EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2024

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Dylan Wilson

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
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
2/23/2024	Ineffective Airway Clearance	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: a. Analyze the involved patho-physiology of the patient's disease process. (Interpreting)			S	S	S	NA	S	NA									
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			S	S	S	NA	S	NA									
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			S	NA	S	NA	S	NA									
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			S	NA	S	NA	S	NA									
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	NA	S	NA	S	NA									
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			S	NA	S	NA	S	NA									
g. Assess developmental stages of assigned patients. (Interpreting)			S	NA	S	S	S	NA									
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		S	S	S	S	S	NA									
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, 84M, Heart Failure	Digestive Health, Infection Control	3Tower 74F, Gangrene Right Toe	ECSC	4 North 77F, GI Bleed	NA									
Instructors Initials	**DW**		**MD**	**HS**	**KA**	**DW**	**NS**										

Comments:

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

Week 1 (1h)- During week 1, the Meditech, FSBS and IV pump sessions were all considered clinical hours. You came prepared to each of them and demonstrated competency accordingly. For this reason, you have earned an S for this competency. DW
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 5 – 1a, b, c, e– You did a nice job discussing on clinical your patient's disease process and what nursing was doing to help the patient you cared for with the necrotic toe. You were able to discuss symptoms we were monitoring and managing in your patient as well as pertinent labs for your patient diagnosis. You were able to discuss the different patients on your team and prioritize the patients according to their diagnosis and assessment. You utilized your knowledge and change in patient status to reprioritize the patients as the day went on. KA
Week 5 – 1d – You did a nice job reviewing all your medications before you administered them to the patient. You were able to discuss the reason why the patient was taking the medication as well as what we were monitoring the patient for. You also were able to discuss what information was needed to determine if the medication should be administered (i.e. blood pressure, pulse). You were able to discuss the medications of all the patients on your team and was able to work with your team member to determine appropriateness of medication administration. You were extremely prepared and asked your classmates some very excellent questions during medication administration. KA

Week 7 1(a-h) – You were presented with a challenging situation this week as your morning was getting started. After helping to stabilize and transfer the patient, you did well to discuss the pathophysiology involved with the complications she was experiencing. You correlated her constricted pupils as being related to receiving too much medication. This resulted in the lethargy and the inability to clear her secretions. You discussed her low Spo2 levels and shallow respirations leading to respiratory compromise. You interpreted the ABG results demonstrating hypoxia and the rationale behind the EKG and CXR performed. Medical treatment and pharmacotherapy were related to the priority problem and nursing implications were identified. You correlated her nutritional needs and risk for aspiration related to her past medical and surgical history. Nice job discussing and making correlations regarding the situation that occurred. NS

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

Objective

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

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

Comments:

Week 1 (2f)- By attending the Meditech clinical update & providing your full, undivided attention during the demonstration of documenting insulin, IV solutions, and the Meditech 2.2 upgrades, you are satisfactory for this competency. NS
Rehab Clinical Objective 2 A-This week you were able to perform a great head to toe assessment! You were able to translate all of your findings in documentation and while discussing your patient with me. You really did a great job putting the pieces together with the patient's assessment and what you would see with the diagnosis! MD

Week 5 – 2a, d – You did a nice job thoroughly assessing your patient and notifying your nurse of any pertinent information. You were also able to work with your team to keep up on the assessment changes occurring with all patients on the team. KA
Week 5 – 2f – You utilized the EMR to research your patient and determine what care needed to be provided to your patient throughout the day. You also used the EMR to research all the patients on your team and to check your classmates charting for accuracy. KA

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

Week 7 2(a,e) – Nice job with your assessments this week. You noticed the increased sputum production and inability to clear secretions on her own. You performed a focused respiratory assessment and implemented interventions to help maintain her airway. You provided assistance in stabilizing the patient and performing focused re-assessments to determine the effectiveness of the interventions performed. NS

