

**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.

**\*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
2/9/2024	Acute Pain	S HS	NA	NA
2/16/24	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
<b>Competencies:</b>			S	n/a	S	S	S										
a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting)			S	n/a	S	S	S										
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			S	n/a	S	S	S										
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			S	n/a	S	S	S										
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			S	n/a	S	S	S										
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	n/a	S	S	S										
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			S	n/a	S	S	S										
g. Assess developmental stages of assigned patients. (Interpreting)			S	n/a	S	S	S										
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	s		S	n/a	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	Rehab, 76, total rt knee replacement	Infection Control and Digestive Health	3T 35, Acute pancreatitis/chest	3T, 72, Exacerbation of COPD, Pneumonia	5T, Team Leader 1 <sup>st</sup> Experience										
Instructors Initials	<b>RH</b>		<b>MD</b>	<b>DW</b>	<b>HS</b>	<b>KA</b>											

**Comments:**

\*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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

Week 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 (1h)- Hannah, 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 review the quick reference guide and bring your clinical paperwork that was mentioned in the syllabus in order to prepare for the Infection Control clinical this week? If yes, the evaluation could have been an S. If not, it would have been an NI or U. DW

Week 5 (1a-f)-Great job this week researching your patient's diagnosis and identifying the symptoms and diagnostics that were associated with his diagnosis. You were also able to correlate the medications that were helping relieve his pain as well as educating him on his diet order. HS

Week 6 – 1a, b, c, e– You did a nice job discussing on clinical your patient's disease process related to her exacerbation of COPD 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 6 – 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

**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	n/a	S	S	n/a										
a. Perform inspection, palpation, percussion, and auscultation in the physical assessment of assigned patient. (Noticing)			S	n/a	S	S	n/a										
b. Conduct a fall assessment and implement appropriate precautions. (Noticing)			S	n/a	S	S	n/a										
c. Conduct a skin assessment and implement appropriate precautions and care. (Noticing)			S	n/a	S	S	n/a										
d. Communicate physical assessment. (Responding)			S	n/a	S	S	S										
e. Analyze appropriate assessment skills for the patient's disease process. (Interpreting)			S	n/a	S	S	S										
f. Demonstrate skill in accessing electronic information and documenting patient care. (Responding)	s		S	n/a	S	S	S										
	<b>RH</b>		<b>MD</b>	<b>DW</b>	<b>HS</b>	<b>KA</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 3- 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 (2f)- Again, please be sure to review each clinical competency to determine whether or not you completed it. Do not assume you were NA for everything just because you weren't on an inpatient unit. 2f was required for the Infection Control clinical as you were expected to review documentation to determine the reasoning for isolation and to ensure that nursing documentation was accurate. DW

Week 5 (2d,e)- Great job focusing the assessment for your patient related to his priority problem, you also did a nice job communicating with your team leader regarding your findings. HS

\*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 6 – 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. You also did a nice job providing your patient with information on other pain medications available outside of the throat spray recognizing the rating she was providing might need to be treated with something stronger. KA

Week 6 – 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

**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	n/a	S	S	S										
a. Perform standard precautions. (Responding)	s		S	n/a	S	S	S										
b. Demonstrate nursing measures skillfully and safely. (Responding)			S	n/a	S	S	S										
c. Demonstrate promptness and ability to organize nursing care effectively. (Responding)			S	n/a	S	S	S										
d. Appropriately prioritizes nursing care. (Responding)			S	n/a	S	S	S										
e. Recognize the need for assistance. (Reflecting)			S	n/a	S	S	S										
f. Apply the principles of asepsis where indicated. (Responding)	s		S	n/a	S	S	S										
g. Demonstrate appropriate skill with Foley catheter insertion, maintenance, & removal (Responding)			n/a	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)			S	n/a	S	S	n/a										
i. Identify the role of evidence in determining best nursing practice. (Interpreting)	s		S	n/a	S	S	S										
j. Identify recommendations for change through team collaboration. (Reflecting)			S	n/a	S	S	S										
	<b>RH</b>		<b>MD</b>	<b>DW</b>	<b>HS</b>	<b>KA</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 5 (3c,d,e)- You were able to prioritize and complete the necessary nursing care for the patient despite him becoming frustrated with not being able to eat and wanting to be discharged from the hospitals. We were able to effectively discuss how to prioritize care and determine how to disturb him the least amount of times to allow us to still provide the care for him. HS

