

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

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

Student:

Final Grade: Satisfactory/Unsatisfactory

Semester: Spring

Date of Completion:

Faculty: Dawn Wikel, MSN, RN, CNE; Rachel Haynes, MSN, RN; Kelly Ammanniti, MSN, RN, CHSE;
Monica Dunbar, DNP, RN; Heather Schwerer, MSN, RN; Nick Simonovich, MSN, RN

Faculty eSignature:

Teaching Assistant: None

DIRECTIONS FOR USE:

Each week the students evaluate themselves based on the competencies using the performance code on page 2. The performance code includes the terms **Satisfactory (S)**, **Needs Improvement (NI)**, **Unsatisfactory (U)**, and **Not Available (NA)**. The faculty member will initial if in agreement with the student’s evaluation. If there is a discrepancy in the performance code evaluation between the student and the faculty member, a note is written on the comment section by the faculty member with the rationale for the evaluation. All competencies must be rated a “S, NI, U, or NA”. If the student does not self-rate, then it is an automatic “U”. A student who submits the clinical evaluation tool late will be rated as “U” in the appropriate competency(s) for that clinical week. Whenever a student receives a “U” in a competency, it must be addressed with a comment as to why it is no longer a “U”. If the student does not state why the “U” is corrected, it will be another “U” until the student addresses it. All clinical competencies are critical to meeting the objectives of the course. If the final performance code is unsatisfactory or needs improvement in any one of the competencies, a grade of unsatisfactory is given. If a pattern of unsatisfactory performance occurs after performing the competency satisfactorily, this also constitutes a grade of unsatisfactory. An unsatisfactory or needs improvement as a final score in any single competency results in a clinical course grade of unsatisfactory; this is a failure of the course. The terms Satisfactory and Unsatisfactory will be used in evaluating the final grade or clinical course performance.

METHODS OF EVALUATION:

- Skills Lab Competency Tool & Skills Checklists
- Simulation, Prebriefing, & Reflection Journals
- Nursing Care Map Rubric
- Meditech Documentation
- Clinical Debriefing
- Clinical Discussion Group Grading Rubric
- Evaluation of Clinical Performance Tool
- Lasater’s Clinical Judgment Rubric & Scoring Sheet
- Virtual Simulation Scenarios

ABSENCE (Refer to Attendance Policy)

Date	Number of Hours	Comments	Make-up (/Date/Time)
1/29/2024	1 hour	Late vSim- V. Brody	2/2/2024, 1 hour
2/19/2024	3 hours	Late DH sig, IC sign, and scav. hunt	2/20/2024, 3 hours

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

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

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

UNSATISFACTORY CLINICAL PERFORMANCE

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

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

OTHER

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

***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
2/1/2024	Impaired Mobility	Satisfactory/MD	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	S	NA	S	S	NA									
a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting)			S	S	NA	S	S	NA									
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			S	S	NA	S	S	NA									
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			S	S	NA	S	S	NA									
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			S	NI	NA	S	S	NA									
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	S	NA	S	S	NA									
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			S	S	NA	S	S	NA									
g. Assess developmental stages of assigned patients. (Interpreting)			S	S	NA	S	S	NA									
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	N/A S		S	NI	NA	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		3T, 65, Hyponatremia	5T, 90, Left Hip Fracture	NA	NA Infection Control, Digestive Health	4N, 75, Hematuria and calculi, Team Leader	NA									
	Instructors Initials	MD	MD	KA	MD	DW	DW	NS									

Comments:

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

Week 3 – 1a, b, c, e – You did a great job researching the diagnosis of SIADH and how it related to the care your patient was receiving in the hospital. 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. sodium levels). KA

Week 4- Rehab Clinical Objective 1D-I agree with your NI assessment of your performance this week on clinical. You had a difficult time correlating why the patient was on the medications they were taking and how it affected their disease process. I definitely believe you can improve on this for the upcoming round of clinical experiences! MD

Week 7 1(a-h) – Zach, you did well to discuss your patient’s alterations and pathophysiology involved related to urinary retention, hematuria, and renal calculi. On day 1 you cared for a patient receiving continuous bladder irrigation due to extensive hematuria on admission. You discussed the medical management, including the need to perform manual irrigation upon admission. You identified and discussed important assessment priorities, including the management of the CBI to prevent complications. You discussed the symptoms your patient was experiencing, including pain at the catheter site as a result of trauma. You discussed nursing implications and interventions to be performed to promote positive outcomes. Medications were correlated to current disease process and past medical history. You correlated his diabetes and nutritional needs, including management of his FSBS with insulin administration. Overall job well done learning from your patient care experience! NS