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

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies: a. Perform standard precautions. (Responding)	S		S	S	S	NA	S	NA									
b. Demonstrate nursing measures skillfully and safely. (Responding)	S		S	S	S	NA	S	NA									
c. Demonstrate promptness and ability to organize nursing care effectively. (Responding)			S	NA	S	NA	S	NA									
d. Appropriately prioritizes nursing care. (Responding)			S	NA	S	NA	S	NA									
e. Recognize the need for assistance. (Reflecting)			S	S	S	NA	S	NA									
f. Apply the principles of asepsis where indicated. (Responding)	S		S	S	S	NA	S	NA									
g. Demonstrate appropriate skill with Foley catheter insertion, maintenance, & removal (Responding)			S	NA	NA	NA	NA	NA									
h. Implement DVT prophylaxis (early ambulation, SCDs, ted hose, administer enoxaparin or heparin) based on assessment and physicians' orders (Responding)			NA	NA	S	NA	S	NA									
i. Identify the role of evidence in determining best nursing practice. (Interpreting)	S		S	NA	S	NA	S	NA									
j. Identify recommendations for change through team collaboration. (Reflecting)			S	NA	S	NA	S	NA									
	DW		**MD**	**HS**	**KA**	**DW**	**NS**										

Comments:

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 – 3b – You did a wonderful job continually monitoring your patient and performing your focused assessment related to her pain and wound. You helped successfully manage her pain throughout your shift and ensured to administer your pain medication promptly upon report of pain. KA

Week 7 3(c,d,e) – You were prompt in responding to your patient's inability to clear secretions. You reflected on the experience and discussed alternate interventions to be performed. You appropriately prioritized her respiratory status as it began to decline. You discussed your findings with the instructor and emphasized the importance of performing oral suction. After suctioning, you noticed her Spo2 was dropped to 74% and recognized the need for assistance. The health care team was notified and the team worked together to help stabilize the patient prior to transfer. NS

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

Objective

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

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

Comments:

Week 1 (3o,r)- During the IV pump session, you actively participated in the programming and maintenance of the Alaris IV pump. Additionally, you accurately identified abnormal IV site assessment data with an IV site monitoring activity. HS
(3s)- The student was able to satisfactorily perform a Quality Control check of the glucometer as well as demonstrate skills and knowledge required for proper fingerstick blood glucose measurement with the ACCU-CHEK Inform II glucometer. DW

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

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
Rehab Clinical Objective 3 N, O, P, R-This week you were able to flush and administer IV antibiotics through an IV. You were able to use the proper precautions and administer these medications safely! Great job! MD

Week 5 – 3k – You did a nice job administering your medications this week. You observed the rights of medication administration and was able to answer all questions about your medications. You had the opportunity to pass PO, SQ, and IV medications this week. You performed the medication administration process with beginning dexterity. You also worked with your classmates on your team to determine appropriateness of medication administration for their patients and assist them with following the rights of the medication administration process. KA
Week 5 – 3n – You did a nice job monitoring the patient's primary IV fluids and monitoring for continued patency of the IV line. You had the opportunity to practice administering slow IV push to your patient. You did a nice job priming your piggy back and connecting your patient to the medication for the first time. You performed all IV skills with practiced dexterity. You documented all medication administration and line care appropriately in the EMR. Nice job! KA
Week 5 – 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 5 – 3r – You did a nice job monitoring your patient's IV site this week and documenting your assessment in the EMR. KA
Week 5 – 3s – You did a great job performing the FSBS skill on your patient and reviewing the MAR to determine the need for insulin related to the results. KA

Week 7 3(k-r) – You gained experience with various skills related to medication administration. You reviewed each medication and discussed the implications, side effects, and nursing considerations for each. You identified the 6 rights and performed the three safety checks, including the use of the BMV scanner for patient safety. Dosage calculations were performed accurately. Several PO medications were administered safely with the use of applesauce to prevent aspiration. Numerous PO medications were administered appropriately. You also gained experience with reconstituting a powder medication to be administered IVP. Patency of the IV was confirmed with a saline flush and the IV site was monitored closely for complications. You gained experience with priming tubing for intermittent IV infusions and followed appropriate aseptic technique. Nice job! NS

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

Objective

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

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

Comments:

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

Rehab Clinical Objective 4 E-You had a wonderful CDG this week with response! You were able to turn in your CDG on time, have the adequate word count for both posts, and you were able to provide to the conversation with the information you gave! Awesome job with your reference and in-text citation as well for your initial post! Be sure to include an in-text citation with your response to a peer as well. Also, remember with a reference it should be the author, date, title of the article, journal title, and then website. Let me know if you need further clarification on this! MD

Week 4 (4e)- According to the CDG Grading Rubric, you have earned a satisfactory for your Infection Control discussion this week. You included both the citation and the reference with the post however, I do not completely understand the flow within your discussion. You listed the intervention of hand washing with soap and water and then went into your article discussing swabbing of infected areas. I do not see the flow in where you were going within that first question, be sure to tie sentences together or directly answer the questions within the CDG questions. Please let me know if you have additional questions regarding this. HS

Week 5 – 4b, g – You did a nice job keeping your nurse up-to-date on all pertinent information throughout the day. You completed the SBAR worksheet and provided your RN and Team Leader with handoff communication related to your patient utilizing the SBAR you developed. You did a nice job working with your team members to stay up-to-date with their patients and to ensure the nurse is notified as needed. KA
Week 5 – 4e – Dylan, you did a nice job responding to all the CDG questions on your team leading experience this week. You were thoughtful and considerate in your original post as well as in your response to your classmate's post. Nice job including an in-text citation and a reference in both of your posts. Remember when in-text citing a direct quotation remember to include the page number or the paragraph number if there are no page numbers in your in-text citation. Overall you did a wonderful job and should be proud of everything you did throughout your time as team leader! KA

Week 6 (4e)- According to the CDG Grading Rubric, you have earned an S for your participation in the Erie County Senior Center discussion this week. Your discussion was thoughtful and supported by evidence. I have a few suggestions for improvement with future APA formatting. 1. The author listed in the reference should match the author you use in the citation. If there are more than two authors, the citation will include the first author, followed by et al. 2. When you use a direct quote, the citation should also include the page number that the information can be found. 3. Whenever possible, scholarly writing encourages the use of paraphrasing over the use of direct quotes. The correct in-text citation is- (Milanovic et al., 2013, p. 554). 4. Please make sure you utilize evidence from the literature that is up-to-date. This means resources that are 5 years old or less. A resource on aging from 2013 is extremely outdated, especially when considering the wealth of current resources. 5. All of the words in the journal name should start with a capital letter, except for in. If I can ever be of assistance with APA formatting, please let me know. DW

Week 7 4(e) – You did well to discuss important educational needs related to your patient experience. Her oxygenation status was declining and it was important to remind her to take deep breaths and perform frequent coughs to help clear her increased secretions. You were able to confirm understanding through return demonstration. Good job identifying barriers to education related to her difficulty hearing and visual alterations. Nice job in your response post to Andrea. You added additional insight to the conversation and supported your discussion with a reputable resource. Some tips for APA formatting: When using Skyscape as your resource, you want to cite the authors of the individual resource being used. Your references look spot on; however, the in-text citations stating (Skyscape, 2022) are not providing the authors with credit for their work. Be sure to cite the author(s) of the resource when using skyscape as follows – Doenges et al., 2022. When three or more authors are present, include the first authors last name followed by "et al." Also, when using a direct quote, be sure to include the page or paragraph number. I encourage you to practice paraphrasing information rather than using direct quotes as your progress with APA formatting. Let me know if you have any questions. NS

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

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

****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. This week in rehab my patient received education on ambulation. Within the chart there was a CXR showing small amounts of Atelectasis in the RLL. I delivered the education verbally describing how atelectasis can lead to pneumonia and worsening his SOB when they were already on 2L NC with SOB at rest and exertion. Using the teach back method my patient was able to recite why the education was important. I promoted getting into the chair he had in the corner of the room throughout the day and especially for meals. When in the bed the pt was able to turn and reposition himself in the bed, but boosting with the pad underneath him was still needed. I used materials learned in class from the respiratory system and our med/surg book. Awesome job!!! MD