Week 6 – 3b – You did an overall terrific job caring for your patient in a holistic manner this week and ensuring all of her needs were met as well as establishing an obtainable goal for her to meet before discharge. KA

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

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

Week 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 5 (3k,l,m, n)- Great job with your medication administration this week. You did a great job with the PO, SQ, and IV push medications. HS

Week 6 – 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, IV, and SQ medications this week. You performed the medication administration process with beginning dexterity. KA

Week 6 – 3n –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 6 – 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 6 – 3r – You did a nice job monitoring your patient’s IV site this week and documenting your assessment in the EMR. KA

Week 6 – 3s – You demonstrated proper technique when completing FSBS on your patient. You documented all information correctly in the EMR. KA

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

**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! Remember-each submission (initial and reply) need to have an in-text citation. Your reply did not have an in-text citation. Your reply was not within the last 5 years. Please keep this in mind when finding articles for the CDG. Also, be sure to use the

\*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

authors for the in-text citation in your initial post and not PubMed. The in-text citation would look something like this- (Nguyen et al., 2022). Let me know if you have any questions. MD

Week 4 (4a,b)- Please be sure to review all competencies and evaluate accordingly. Did you use any communication skills to talk with patients and/or the interdisciplinary team during your Digestive Health observation or Infection Control experience? DW

Week 4 (4e)- According to the CDG Grading Rubric, you have earned an S for your participation in the Infection Control discussion this week. Your discussion was thoughtful and supported by evidence. Nice job with APA formatting. Keep up the good work! DW

Week 5 (4a-d)- Nice job communicating with your nurse and the team leader regarding the changes in your patient's condition throughout the shift.

Week 5 (4e)-Nice job selecting an article for your CDG this week it was an appropriate selection based on your patient. Your post and response to a peer both met the requirements listed on the rubric. Nice job with APA formatting! HS

Week 6 – 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 6 – 4e – Hannah, you did a nice job telling the medication story of your patient this week in your CDG response. I wish you had discussed a few of her other drugs such as her protonix and enoxaparin since they are helping prevent potential complications associated with her admitting diagnosis. You did a nice job writing a thoughtful response to your peer. You included a reference and in-text citation for both of your CDG posts. Please remember to include the page number or the paragraph number if there are no page numbers in your in-text citation when using a direct quotation. Overall you did a great job! Keep up the wonderful work! KA

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

### Comments:

Week 3- 5a. My patient needed education on the reason why we had to wrap her leg that was not operated on. She had developed edema in her left leg from being non weight bearing in her right leg, so she was using a wheelchair and a beside commode for all her needs. She was only up walking for about 5 minutes at a time in OT, so most of the time she was in a sitting position. I explained that a blood clot could come from the legs being filled with fluid. I also explained that she wants to keep both legs elevated and move them as much as she can, while she is not standing. **Great education! MD**

b. I personally did not have to use resources when explaining why sitting in the same position for so long can lead to a bad situation, since I personally suffer from edema from sitting at my desk job for too long, if I don't have any compression socks. **You should always have a resource that you are receiving this information from even though you have personal experience. Please be sure to always look into having a resource. MD**

Week 5 – 5a. My patient needed education when it came to his meds because when I went into his room to administer the meds, he thought they were for pain and didn't want them. I had to educate him on all three meds and why I was giving them, especially the enoxaparin because he didn't know why he was receiving a deep vein thrombus prevention med. I taught him that since he was laying in bed for most of the time, a blood clot could form. I also explained that one med was for GERD and the other was for anxiety/depression. He then took them. **Great job educating him on his medications. HS**

5b. I utilized Skyscape when looking up my medications for my patient, so that if he asked me questions about them I could correctly educate him on why he was receiving these particular medications. **HS**

Week 6 – 5a. My patient needed education on using the incentive spirometer. I had encouraged her to use it because she was laying in bed for most of the time and her priority problem was her exacerbation of COPD, so it would benefit her on both aspects. She had started to blow into the incentive spirometer, so I educated her on the correct way of breathing in, so that she could expand her lungs.