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	S	NA	NA	S	NA									
a. Perform inspection, palpation, percussion, and auscultation in the physical assessment of assigned patient. (Noticing)			S	S	NA	NA	S	NA									
b. Conduct a fall assessment and implement appropriate precautions. (Noticing)			S	S	NA	NA	S	NA									
c. Conduct a skin assessment and implement appropriate precautions and care. (Noticing)			S	S	NA	NA	S	NA									
d. Communicate physical assessment. (Responding)			S	S	NA	NA	S	NA									
e. Analyze appropriate assessment skills for the patient's disease process. (Interpreting)			S	S	NA	NA	S	NA									
f. Demonstrate skill in accessing electronic information and documenting patient care. (Responding)	N/A S		S	S	NA	S	S	NA									
	MD	MD	KA	MD	DW	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

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 4- 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 7 2(a,e) – Good work with your assessments this week, noticing numerous deviations from normal. You prioritized your focused assessment on the GU system in addition to pain. You made it a priority to perform your focused assessment prior to going to lunch to ensure information was communicated in a timely manner. You

analyzed the assessments to be performed and communicated the importance of monitoring for hematuria, clots, bladder distention, and pain. Good work correlating your assessment findings to the priority problem. NS

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

Comments:

Week 1 Objectives A, B, F, and I-You were satisfactory with all of these competencies. MD

Week 4- 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

Week 7 3(b,c,d) – A strength of yours this week was your clinical judgment decision making related to insulin administration. You demonstrated confidence and competence in your knowledge about diabetes. You were prompt in discussing the need to reobtain a more recent FSBS to make decisions regarding the corrective scale. You considered the peak, onset, and duration of both the short acting and long acting insulin in your discussion. You recognized that the peak may impact the timing between the FSBS being obtained and the insulin being administered. You prioritized your interventions and thought process and avoided the risk of the patient developing hypoglycemia. Great job! NS

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	S	NA	NA	S	NA									
l. Ensure patient safety through proper use of EHR, IV flow sheet, and BMV. (Responding)			S	S	NA	NA	S	NA									
m. Calculate medication doses accurately. (Responding)			S	S	NA	NA	S	NA									
n. Administer IV therapy, piggybacks, IV push, and/or adding solution to a continuous infusion line. (Responding)			NA	NA	NA	NA	S	NA									
o. Regulate IV flow rate. (Responding)	N/A S		NA	NA	NA	NA	S	NA									
p. Flush saline lock. (Responding)			NA	NA	NA	NA	S	NA									
q. D/C an IV. (Responding)			NA	NA	NA	NA	NA	NA									
r. Monitor an IV. (Noticing)	N/A S		S	NA	NA	NA	S	NA									
s. Perform FSBS with appropriate interventions. (Responding)	N/A S		NA	NA	NA	NA	S	NA									
	MD	MD	KA	MD	DW	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

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 medications this week. You performed the medication administration process with beginning dexterity. KA
Week 3 – 3r – You did a nice job monitoring your patient’s IV site this week and documenting your assessment in the EMR. KA

Week 4- 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

Week 7 3(k-s) – Good work with medication administration this week, demonstrating competence and confidence in administering medications. You discussed the implications, side effects, and nursing considerations for each medication administered. You identified the 6 rights, performed the three safety checks, and utilized the BMV scanner for patient safety. Education was provided to your patients for each medication to be administered. Experience was gained with several PO medications. You considered safety interventions required to prevent negative outcomes. As team leader, you were able to gain experience in preparing intravenous infusions, programming the IV pump according to provider orders, and performed a saline flush to confirm patency prior to medication administration. You utilized the corrective scale protocol to determine accurate insulin doses and performed a FSBS accurately to perform dosage calculations. Insulin was administered subcutaneously, taking into consideration previous injection locations and patient preference. All dosage calculations were performed accurately. NS

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

Comments:

NI 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

Week 3 – 4e – Zach, you did a nice job discussing the EBP article you chose about electrolyte replacement and how it related to your patient this week. You replied to a peer with thoughtful comments. Remember when in-text citing a direct quotation to include the page number or include the paragraph number if there are no page numbers. Also make sure to include the reference at the bottom of your response to your peer and not just an in-text citation. You need them both to be satisfactory. KA

