

EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Kyle Guerra

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)
1/29/24	1 hour	Late vSim-V. Brody	2/2/24, 1 hour
2/3/24	2 hours	Late DH CDG and survey	2/5/24, 2 hours
2/7/24	6 hours	Missed Clinical on 4N	TBD
2/19/24	3 hours	Late DH sign, IC sign, and scav. hunt	2/20/24, 3 hours
2/26/2024	1 hour	Late vSim-M. Hughes	

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
1/25/24	Impaired Gas Exchange	NI/KA	S/KA	NA
2/9/2024	Impaired Urinary Elimination	S/NS	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:			S	NA	S	NA	S										
a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting)			S	NA	S	NA	S										
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			S	NA	S	NA	S										
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			S	NA	S	S	S										
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			S	NA	S	NA	S										
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	NA	S	S	S										
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			S	NA	S	NA	S										
g. Assess developmental stages of assigned patients. (Interpreting)			S	NA	S	NA	S										
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		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		3T, 81 yr. old male, anemia, dyspnea, congesti	NA Erie County Senior Center	4N 71YR. OLD MALE	Infection Control/Digestive Health	5T 63YR. OLD FEMALE										
Instructors Initials	RH		KA	DW	NS	DW	MD										

Comments:

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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

Week 3 – 1a, b, c, e – You did a nice job looking up the history of both your patient with pneumonia and your patient on the second day with a history of CHF. You did a nice job discussing on clinical your patient's disease process and what nursing was doing to help the patient. You were able to discuss symptoms we were monitoring and managing in your patient as well as pertinent labs for your patient diagnosis. You also set a goal for your patient and were able to discuss your patient's work towards meeting that goal. KA

Week 3 – 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

Week 4 (1h)- Kyle, please keep in mind that Infection Control, Digestive Health, and the Erie County Senior Center, while not your typical inpatient clinical, are still clinical experiences. In the future, be sure to review each competency and evaluate as appropriate. For example, competency 1h asks you to evaluate whether or not you demonstrated evidence in being prepared for clinical. Did you prepare for the ECSC activity and bring your clinical paperwork that was mentioned in the syllabus? If yes, the evaluation could have been an S. If not, it would have been an NI or U. DW

Week 5 1(a-h) – Kyle, nice job this week discussing your patient's alternations in health and the pathophysiology involved his urinary retention and acute kidney injury. You identified his symptoms of retention and lack of urinary output for greater than 24 hours, excessive output on initiation of the foley catheter, and hematuria. You discussed his elevated BUN/Creat levels as being related to the hydronephrosis identified on the CT scan. You correlated the medical management and need for a 3-way catheter for continuous bladder irrigation as a result of his continued hematuria. Great work discussing your patient and using clinical judgement in decision making throughout the week. NS

Rehab Clinical Objective 1 B-E-This week you were able to identify symptoms, medical treatments, pharmacotherapy, and diagnostic tests that were a part of the patient's stay on the Rehab unit. You did a great job in correlating all of these with the patient's diagnosis. Great job! MD

Objective

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

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

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 – 2a, d – You did a nice job thoroughly assessing you 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 3 – 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

Week 5 2(a,e) – Good work with your assessments this week, noticing deviations from normal. You did well to discuss your priority assessments related to your patient's disease process, monitoring the urine output and focusing on the GU assessment priority. You closely monitored the continuous bladder irrigation with the three-way catheter and discussed the importance of monitoring for clots, urine output, and signs/symptoms of urinary retention as a result of the hematuria. NS

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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

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

Comments:

Week 3 – 3b – You took excellent care of your patient and made sure all necessary care was provided even though it was at the end of your shift. You went above and beyond to take care of your patient to the best of your ability. Terrific job! KA

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 5 3(c,d) – During your care this week you were tasked with monitoring and managing a continuous bladder irrigation for your patient with hematuria. We discussed the importance of monitoring output and signs/symptoms of urinary retention as a result of clots preventing outflow of the catheter. We also discussed the importance of maintaining the continuous irrigation and avoiding the tubing going “dry” to prevent complications. You were able to organize your time efficiently throughout the day to ensure all care needs were met while also preventing disruption to the CBI. You prioritized your nursing care to ensure positive outcomes were met. NS