\*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

5b. To make sure I was correctly educating my patient on the incentive spirometer, I utilized Skyscape to fill in any gaps that I may have forgotten from last semester. Great job educating her on this. It would definitely help in preventing complications associated with her exacerbation of COPD. KA

Week 7 – 5a. One of the patients would need teaching about proper toileting, since she is suffering from painful hemorrhoids and constipation. She would need to be educated on not straining too hard on the toilet because it could lead to hypotension leading a person to pass out.

5b. I could use Skyscape to help me with making sure I'm giving the correct information when talking about the reason someone shouldn't be straining/on the toilet for a long time, especially with the Vagal nerve.

**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	n/a	S	S	n/a										
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	n/a U	S	S	S										
			MD	DW	HS	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.**

See Care Map Grading Rubrics below.

**Comments:**

Week 3 6b: My patient was a retiree and fortunately, still had her husband with her. I was able to notice that he was very helpful and willing to learn everything he needed to know in order to help his wife during this recovery process. She had let me know that he came every night to have dinner with her. This will definitely benefit patient care compared to if she didn't have a support system. **Absolutely! This will have a great affect on her healing process! MD**

Week 4 (6b)- Unfortunately, you are receiving a U for not commenting on an example of a SDOH that could have impacted a patient from your clinical experience this week. Please be sure to take your time and review the details of the clinical tool more closely each week. As you can see above, the directions tell you that a comment must be made for all clinicals. An example related to infection control may have been that financial strain, which could impact ability to purchase medication and other treatment measures or ensuring that the correct disinfecting materials and solutions are available when they go home. Please be sure to address this U in the comments for next week. Failure to do so will result in a continued U until completed. DW

Week 5b. In week 4, I did not put an example of a SDOH that could have impacted my patient. It is no longer a "U" because I will now give an example. **This will stay as a U for week 4, however thank you for addressing it. HS** In digestive health, a person might not be able to afford health insurance to cover a colonoscopy/endoscopy, therefore they are left without knowing what could be going on with them. **I would agree this would be an example. HS**

For 3T, my patient had an 8-year-old daughter who he shared custody with, and she was staying with him for the weekend, so he was determined to get better to leave the hospital. Usually, children are a big motivation for people to get out of the hospital and gives them a reason to stay healthy, so I think his daughter will definitely have him thinking about his life choices, so he can stay around for her. **Caring for a young child can definitely impact an individual's own health. HS**  
**Week 5 (6a)- You have satisfactorily completed your care map! I have included comments within the rubric for your review. Nice job! HS**

Week 6 – 6b: My patient had recently lost her son, brother, and mother in the last couple months, so she was grieving and stated that she was feeling depressed. I believe mental health is a big factor with the healing process, so I think this is going to be detrimental to her getting better. She had been talked to about getting counseling/psychiatric help, but it seemed like she wasn't very interested in it due to her feeling like it wouldn't help. Mental health can have a stigma to it, especially with my patient's generation, so I think that could play a role in her not being interested. **I agree this was a big factor that could affect her overall ability to manage her health. KA**

**Week 6 – 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 7 – 6b: One of the patients lived alone and had a support system, but all were too busy to be able to help her with ADL. This could definitely negatively impact her healing process, because she could feel alone and cause her mental health to decline.