Week 4- Rehab Clinical Objective 4 E-You had a wonderful CDG this week with response! You were able to turn in your CDG on time, have the adequate word count for both posts, and you were able to provide to the conversation with the information you gave! Remember-when citing Skyscape it is the authors you are using for the citation not actually Skyscape. Let me know if you need more assistance with this. MD

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 literature you found on C-diff. Please keep in mind one general rule of thumb. References should be 5 years old or newer to ensure relevance and reliability. Your resource was just barely out of range at 2017. Nice job with your APA formatting. Just one suggestion. Make sure the journal name and issue number are italicized in the reference. Keep up the good work! DW

Week 7 4(e) – Nice work with your CDG assignment related to your team leader experience. You provided excellent detail in describing your prioritization and the care required throughout the day. Good thoughts on how overwhelming the number of visitors may have been for your patient. I can honestly say I have never experienced the number of people that were present in the room that day. For someone who is quite ill, this can be exhausting even though the support was well intended. Also, good discussion on the support system of your patient from day 1 and how it impacted his positive recovery. All criteria were met for a satisfactory evaluation. NS

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:			S	S	NA	NA	S	NA									
a. Describe a teaching need of your patient.** (Reflecting)																	
b. Utilize appropriate terminology and resources (Lexicomp, UpToDate, Dynamic Health, Skyscape) when providing patient education. (Responding)			S	S	NA	NA	S	NA									
	MD	MD	KA	MD	DW	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: The patients need for teaching was related to DVT Prophylaxis prevention and also a general understanding of his diagnosis of hyponatremia and what it means going forward (with the consideration that he has SIADH). The patient was at risk for DVT, so I demonstrated some leg exercises which he then performed himself and ambulated in the room for 5 minutes. Regarding his diagnosis, I utilized Skyscape to help me more fully understand the diagnosis and what might be the cause of it and talked with him extensively about his sodium levels, referencing his labs. The patient demonstrated understanding of a normal sodium level in comparison to his, and was able to recognize his disease process with some discussion. **Great teaching! In the future consider using Lexicomp to print a handout related to the information so the patient can take it home with them. KA**

Week 4: The patients need for teaching was related to mobility and DVT prevention, as well as the purposes to some of her medications. The patient had been on the rehab floor and generally in the hospital for a while, and so was already quite adapted to the education I provided on the interventions/conditions as well as most of her medications. However, I continued to reinforce the importance of her rehab and discuss her progress and how she felt as education and teaching is an ongoing need for patients that should be performed regularly. I utilized research from the Impaired Physical Mobility section in Skyscape. The patient was able to have a full and active discussion about her goals and expected outcomes with me, as well as the importance of ambulating when possible to prevent complications of her impaired mobility. **Awesome job! MD**

Week 7: This week, my patient’s education needs largely revolved around his medications. My patient was curious about some of the medications he was taking, and having utilized Skyscape to research them I was able to explain some of his medications and their purpose and verbalized understanding. I also provided some minor education on pressure injury formation, which I suspected might have been related to his back pain that appeared overnight. **Very good! This demonstrates the importance of looking up medications prior to administration so that you can provide education to your patient. This helps to keep them involved in their health care and promotes**

confidence in understanding what he is taking and how it will impact his overall health. Good job thoroughly researching your medications so that you could confidently provide education! 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	S	NA	NA	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)			S	S	NA	NA U	S	NA									
	MD	MD	KA	MD	DW	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: Some of the more important SDOH for my patient were that he was 65 and lives alone, though has relatives who can take care of him in the area. **Living alone with his chronic condition does affect his overall potential ability to manage his long-term health. Try to expand on your thought process a little further in the future. KA**

Week 4: Some of the SDOH that could potentially impact patient care included that my patient is an ex-smoker, she is 90 years of age, divorced with only one listed relative as a contact (her daughter), but lives in assisted living. **These are definitely important SDOH to consider for your patient. MD**

Week 6 (6b)- Unfortunately, you are receiving a U for not commenting on an example of a SDOH that could have impacted a patient from your clinical experience this week. Please be sure to take your time and review the details of the clinical tool more closely each week. As you can see above, the directions tell you that a comment must be made for all clinicals. An example related to the Digestive Health experience may have been a financial barrier that impacts the patient's ability to maintain a specific diet or to buy medications that are recommended following a scope. 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 6 COMMENT: I now understand that I was to report SDOH of at least one patient in the DH clinical, and am to on all further clinicals. I have corrected this mistake with a report of my patient's SDOH this clinical. NS

