to help relieve pain when coughing up any mucus or phlegm he had. I also used Lexicomp to research the type of cancer he has so he could have more information on it as the oncologist didn't give him any written information.

Comments:

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
a. Develop and implement a priority care map utilizing the nursing process and clinical judgment. (Noticing, Interpreting, Responding, Reflecting)			NA	S	S	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	S	S											
	KA	**KA**	**HS**	**RH**	**KA**												

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

Week 4:
6.b. A SDOH that can potentially influence my patients care is social and community context. This SDOH can potentially influence my patients care because her support system motivates patient to continue doing well with her treatments and her physical therapy so she can soon go home. RH

Week 5:
6.b. A SDOH that has the potential to influence my patients care is healthcare access and quality. This SDOH can potentially influence my patients care because my patient did not have transportation from the hospital to home. This was a major concern as well as the fact that your patient wanted to leave against medical advice which can potential cause financial strain if the insurance/Medicare refuses to pay for the hospital stay. KA

Week 5 – 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

Week 6:
6.b. A SDOH that has the potential to influence my patients care is social and community context. My patient, as far as I know, doesn't have any family that lives close by, but he does have a sister that lives in Florida and has power of attorney. However, his neighbors care for him very much and they were in and out of his room while I had the privilege of caring for him.

Comments:

See Care Map Grading Rubrics below.

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

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

Comments:

Week 1:

7a: An area of strength this week was with the IV lab as I have had previous experiences and practice. Great job! KA

7b: An area of weakness this week was on my dosage calculations and not reading the question in its entirety. On my dosage calculation quiz, I would have gotten a 100% if I had read the one question I missed carefully. Take your time in the future and read the questions with intention in the future to help ensure you answer all questions correctly.

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Remember to include a goal and make your goal measurable (i.e. I will practice ten dosage calculation problems before taking the lab quiz.). KA

Week 3:

7a: An area of strength this week was being knowledgeable about infection control and confirming what I already knew about precautions at Firelands. HS

7b: An area of weakness this week was having a hard time being able to pay attention during the globalization project presentations due to a lot of the same general information about TB was being presented multiple times. I will pay attention more by taking notes about each individual presentation as if being presented this information for the first time.

Caitlin I appreciate you taking the time to self-reflect this week, however reflections are to be clinical specific and therefore you are not required to self-evaluate when you do not have a clinical for the week you can just fill in NA's into the boxes. HS

Week 4:

7a: An area of strength in this week's clinical was my prior knowledge of medications that my patient and my groups patients from previous clinical experiences. RH

7b: An area of weakness for this week's clinical would be connecting emotionally with my patients. I tend to have a blank look on my face, and it appears that I'm just ignoring them or not acknowledging how a patient feels. To work on this, I am going to work on being more aware of how the look on my face reads to patients and try to put on a more appropriate face that shows how I feel on the inside. This comes with practice! RH

You were given a "U" for 6f due to turning in your CDG late. Please reply to this "U" stating how you will avoid getting another one in the future. You will continue getting a "U" until this is addressed. RH

I will prevent getting a "U" in the future by making sure the post was posted and writing in my planner to make sure it's done on time.

Week 5:

7a: An area of strength in this week's clinical was being able to do effective CPR and switching out when my arms were becoming fatigued. Great job give yourself a pat on the back for the compliments you and your classmates received. KA

7b: An area of weakness in this week's clinical was attempting to calm my patient down when she began to raise her voice. She unfortunately would not lower her voice and threatened to rip out her IV, strip her clothes off, and run down the hall if she did not get the medication she wanted. Remember to set a goal on how you will improve this weakness in the future. Therapeutic communication will be discussed more in Psych and you will have multiple opportunity to practice this skill to help learn how to deescalate a situation. KA

Week 6:

7a: An area of strength this week was during medication administration. I was able to hang IVPB and prime the tubing by myself (did need some help getting the last of the bubbles out though) and gave PO meds and a subcutaneous injection as well.

7b: An area of weakness this week was with my knowledge of chest tubes. We had gone over chest tubes in class and were shown how they work, however in the future when I have a patient with a chest tube, I will look over information on how to care for a chest tube before doing chest tube care of documentation.

Student Name: Caitlin Gresh	**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	
	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**	2	4. What other priority problems could your patient have had? She had vision issues, she was a fall risk, risk for contractures or muscle deterioration? 5. Thick secretions could be related to an aspiration risk
	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**	1	8. what about checking her vitals (HR, RR, etc) rather than just respiratory status? She had a lot of opportunities for education related to pain, PT/OT, NPO status, aspiration risk, tube feeding. Think of any nursing intervention you could do and it should be on this list.
	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**	3	

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	

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:** See comments for areas for improvement. Overall you did great, but a little more information in the interventions would be better!	**Total Points: 39/42 Satisfactory** **Faculty/Teaching Assistant Initials:** RH

Student Name: Caitlin Gresh	**Course Objective:**
Date or Clinical Week: 5	

	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 nice job listing all pertinent assessment, lab/diagnostic findings, and risk factors for your patient his week. 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 relevant nursing priorities and selecting the highest of the priorities to focus on for your patient. You highlighted the relevant information form the noticing section that related to your nursing priority. You also did a good job listing 3 complications for impaired gas exchange and signs and symptoms to assess for each. 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 writing pertinent interventions that included frequencies, were individualized, realistic, and included rationale. Mast of your interventions were prioritized however 8 and 9 should be before 6 and 7. All other interventions appropriately prioritized. KA
	9. Interventions are prioritized	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	2	
	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**	3	Good job reassessing your highlighted assessment and lab/diagnostic findings. You also identified discontinuing the plan

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	of care related to patient being discharged. KA

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: Great job satisfactorily completing your second care map. Please see comments above for areas to consider in the future. Keep up the excellent work! KA**	**Total Points: 41/42** **Faculty/Teaching Assistant Initials:** KA

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

Student name:								
Skills Lab Competency Evaluation	**Lab Skills**							
	Week 1	**Week 1**	**Week 1**	**Week 1**	**Week 1**	**Week 2**	**Week 2**	**Week 9**
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 or 1/11/24	**Date:** 1/10 or 1/11/24	**Date:** 1/12/24	**Date:** 1/17 or 1/18/24	**Date:** 1/17 or 1/18/24	**Date:** 3/11 or 3/12/24
Evaluation:	**S**	**S**	**S**	**S**	**S**	**S**	**S**	
Faculty/Teaching Assistant Initials	KA	KA	KA	KA	KA	KA	KA	
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. KA

Week 2

(Trach care and suctioning 1/17/24)- 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 were very precise with your actions and did a great job! You answered my questions regarding knowledge and competence of both procedures. RH

(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:**							
	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	S						
Faculty/Teaching Assistant Initials	RH	KA						
Remediation: Date/Evaluation/Initials	N/A	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