## 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. <b>Reflect on an area of strength. ** (Reflecting)</b>	s		S	S	S	S	S										
b. <b>Reflect on an area for improvement and set a goal to meet this need.** (Reflecting)</b>	s		S	S	S	S	S										
c. Demonstrate evidence of growth, initiative, and self-confidence. (Responding)	s		S	S	S	S	S										
d. Follow the standards outlined in the FRMCSN Student Code of Conduct Policy. (Responding)	s		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	S										
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (Responding)	s		S	S	S	S	S										
g. Demonstrate the ability to give and receive constructive feedback. (Responding)	s		S	S	S	S	S										
h. Actively engage in self-reflection. (Reflecting)	s		S	S	S	S	S										
	<b>RH</b>		<b>MD</b>	<b>DW</b>	<b>HS</b>	<b>KA</b>											

**\*\*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: An area of strength this week was being able to recognize which IV sites and findings that were abnormal. I was also able to label the IV that was done correctly. An area that would need improvement would be the IV math. The pump rate is one that seems to keep stumping me, I always want to use the drip rate equation. I will

utilize all the practice questions that Kelly has sent, along with seeing what else I can find online. Remember your goal or plan for improvement needs a timeframe as well. For this goal, what would your timeframe be? By next class or by next clinical week are good timeframes. RH

Week 2: I will utilize all the practice questions that Kelly sent, along with see what else I can find online by next clinical week.

Week 3: An area of strength this week would be being able to determine when my patient needed her leg wrapped when I saw that she was developing edema in her left leg. Awesome job! MD An area that would need improvement would probably be when I missed a couple things in my head-to-toe assessment on the first day due to my patient eating breakfast. I was not used to this, since every other patient had breakfast delivered after I did my assessment. To improve, in the future I will inform my patient on how important it is that I get my assessment done. I will look over the head-to-toe assessment checklist in my red folder from last semester by next week's clinical. This is a great goal! It will get easier with more experience! MD

Week 4: An area of strength this week would be asking the nurses questions when I was confused about what was being seen on the colonoscopy. Excellent! DW An area that would need improvement would be to know what isolation precautions that each disease is under. When the preceptor asked me, I knew a few of them, but most I did not. I will look over my badge and what PPE you need by next week's clinical. Great goal! Once you commit this to memory and have more experience with isolation precautions over time, the more likely it will become second nature. Practicing good habits now while in school will be extremely helpful for the future. Keep up the good work! DW

Week 5: An area of strength this week would be staying calm during the first time I ever flushed an IV, administered meds through the IV, and gave an injection. This clinical was the first time I ever did meds that were not PO. You will gain confidence with medication administration the more you administer medications. You did a great job. HS An area that would need improvement would be my confidence with patients who are not in the greatest moods because they are not able to receive something they want due to doctor's orders. My patient desperately wanted food, even though he was NPO and would put his call light on to see if his diet had changed yet, and when I told him it had not, he was not happy with me. To improve, in the future I will remind myself to not take things personal because these patients are in a vulnerable state and are most likely not their usual selves at this time. It is difficult when a patient is upset and you may be the one that is at the other end of their frustration, it is helpful to educate them and hope that with a better understanding of the situation their frustration lets up some.

Week 5 (7f)- Be sure to submit your next care map into the drop box, failure to do this on the second care map may result in a U for this competency. HS

Week 6: An area of strength this week would be getting my instructor when I had noticed my patient's vital signs started to become abnormal. Her pulse ox was down to 92%, heart rate was 105, and respirations were around 24. The instructor had then explained it was most likely from her nebulizer treatment. An area that would need improvement would be being more aware of the things around my patient, because I had not realized her oxygen was off due the nebulizer treatment, so I had not correlated that to the reason for the pulse ox declining to 92%. To improve, I will go back to last semester when we learned about liters of oxygen and how we're supposed to check the oxygen whenever we see a patient is on it. This will be done by next clinical. I like how you were able to reflect on this situation and see both the things you did well and the areas you can improve on. If you have never dealt with a patient during a nebulizer treatment administration, there would have been no way of knowing the process or what they used (air vs. oxygen). However, any sudden changes in the patient's status I start at the patient and work myself back to the equipment to see if there is any that is different. This skill will come with time and experience. You truly handled the situation well and helped your patient get the help she needed promptly. KA