Week 5 5a. This week on 3T my patient received education related to daily feet inspections. My patient was a chronic diabetic with neuropathy, wounds, and necrotic toes. She has a history of poor circulation resulting in an femoral angioplasty placed in January. Using the teach back method the patient acknowledge the information I had given her. The information I verbally taught the patient was from Table 53.23 in the book going over the importance of foot care. There it lists 16 ways to take care of your feet. The methods I mentioned included daily foot inspection, report skin infection to HCP, cut toenails rounded after a shower/bath, avoid open toed shoes, and do not wear clothing that leaves impressions that may hinder circulation. Great job utilizing your textbook. I am sure you could have also utilized Lexicomp to locate a handout you could have provided to the patient she could have taken home since this is a major concern for her. KA

Week 7- An educational need that was discussed with my patient was cough and deep breathing. My patient had received Ativan, Roxy, and Dilaudid all within a time span from 0300-0600. Side effects from the drugs made it so my patient couldn't clear her airway effectively. Thick mucus secretions built up in the back of her throat causing her Respiration rate to increase from 18-24/min, and oxygen on RA From 98-84%. During my initial head-to-toe, I had my patient take deep breaths and cough because of the pulse ox was 84%, and she sounded hoarse when trying to speak. It did bump up to 90% shortly after and I had made the mistake of thinking this could be her normal range of o2. After checking her chart, however, it was not baseline. I returned to the room to assess further, and the hoarseness had worsened. From this point, I grabbed a Yankaur suction and hooked it up to the suction canister. You could visibly see respiratory distress coming from the patient as we suctioned thick mucus from her throat.

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

The pulse ox during this time dropped down to 73%. The pt was then placed on 2L NC which didn't help much, then moved onto 6,8,10, and 14L via ventiri mask before calling Respiratory to come assess the patient. Ultimately, she ended up on 35L at 70% saturation Vapotherm and was transferred to 4P to be better observed. Respiratory drew ABG to find that the Po2 was a critical low of 48.7% (80-100). I used Skyscape as a resource to verbally educate my patient on the importance of maintaining a clear airway. Since my patient was currently in respiratory distress at the time, she could only physically show that she understood the need by coughing/spitting into the "barf bag" and takin deep breaths. Her voice was so hoarse that you couldn't tell what she was saying. Good reflection on important teaching needs! Further comments related to this teach are provided under the CDG competency for this week. NS

Objective

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

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

****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.**

Comments:

See Care Map Grading Rubrics below.

Week 3 6b. A major factor that will affect my pt after discharge is the need for physical activity. Unfortunately, the pts insurance will only allow his to stay until Sunday this week and I didn't feel like he was ready to go home with no home health. He lives with his elderly wife who is able to ambulate but from Wednesday to Thursday his mobility significantly decrease along with his mental capacity. ADL's were difficult to complete for him on Thursday as he was feeling extremely fatigued and unmotivated to complete therapy. He hasn't had a fall within the last six months but without home health or a longer stay in the rehab unit I'm concerned for fall risk and further injury that could be preventable. This is a great concern and I agree I do not feel he is ready to return home. He has a lot of rehab to go through. MD

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

Week 4 6b. During my time in Digestive health most patients seemed to have similar SDOH relating toward either smoking or drinking. These risks factors commonly lead to health related problems such as cancer which was found in a couple of patients. Resources that could be used for this situation is to verbally remind the patient to stop smoking/drinking and printing out paper copies from Lexicomp over these sensations. I think you may be headed in the direction of concern for your patients based on their lack of access to education, and without that education they may be unaware of the risks associated with drinking and smoking. Educating the patient is always beneficial and the sooner the better. HS

Week 5 6b. A SDOH that I noticed with my patient was from her loving family that came to visit her everyday. Psychosocial support goes a long ways when you are stuck in a hospital in pain and getting ready to have your toe amputated. The difference of having emotional support after an amputation can make a huge difference. It is arguably just as important and the physical aspect post surgery. Losing a part of your body can cause major self doubts and mental depression. Being able to go home to a husband and other family members that are willing to be there for you after leaving the clinical setting will impact her treatment plan in a major effect. What great thoughts. SDOH can definitely positively impact out patient as well and made help your patient in her overall recovery and management of her chronic conditions. KA
Week 5 – 6a – You did not complete a care map this week, therefore this competency is NA. KA