Week 5 3(g) – This competency was changed to “S” because you maintained the patient’s catheter during your care. You closely monitored intake and output, ensure the catheter stayed in place, and frequently assessed and maintained the CBI effectively. NS

Rehab Clinical Objective 3 D-You were able to identify the priority assessments with your patient and prioritize interventions that needed to be completed! MD

Objective

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

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

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

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 3 – 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, topical, and ophthalmic medications this week. You performed the medication administration process with beginning dexterity. KA

Week 5 3(k-r) – Great job this week with medication administration. You gained experience with several new skills, demonstrating confidence and competence. Various PO medications were administered. You identified the classification, indications, side effects, and nursing implications for each. You discussed the six rights of medication administration and performed the three safety checks, utilizing the BMV scanner for patient safety. All dosage calculations were performed accurately. You demonstrated competence in preparing an intravenous infusion, priming the tubing with absence of air, and programming the IV pump for the prescribed rate. A saline flush was performed prior to administration of an iron infusion to confirm patency, and the IV site was monitored for potential complications. NS

Rehab Clinical Objective 3 K-M-This week you were able to identify the rights of medication administration and you were able to accurately administer medications to your patient. You identified safe practice and performed really well with administering your patient's medications! MD

Objective

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

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

Comments:

Week 3 – 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

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 3 – 4e – Kyle, you did a nice job discussing your EBP article on the best medication treatment for community acquired pneumonia and how it related to your patient this week in your CDG. You were thoughtful with your response to your classmate and added to the discussion about their EBP article. Remember you need to include both an in-text citation and a reference in your response to receive a satisfactory. I was unable to locate an in-text citation in your original CDG response. Also, in the in-text citation for your response to your peer please remember to include a page number or a paragraph number if there are no page numbers when citing a direct quotation. KA

Week 4 (4e)- According to the CDG Grading Rubric, you have earned a U for your participation in the Erie County Senior Center discussion. While your discussion was thoughtful and supported by evidence, the post was submitted late and had spelling/grammatical errors. I know it can be challenging to identify mistakes in your own writing, but it may be helpful to read it out loud before submitting it. This often helps me. Due to the late submission of your CDG, you have earned 1 hour of missed clinical time. This was made up with the submission of your ECSC post. DW

Week 5 4(e) – You selected an article relevant to the patient situation this week. You did well to summarize the findings and discuss how it related to your patient experience. Your response post to Kennedy provided additional insight to the conversation and was supported with the use of a reputable resource to enhance the conversation. Your response post included both an in-text citation and a reference. For the in-text citation, you would include the author(s) last name and publishing year. Instead of (The Noyes Knee Institute, 2024), the correct in-text citation in APA format would be (Smith, 2024). For your initial post APA formatting for references, the title of the article should not be italicized, only the journal title itself. The article title would be as you stated, just in regular font. Unfortunately, this competency was changed to “NI” due to lacking an in-text citation in your initial post. According to the CDG grading rubric, all posts should include BOTH an in-text citation and a reference. When summarizing the article, a good place to place an in-text citation may be after the “purpose” section. Correct in-text citation for your initial post would be (Soum et al., 2022). NS

Week 6 (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. I appreciate the use of the CDC literature to back up your discussion. This is relevant and reliable. Keep up the good work! I have a few suggestions for improvement with future APA formatting. 1. Scholarly writing encourages the use of paraphrased information, not direct quotes. 2. The in-text citation should include a page or paragraph number when a direct quote is used. The correct citation would be- (Centers for Disease Control and Prevention, 2023, para 2). Nice job with the reference. DW

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! Both your initial post and peer response had appropriate references and in-text citations. Great job! MD

Objective

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

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

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

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

Comments:

Week 3 A/B. Respiratory- Verbal, Coughing and deep breathing to allow for the airways and alveoli to expand. The method I used to validate learning was the teach back method and using skyscape and the Pulse Ox to show that it helps. **Great job using the pulse ox to reinforce your education. KA**

Week 3 – 5a&b – According to the policy any competency left blank on the tool will be marked as unsatisfactory. Please make sure to take a minute to write a statement on how you will prevent receiving a U in this competency in the future. **KA**

Week 5 A/B- CBI knowledge. I used nick my instructor and skyscape as a resource about CBI's. We showed the pt. when the CBI was running that his urine was a peach color. But later the DR. wanted it discontinued so we just clamped the bags. As time went on we showed the pt. about the importance of it because he was still peeing out blood and blood clots. The knowledge we gave him was it filters out everything in the bladder and it shows through teaching. The method I used was teach back and I used the evidence of the urine to show the changes throughout the day. **NS**

Week 6 A/B Mobility with a walker. Verbal my patient wanted to go home with a walker for stability. I used the teach back technique with her for demonstration of using a walker. She fully understood how to use a walker and the need for it. **Great teaching need, however, you did not state what resource you used for this information. There should always be a resource. Please be sure to state how you plan on including this information for upcoming weeks. MD**

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)			S NI	NA S	S	NA	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)			U	NA U	S	S	S										
			KA	DW	NS	DW	MD										

****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 B. One social determinant of health is driving to places he needs to go. The reason for this is because he cant move all that well or at all so if he needs to go somewhere he wont be able to without help because he can barely move. Does he have a lack of transportation or an inability to drive or both? Also another SDOH for your patient is that he lives at a long-term care facility. This also affects his ability to manage his overall care. KA

Week 3 – 6a – Your care map waded as needs improvement on your patient this week. Please see comments on the rubric at the end of the tool for details and ways to correct your care map. KA

Week 3 – 6b – According to the policy any competency left blank on the tool will be marked as unsatisfactory. Please make sure to take a minute to write a statement on how you will prevent receiving a U in this competency in the future. KA

Week 4 (6a)- You satisfactorily revised your care map on your patient from last week. Please see my comments in blue on the rubric below for more detail. KA

Week 4 (6b)- Unfortunately, you are receiving a U for 2 reasons: 1. Not addressing your U from week 3, and 2. 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 the Erie County Senior Center may have been lack of transportation that could impede the individual's ability to get to social activities or even health related appointments. Additionally, Kelly's feedback above, reminded you to address your U from week 3. 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 5 B. One social determinant of health I noticed was mobility and moving around at home or going somewhere. The reason I say this is because he has a CBI but what it he needs to go home with a foley catheter. Its going to be hard to perform ADL's and going places if you have a foley catheter in place. **It sounds like you are stating related to health care access/social context. When reflecting on this competency, you want to review your patient's social environment and how it could impact his care. SDOH include economic stability, education access and quality, health care access and quality, neighborhood and build environment, and social and community context. As nurses we want to explore how these social concepts can impact their overall health. Do patients have the economic means to manage their health conditions, do they have the education level to understand the discharge instructions, do they have social support at home to help with managing their health, means for transportation to attend follow-up visits, etc. Be sure to utilize the provided link when reflecting on SDOH that could impact patient care in the future. NS**
<https://health.gov/healthypeople/priority-areas/social-determinants-health>

Week 6 B. One social determinant of health is the economic stability. I would think this because if you don't have a good paying job with good insurance maybe the insurance wont pay for lets say the colonoscopy. So now the patient cant afford to go get that procedure done and there health suffers because of the insurance. **Well done! Your reflection is right on for the population you observed this week. Thank you for using previous feedback to show growth in this competency. DW**

Week 7 B. One social determinant of health is income. I think this because she was worried on if she was going to be able to pay for her hospital bill. Also for her other outpatient visits she has to go to once she leaves. **This is a huge SDOH. MD**

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)			U	NA U	S	S	S										
b. Reflect on an area for improvement and set a goal to meet this need. ** (Reflecting)			U	NA U	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 U	U	S U	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										
	RH		KA	DW	NS	DW	MD										

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

Comments:

WEEK 1

Strength- I feel my area of strength was spiking the IV bag I felt I was well prepared for me to be able to do that task.