Week 7: An area of strength this week was being able to look up all of my fellow nursing student's medications, along with giving them feedback and helping them correct their documentation if they needed it. An area that would need improvement would be time management because I was stuck in one patient's room for a while with another student and wasn't able to communicate a lot with the other patients. To improve for the next team leader experience, I will use the paper that was provided to us that had a column for each time to organize care better.

Student Name: <b>Hannah Castro</b>		Course Objective: <b>6a</b>					
Date or Clinical Week: <b>2/9/2024</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	Nice job identifying the abnormal assessment findings. Other lab findings that you would include would be the amylase and lipase levels. For risk factor you could also list history of pancreatitis.
	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	Nice job identifying the relevant data from the noticing boxes supporting your priority problem. The potential complications should be complications that can occur from the identified priority problem, you could use some of the symptoms you listed under acute pain. You already identified acute pain so that would be the priority problem not a potential problem.
	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)	3	
<b>Responding</b>	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	Nice job overall with your nursing interventions! When prioritizing interventions be sure to assess first then administer medications. You would assess the patient's pain prior to giving the dilaudid or Tylenol.
	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	
<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	2	All highlighted assessment findings should be reassessed, including back pain, guarding and grimacing and mood swings.

<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: Hannah, nice job on your care map! I have added a few suggestions to take into consideration when completing your next care map. HS</b></p>						<b>Total Points:39/42</b>	
						<b>Faculty/Teaching Assistant Initials: HS</b>	

Student Name: Hannah Castro		Course Objective:					
Date or Clinical Week: 6							
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	Hannah, you did a nice job including all the relevant assessment findings, lab/diagnostics, and risk factors for your patient that you cared for this 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 including the pertinent nursing priorities and highlighting the most important priority to focus on. You highlighted all the related data for your chosen nursing priority from the noticing section in You also chose 3 relevant complications for your nursing priority and signs and symptoms the nurse should 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 nursing interventions for your nursing priority and making sure they were prioritized, had frequencies, were individualized, were realistic, and all had rationales. The only additional nursing interventions to include would be related to monitoring for new labs/diagnostics and education the patient about her disease process. 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	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	You did a nice job reassessing your patient related to your nursing priority. Remember you should reassess both the

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	highlighted assessments and the highlighted lab/diagnostics. If there was not change or new findings just report that. Also you chose to modify your care map, if this is what you are doing state what you would modify such as adding or removing a nursing intervention. KA
<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 satisfactorily completed your second care map. Please see comments above for suggestions for next time on areas to improve on. Great job! KA</b></p>							<p><b>Total Points: 41/42</b></p> <hr/> <p><b>Faculty/Teaching Assistant Initials: KA</b></p>

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

Student name: Hannah Castro								
<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:	<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)*
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	<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>RH</b>	<b>RH</b>	<b>RH</b>	<b>RH</b>	<b>RH</b>	<b>RH</b>	<b>RH</b>	
<b>Remediation: Date/Evaluation/Initials</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</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. RH

**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 answered my questions regarding knowledge and competence of both procedures. Great job! 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

<b><u>Simulation Evaluation</u></b>	<b>Student Name:</b> Hannah Castro							
	Performance Codes:  <b>S:</b> Satisfactory  <b>U:</b> Unsatisfactory	<b>vSim-</b> Vincent Brody (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	<b>vSim-</b> Juan Carlos (Pharmacology) (*1, 2, 3, 4, 5, 6)	<b>vSim-</b> 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)	<b>vSim-</b> Stan Checketts (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	<b>vSim-</b> Harry Hadley (Pharmacology) (*1, 2, 3, 4, 5, 6)
	<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	HS						
<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