Week 6- A SDOH I noticed this week at the ECSC was the lack of resources that some members have. The lack of food, transportation, education, and funds were the most noticeable. The elders relied on public transportation to get from point A to B because many of them suffered from chronic illness that led to them not being able to operate a vehicle. Other relied on the ECSC for meals, socialization, and education. The ECSC gets various donations of food specifically on 2/14 they had cakes and bread for anyone who needed it all the FREE. The Seniors loved to hear the word FREE. I would recommend any seniors that need resources such as these to participate in the ECSC or another local Senior Center. Dylan, I appreciate that you have identified several SDOH, as well as resolutions to the problem. Keep up the good work! DW

Week 7- A SDOH I noticed this week while on 4 North was housing and support. My 77F patient lived alone in a trailer while having an extensive history of chronic illness such as glaucoma, legally blind, HOH, HTN, cataracts, wounds etc. The pt mobility was very limited with muscle dystrophy making her unable to perform ADL's. I believe home health would benefit and or staying in rehab for a period of time if insurance allows it. These are important SDOH to consider, especially considering the chronic illnesses that she has to manage. You can see how upon discharge her health outcomes would be a concern. Her ability to understand and implement discharge instructions is limited due to her difficulty hearing and visual deficits. Transportation to follow up appointments will be difficult. Who could we consult to address these concerns with discharge planning? Its important we help to identify resources to address these SDOH for our patients. Nice reflection. NS

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
a. Reflect on an area of strength. ** (Reflecting)	S		S	S	S	S	S	NA									
b. Reflect on an area for improvement and set a goal to meet this need.** (Reflecting)	S		S	S	S	S	S	NA									
c. Demonstrate evidence of growth, initiative, and self-confidence. (Responding)	S		S	S	S	S	S	NA									
d. Follow the standards outlined in the FRMCSN Student Code of Conduct Policy. (Responding)	S		S	S	S	S	S	NA									
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	NA									
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (Responding)	S		S	S	S	S	S	NA									
g. Demonstrate the ability to give and receive constructive feedback. (Responding)	S		S	S	S	S	S	NA									
h. Actively engage in self-reflection. (Reflecting)	S		S	S	S	S	S	NA									
	DW		**MD**	**HS**	**KA**	**DW**	**NS**										

****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:

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 1 Strength- I felt very comfortable and confident when practicing with the finger stick blood sugar. Being able to test for quality control, and having to collect blood was a big strength because of the practice I have done at work. I will continue to use this skill in clinicals to check the glucose level of patients. Excellent! It's nice to have some outside experience when going over new skills in the curriculum. Keep up the great work! DW
Week 1 Weakness- I struggled with IV dosage calculation more than regular dosage calculation. Doing on paper calculations weren't hard but getting used to looking at the med bags and having to come up with the equations made it most difficult. I plan to practice IV dosage calculations this weekend so become more familiar with how the questions are set up. I will spend at least one hour on Saturday and Sunday practicing in order to become proficient before any tests or clinicals. Great idea! Kelly sent out some additional practice problems and the IV math application stations will also be available during the open lab on 1/16/24 if you'd like to review them. DW

Week 3 Strength - During med pass I felt more comfortable getting the medications out of the pyxis and scanning the in the patients room. After communicating the reasonings for the medications with Monica, I was able to go into the patients room and answer any questions they had regarding the medications was were give n PO &SQ. You did a FANTASTIC job! I am so proud of the progress you have made! I look forward to watching your growth throughout the semester! MD
Week 3 Weakness- I struggled with getting back into the rhythm of relating lab values to my patients diagnosis. Some values were familiar, but most were not. I will do more critical thinking exercises, and look over material relating electrolyte imbalances to the needs of my future patients. Next clinical I will ask more questions on how and why these lab values correlate. This is a great goal! Let me know if there is anything I can assist you with! MD