Weakness- I feel my weakness was the IV math I definitely had some trouble working with that. So before my quiz and my next clinical I will do the practice questions multiple times a day for the next week so I can understand and be well prepared. **This is a great goal to have! We will have you practice in the clinical setting as well so hopefully it gets easier as the semester moves along. RH**

Week 2

Strength- My strength was doing the trach care lab we had this week I feel like I did really good!

Weakness- My weakness this week is keeping sterile field while doing trach care. Making sure I clean it not over the sterile field. So I will practice and reread the trach care steps sheet multiple times before my clinical next week.

Week 3

Strength- My strength this week was med pass. Even though I had a lot of medications to give I feel like I was confident about passing medications to a patient safely. **You did a great job administering medications as well as ensuring your patient understood what he was taking. KA**

Weakness- I feel like my weakness was my knowledge about certain respiratory medications that my pt. was taking. I will look those meds up that he had multiple times before next clinical so I can be better prepared to get those meds later on. **Great idea. You will learn the medications you give most often with time which will shorten the amount of time you need to look up medications. KA**

Week 3 – 7a&b – According to the policy any competency left blank on the tool will be marked as unsatisfactory. Please make sure to take a minute to write a statement on how you will prevent receiving a U in this competency in the future. **KA**

Week 3 U's I will prevent anymore U's from now on by making sure and triple checking to see if I have filled out all of the blank spaces. I will do this before every clinical tool every week. **DW**

Week 4 (7a,b)- Unfortunately, you have earned a U for these competencies due to no reflection on strengths and opportunities for improvement related to week 4. As discussed previously, as well as in the course syllabus and in the discussion, Erie County Senior Center, Infection Control and Digestive Health are all clinical. For this week, you had a clinical experience that may or may not be out of your comfort zone. Did you identify any strengths or opportunities for improvement related to communication, engaging the older adult, making accommodations for those with decline in their functional ability so they could still participate in the activity, etc. Every hands on or observational experience you have in the nursing program provides you with an opportunity to reflect and make improvements for the future. If you didn't feel engaged because you didn't see it as a real clinical, that's an opportunity for improvement. If nothing else, please be sure to review the course syllabus prior to each new assignment or experience to make sure you are doing all that is expected of you. You are an adult learning and the best way to learn is to be an active participant in everything you do. I know you can do this Kyle. Please let me know if I can assist in getting you organized or in any other way. **DW**

Week 4 (7f)- Due to the late submission of your Erie County Senior Center CDG and survey, you have earned a U for professionalism and accountability, as well as 2 hours of missed clinical time (1 hour for each late submission). This was made up with the submission of your ECSC post. Please be sure to address your U with the week 5 tool to explain how you have made a change and will prevent this from happening in the future. Failure to comment on your improvement will result in a continued rating of U regardless of your performance. Let me know if you have any questions about future clinical requirements. **DW**

Week 4 U'S- To prevent anymore U's I will look over the syllabus and see what I need to do to prevent from getting any more U's. I will look it over every time I have to submit a clinical tool every week. Also for all of the off campus clinicals I will be sure to do a survey and a CDG for them. **NS**

Week 4 strength- I felt my strength this week was engaging the elderly into our activity and have them participate. **NS**

Weakness- My weakness would be communication with them. I didn't really know what to talk about with them because they are before my timeline. But I will be sure to ask my nana what she finds interesting to talk about to I can use that for the other clinicals we have coming up. I will do it this week before my next clinical. **NS**

Week 5 U's- To prevent me from oversleeping and missing clinical I will set 20 alarms every night and make sure my girlfriend doesn't turn them off. I will do this for every clinical for the rest of the semester the night before every clinical. **Good plan! That is a lot of alarms to set, however, this certainly should help prevent oversleeping in the future. Thank you for addressing the "U"! NS**

Week 5 strength- my strength I felt this week was communication in the clinical setting. I had a pt. with a CBI and I felt I was taking care of it effectively through communication with my other team members and Nick. Very good! This was a new learning opportunity for you on the nurse side of things. While you may have some knowledge of monitoring a CBI from the PCT standpoint, the nurses responsibilities require a deeper level of knowledge and care. We discussed the importance of frequent monitoring of the CBI system, assessment for symptoms of complications, and troubleshooting if intended outcomes are not being met. When caring for a patient with a CBI, strong communication and delegation can help prevent the system from running dry and clotting off. Nice job utilizing communication and frequent monitoring to promote positive outcomes this week. **NS**

Weakness- my weakness this week would be the knowledge of CBI's, such as the charting of the CBI's and how often you have to chart on them and how fast the bags run out. To improve this I will ask fellow nurses at work about CBI's this Friday before my next clinical. **It is nice that you are able to utilize practicing RNs in the work setting to help enhance your knowledge and understanding. I think this is a good plan for the future to determine others experiences in managing a CBI. NS**

Week 6 strength- my strength this week was my knowledge of infection control and how to prevent it. I know this because I work at the hospital and I know how these things are done. *It's always nice when past experience aligns with current concepts being learned, reinforced and practiced hands-on.* DW
Weakness- my weakness was not knowing that RSV is a contact precaution and not a droplet precaution. I will look over why this is on the internet and utilize my work resources one day I work this week before my next clinical. *Wonderful! This goes to show that while you generally feel comfortable in something, there is always opportunity to learn and grow. I love that you are choosing to use your available resources to advance your knowledge. Keep up the good work!* DW

Week 6 (7f)- Unfortunately, you have earned a U for this competency this week due to late submission of your Infection Control signature form and scavenger hunt, as well as the Digestive Health signature form, . The paperwork was due 2/19/24. These late submissions will result in 3 hours of missed clinical time, 1 hour for each requirement. It is worth noting that you have 12 hours of missed clinical time to date this semester and only have 4 more hours of leeway (between clinical, lab and sim) before you would receive a U for clinical and an F overall in the course. Kyle, I know you are learning and growing, I have no doubt about that. Please work on your goal to ensure that all course requirements are completed accurately and by the established due date and time for all future assignments. Please let me know if I can do anything to help. You've got this! Lastly, don't forget to comment on your U to show that you have improved for week 6. DW

Week 6 U- I understood that I have gotten a U for turning in papers late. To prevent this I will set a reminder on my phone for later dates to turn stuff in on time. MD

Week 7- strength – my strength this week is organization with my priority of patients. From my team leader experience I felt I did a good job dealing with 4 patients and monitoring the students. *You did an awesome job with the team leading experience!* MD

Weakness- my weakness was on what all PT/OT does with the patients on a day to day basis and for how long they are with the patients. By next week I will ask for more information from my charge nurse on my unit more about their services. *Great goal!* MD

Student Name: Kyle Guerra				Course Objective :			
Date or Clinical Week: Week 3 1/25/24							
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)	3/3	You did a nice job listing the pertinent assessment findings, lab/diagnostic findings, and risk factors for your patient. When listing the patient is on O2 make sure to include delivery method and SpO2 (SpO2 97% on 2L O2 per NC). You would also want to include the shallow respirations that you noted on your assessment along with the emesis. KA As stated above you would want to adjust the wording for your 2LO2 to include delivery method and SpO2 (SpO2 97% on 2L O2 per NC). You would also want to include the shallow respirations that you noted on your assessment along with the emesis. 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	
	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)	3/3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3/3	You did a nice job identifying your nursing priorities for your patient. Your 2 education priorities relate to your impaired gas exchange and therefore do not need to be listed separately. You could include impaired skin integrity in your priorities related to the patient's bed sore as well as impaired mobility due to his weakness and numbness and tingling. When completing the complications section, you should list 3 complications associated with your highlighted nursing priority and then 3 s&s to assess for with each complication (i.e. pneumonia – advantageous lung sounds, increased RR, decreased SpO2). You could use delayed wound healing, but you would then want to list 3 s&s you would assess for. KA When reviewing the revised complications section, you did a nice job with the complication of delayed wound healing and bradypnea. I am not sure if diaphoresis is a complication or more of a symptom of a complication, such as infection/pneumonia. 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	3/3	
	6. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	0/2	
	7. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	0/2	
Responding	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	2/2	You did a nice job writing interventions that had frequencies, were realistic, and included rationales. When prioritizing your interventions assessments go first, followed by other interventions, and lastly education. Also, when personalizing your interventions include the name, amount, and frequency of related medications not just the name. You would want to include his Flonase as well. Also remember you should include an intervention assessing all highlighted information to allow data
	9. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	1/3	
	10. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3/3	
	11. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	2/3	