Week 4 Strength- My strength this week was communicating with the Doctor and asking questions. It was a different environment to have the doctor in the room at all times with a patient and be able to ask questions over GI related problems. The doctor was able to provide more in depth detail than the book could and having a real life situation actively going on is helpful to remember the information. Sounds like you had a great experience! Yes, that in person experience of asking those questions in real time are very beneficial. Great job! HS
Week 4 Weakness- My weakness this week was remembering my way around Firelands campus . It had been awhile since going to all the different floors, but luckily my partner this week on clinical was Savannah. She was very helpful and familiar with the floors since she works in 4T. As we continued to rotate throughout the different floors I'm confident in my ability to get more familiar with the layout and being able to find the PAR/Pyxis/linens, etc. Be sure to include a goal with your weakness and your plan on how you can meet that goal in the future. HS

Week 5 Strength- My strength this week was having good communication as team leader and being organized. I felt that my team did a great job timely getting their assessment and medications done. They were excellent in answering call lights and using their critical thinking skills to complete care maps and relate labs to their patients health concerns. You did a terrific job managing your team and ensuring they had the assistance they needed and helped them correct their charting as applicable. KA
Week 5 Weakness- A weakness I experienced this week was operating the IV pumps. I feel that I could do a better job knowing my way around the machine and knowing when and where to hit certain buttons. Luckily I was able to get plenty of experience hanging IV antibiotics and fluids on 3 Tower, but I may need to practice on the pumps at the school too better navigate medication administration for my next clinical. If you want to practice on the pumps just ask and we can make sure the lab is open and you have the supplies you need. Overall, I thought your did an excellent job managing all the IV administrations we had to complete on your patient both as a team leader and as the primary nurse. KA

Week 5 – 7e – You did a terrific job providing your classmate with the opportunity to administer an antibiotic and hang it for the first time on your patient. What a great way to ACE it and help share this learning experience with others. You are a good example of teamwork and an ACE attitude! Excellent job! KA

Week 6 Strength- My strength this week was going out of my comfort zone by walking up to the Seniors and asking them questions about their lives while listening to stories they have from years back. Talking to random strangers can be difficult for both parties but the Seniors seemed to enjoy talking about the past experiences and reminiscing. Excellent, Dylan! I really appreciate that you pushed yourself beyond your comfort zone. I can relate to this feeling and also know how gratifying it is to successfully push yourself beyond your usual. DW
Week 6 Weakness- My weakness this week at ECSC was not participating in helping to ambulate the Seniors. While assistance was given I feel that I could have used myself more to navigate the Seniors from places such as the table to the lunch line, getting on the bus, etc. In order to improve, I will look for more opportunities when out in the community to assist those in need. Or even in the hospital setting as an intern or student. When will you complete this goal by? Please make sure that all future goals include what you will do, how often you will do it and when you will accomplish it by. DW

Week 7 Strength- My strength this week was noticing the need for suctioning in my patient while experiencing respiratory distress. While I did not realize the need initially for suctioning, I was in the hallway right as I walked out of the room and thought it would be beneficial. If we had not suctioned my patient when we did I believe she could've went into respiratory failure by aspirating on her own secretions. ABG's showed Po2 levels of 48.7% which is severely hypoxic. Good strength to note! This was a great learning experience that luckily turned out well for the patient. You recognized alterations and considered nursing interventions to be performed. While initially taking actions such as encouraging coughing and deep breathing helped to increase her Spo2, you noticed this was not maintained. Outcomes certainly could have looked a lot different if suctioning wasn't prioritized. Good job handling a stressful situation and collaborating with the health care team. NS

Week 7 Weakness- My weakness this week was from taking vitals during my head to toe. Originally my pt o2 was 84% and with elevating the bed and deep breathes it bumped up to 90%. My mistake was thinking this was her baseline without looking at her previous vitals. I assumed from the many disease processes and Hx of smoking that she had COPD. In the future I won't assume diagnoses especially when it comes to respiratory assessment. I appreciate the reflection provided her and during debriefing regarding changes you would make in the care of your patient. Reflection is such an important tool in developing clinical judgement. Taking a step back to review the situation and consider how things could have been performed differently will help you with similar situations in the future. Great job learning from the experiencing and identifying ways to improve in the future. NS

Student Name: Dylan Wilson	**Course Objective:** 6a
Date or Clinical Week: Week 7	