	12. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3/3	collection for reevaluation. Therefore, you would want to assess both his N/V and an intervention to monitor labs. What about encouraging C&DB since this was a priority listed above. KA You did a nice job revising your interventions. You did a nice job reprioritizing your interventions. You included Flonase as ordered. I understand you were awaiting the order for the albuterol and therefore were unable to include the dose at this time. Tamsulosin is for the patient's BPH and therefore does not need to be included in this care map with the priority of impaired gas exchange. Also remember you should include an intervention assessing all highlighted information to allow data collection for reevaluation. Therefore, you would want to assess both his N/V and an intervention to monitor labs. Monitoring I&O will assess vomiting but not nausea therefore I would include a separate intervention to assess them. KA
Reflecting	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	1/3	Make sure when completing your evaluation section you reevaluate everything highlighted in your assessment and lab/diagnostic sections. Your patient's SpO2 was not reevaluated or any of his labs/diagnostics. If there are no new lab or diagnostic findings just state no new results available in this section. Also, you included data on BP and lung sounds but neither were highlighted in your assessment section. You did identify that you would continue your plan of care. KA
	14. Evaluation includes one of the following statements: - Continue plan of care - Modify plan of care - Terminate plan of care	Complete			Not complete	3/3	Great job ensuring all highlighted assessments and labs were reassessed and included in your evaluation section. 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: Kyle, you did a nice job developing your care map on a complex patient. You are receiving a needs improvement. Please see comments above to see areas to improve on when correcting and resubmitting your care map. Please resubmit your corrected care map to your drop box by Saturday February 3 at 2200. If you have questions or concerns I can address please let me know. KA Kyle, you satisfactorily completed your care map this week. Nice job revising your care map using comments from last week. See additional areas to improve on in the future in the comment sections above. KA							Total Points: 30/42 39/42 Faculty/Teaching Assistant Initials: KA KA

Student Name: Kyle Guerra				Course Objective: 6a			
Date or Clinical Week: 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	A thorough list of abnormal assessment findings were provided. Numerous abnormal diagnostics were identified and listed based on information collected from the chart. Consider including his hemoglobin and hematocrit levels that were low due to the blood loss through hematuria. Risk factors were identified based on his past medical and social history. Consider his prescriptions for Plavix and Aspirin as risk factors for the hematuria.
	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	Seven nursing priorities were identified based on the patient care required throughout the week. You appropriately selected “impaired urinary elimination” as the top nursing priority. Based on the top priority, you identified potential complications that occurred and identified specific signs and symptoms to monitor for. Good thoughts in including excessive fluid volume as a result of the continuous IV infusion and continuous bladder irrigation that could potentially lead to fluid overload.
	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	2	Overall nice job with the intervention section of your care map for impaired urinary elimination. A thorough list of interventions were provided. Each intervention was prioritized appropriately with assessments taking highest priority. The listed interventions were individualized to the patient situation and an appropriate rationale was provided. Each listed intervention included a specific frequency to be performed. One point was deducted for “list all nursing interventions relevant..” due to some important nursing interventions that were omitted. You would want to include specific interventions that were required for your individual patient, such as
	9. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	10. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	11. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	2	
	12. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	

							assessing the CBI system, managing the CBI system, assessing/managing the urinary catheter, etc. While you did state numerous important interventions, there were not any listed related to the CBI or catheter itself.
Reflecting	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	0	When performing the evaluation section of the care map, you want to go back to your abnormal assessment findings and provide details on the most recent assessment of the patient to determine if they are progressing as intended. Based on the most recent assessment findings, we determine if the plan of care is helping to meet intended outcomes, or if we need to modify the plan of care to help improve the outcomes. It appears that you listed intended goals for the patient in the evaluation section. During the last day caring for him, he still had the 3-way catheter with continuous bladder irrigation, still had hematuria, BUN and Creat were still elevated, etc. Although the goal is to no longer need the indwelling catheter, absence of hematuria, etc. these were not the findings specific to your patient at this time. There were also no new scans performed at that time to determine if the hydronephrosis had resolved. I agree with your statement to continue to plan of care until the assessment findings improve. In the future, be sure to re-list your assessment findings rather than stating goals.
	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.							Total Points: 37/42 - Satisfactory
Faculty/Teaching Assistant Comments: Kyle, overall good work with your care map based on the priority problem of impaired urinary elimination related to your patient's diagnosis of urinary retention and hematuria. You used good clinical judgement in developing your care map and discussing the patient situation during the clinical week. You received 37 /42 points for a satisfactory evaluation. Review the comments provided for continued success with care map assignments. You have now completed both required care map submissions with satisfactory evaluations for the semester. Kudos to you and your time management in completing both requirements prior to midterm. This will allow you to focus your attention on other aspects of the class. Job well done. Keep up the hard work! NS							Faculty/Teaching Assistant Initials: NS

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

Student name: Kyle Guerra								
<u>Skills Lab Competency Evaluation</u>	Lab Skills							
	Week 1	Week 1	Week 1	Week 1	Week 1	Week 2	Week 2	Week 9
	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: 1/11/24	Date: 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
	Performance Codes: S: Satisfactory U:Unsatisfactory							
Evaluation:	S	S	S	S	S	S	S	
Faculty/Teaching Assistant Initials	RH	RH	RH	RH	RH	RH	RH	
Remediation: Date/Evaluation/Initials	N/A	N/A	N/A	N/A	N/A	N/A	N/A	

*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 1/11/24. KA/DW

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

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

Week 2

(Trach Care & Suctioning 1/17/2024) - During this lab, you satisfactorily demonstrated competence with tracheal airway suctioning and tracheostomy care. You provided comforting communication with your patient throughout the procedure. Overall you did well to maintain your sterile field and applying sterile gloves. You were able to recognize the close proximity of the 1" border around the sterile field when opening your sterile gloves. Be sure to give yourself enough space to reduce to protentional for contamination. You answered my questions appropriately demonstrating knowledge and competence of each procedure. No prompts were required for either skill. Keep up the hard work! NS

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

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

<u>Simulation Evaluation</u> Performance Codes: S: Satisfactory U: Unsatisfactory	Student Name: Kyle Guerra							
	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	U	S	U					
Faculty/Teaching Assistant Initials	RH	NS	MD					
Remediation: Date/Evaluation/Initials	2/2/24 S DW	NA						

* Course Objectives

Comments:

Week 4 (Vincent Brody)- Unfortunately, you have earned a U for the Vincent Brody scenario due to late submission of the post-quiz vSim requirement. All required components must be completed by the deadline in order to received credit. Remediation was completed and the post-quiz was submitted, now resulting in a S as of 1/29/2024. In the future, please be sure to complete both the scenario with at least a 50% or greater) and the post-quiz to avoid receiving any unnecessary U's. If I can assist in any way to help with organization of course requirements, please let me know. I am happy to help. DW

vSim M. Hughes-You did not turn in this vSim on time. You are receiving 1 hour missed simulation time which will be made up once the vSim is completed. MD

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