	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	Consider including her additional risk factors, especially related to her risk of aspiration. We discussed her history of hiatal hernia, GERD, gastroparesis, and esophageal dilation as risk factors related to reflux of gastric contents. Her history of difficulty swallowing plays an important role in her potential aspiration pneumonia that occurred.
	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**	0	You identified "risk for aspiration" as your top priority problem. "Risk for" priorities are not considered top priorities if other issues are present. You identified ineffective airway clearance as one of your nursing priorities. This would be more appropriate to be selected as the top priority problem because this is what led to her respiratory distress. Although she was at risk of aspiration, her inability to clear secretions led to hypoxia and the respiratory distress that ensued. We discussed this as being the main focus of your care.
	5. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	6. Identify all potential complications for the top nursing priority problem.	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**	3	
	7. Identify signs and symptoms to monitor for each complication.	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**	3	
Responding	8. List all nursing interventions relevant to the top nursing priority.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	1	A list of 8 nursing interventions were listed. Several pertinent nursing interventions were omitted. Think back to the care provided. You included an intervention related to assessing the need for suction, but did not include actually performing suction, which she did require during your care. You did well with the assessment interventions but did not include many related to actually helping the identified problem. We would consider elevating the head of the bed, performing oral suctioning, encourage coughing and deep breathing, administering medications such as breathing treatments. Additionally, you did not include any of the interventions related to the oxygen being administered. We started with nasal
	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	

							cannula, progressed to venti-mask, and eventually placed vapotherm. These would be important interventions to include. Be sure to be more thorough in the "do" interventions after assessing the patient. As nurses there are many interventions that could be performed to reduce her respiratory distress caused by ineffective airway clearance and be more individualized to the patient specific situation.
Reflecting	13. List all of the highlighted reassessment findings for the top nursing priority.	**>75% complete**	**50-75% complete**	**<50% complete**	**0% complete**	3	You appropriately listed re-assessment findings based on your last encounter with the patient. You were thorough in identifying the assessment findings to determine the effectiveness of the care provided. I was unable to locate a statement related to the continuation, modification, or termination of the plan of care. You want to reflect on the most recent assessment findings to determine the effectiveness of the interventions. If the patient has improved and met the intended outcomes, we can terminate the plan of care. If the patient is declining, we would consider modifying the plan of care. If the patient is making progress, we would continue the plan of care.
	14. Evaluation includes one of the following statements: • Continue plan of care • Modify plan of care • Terminate plan of care	**Complete**			**Not complete**	0	

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: 33/42 – Satisfactory

Faculty/Teaching Assistant Initials: NS

Faculty/Teaching Assistant Comments: Dylan, you have received 33/42 points for a satisfactory evaluation of your first care map this semester related to your patient's oxygenation status. Be sure to closely review the comments provided for clarification and continued success. You had some very strong areas of the care map and some areas that were lacking important details. Be sure to utilize the care map guidelines document and care map grading rubric, in addition to the comments provided, for success in the future. You have completed the required satisfactory care map prior to midterm. You are required to complete one more satisfactory care map by the end of the semester. Let me know if you have any questions or concerns. NS

Student Name:	Course Objective:
Date or Clinical Week:	

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

ecting	14. Evaluation includes one of the following statements: • Continue plan of care • Modify plan of care • Terminate plan of care	**Complete**			**Not complete**		

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:**	**Total Points:** **Faculty/Teaching Assistant Initials:**

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

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

*Course Objectives

Comments:

Week 1
(Insulin)- You were able to correctly prepare an insulin pen and administer subcutaneous insulin. Insulin requirements were accurately identified and calculated through the corrective scale and carbohydrate coverage orders. MD
(Assessment)- You were able to satisfactorily demonstrate the Basic Head to Toe Assessment during lab. KA/RH
(IV Math)-You satisfactorily participated in the IV Math learning session on 1/9/24 as well as the assigned IV Math practice questions and the IV Math Application lab on 1/11/24. 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. DW

Week 2

(Trach Care & Suctioning) - During this lab, you satisfactorily demonstrate competence with tracheostomy care and tracheostomy suctioning. You were able to maintain sterile field when necessary and you did not need any prompts for either skill. You answered my questions regarding knowledge and competence of both procedures. Great job! DW/RH/NS/HS

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

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

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