Week 7: Some of the SDOH that could potentially influence patient care are his history as a veteran, PTSD, is retired at age 75, married and has an agreement with his sister to get him to the hospital in a similar emergent situation (in the case that his wife was unavailable). **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)	N/A NI		S	S	NA	S	S	NA									
b. Reflect on an area for improvement and set a goal to meet this need.** (Reflecting)	N/A NI		S	S	NA	S	S	NA									
c. Demonstrate evidence of growth, initiative, and self-confidence. (Responding)	N/A S		S	S	NA	S	S	NA									
d. Follow the standards outlined in the FRMCSN Student Code of Conduct Policy. (Responding)	N/A S		S	S	NA	S	S	NA									
e. Incorporate the core values of caring, diversity, excellence, integrity, and “ACE”- attitude, commitment, and enthusiasm during all clinical interactions. (Responding)	N/A S		S	S	NA	S	S	NA									
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (Responding)	N/A S		S	S	NA	S U	S	NA									
g. Demonstrate the ability to give and receive constructive feedback. (Responding)	N/A S		S	S	NA	S	S	NA									
h. Actively engage in self-reflection. (Reflecting)	N/A S		S	S	NA	S	S	NA									
	MD	MD	KA	MD	DW	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:

Week 1 Objective A and B-These objectives need to be evaluated with every clinical experience. This week you had several clinical experiences. Please be sure to include these evaluations. MD

Week 1 Objectives C-H-You were satisfactory in all of these competencies. MD

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 1:

Strength: This week, I felt I did well in maintaining my ability to accurately perform a head-to-toe assessment, and also was able to fully understand the concepts of FSBS and insulin therapy.

Weakness: This week one weakness I had was that, aside from the head-to-toe assessment which I had performed regularly, other procedures and assessments such as insertion of a Foley catheter took much more effort for me to remember and perform successfully. To combat this, I will regularly go over my skills and do mock skills on my own at least once per every two weeks.

Week 3:

Strength: For this week, I felt that I really worked on my ability to research a patient's condition and come back to them with an answer for any questions they might have, in other words, education. I also worked on my experience with maintaining an I/O log. **You did a great job researching his condition and teaching him more about what was going on in his body so he can manage his health better. KA**

Weakness: This week, I felt I did good but mainly had a little trouble with having a good, solid plan for monitoring my patient's intake. To solve this, I will research about I/O plans in the text or in an EBP article online this week. **Is there anything I can do to assist this?**

Understanding how to manage your patient's I&O is very important. I am guessing this revolves more around the fluid restriction versus overall I&O but I wasn't sure. KA

*** Hi Kelly, indeed I was talking about the fluid restriction for my patient here. My difficulty was in finding an effective way to communicate my plan for pacing my patient's drinking to other nurses. However, I do have a better grasp at what most nurses would do in the event of a strict FR now. - Zach

Week 4:

Strength: This week, I got to experience the extensive work done in rehabilitation for patients, and so I felt I got a lot of good information regarding recovery goals and how to meet them (for conditions such as hip surgery recovery) while avoiding complications of impaired mobility such as DVT. **This is wonderful! It makes a huge impact understanding what other parts of the healthcare team do to help the patient! MD**

Weakness: For the first day of the clinical, I was quite disorganized and was unable to present to the floor essentially prepared. As a result, my time for much of the day was spent scrambling and I failed to research my medications fully prior to medication administration. It would be to my great benefit to ensure that I come fully rested and prepared for clinical, understand my time limitations within the first hour of the clinical day and my duty to complete assessments in a timely fashion to finish researching my medications. **I agree with your assessment. I know you will be able to combat this with more practice with time management and organization. I look forward to watching you become a strong nurse! MD**

Week 5 6

Strength: This week was quite laid back, and so there might not be much to identify as a traditional strength. However, I did perform my duty as an "Infection Control Nurse" to my utmost on the IC clinical day and we managed to get all of our data collected in a timely manner. **Excellent! DW**

Weakness: I felt a bit under-prepared for this week's clinical as I forgot my signature sheets for this week's clinicals. Given I wasn't able to scan my classmates' sheet, I may not have been able to obtain one. In order to prevent something similar happening in the future, I will find any information pertaining to the clinical or event in the class orientation or simply ask an instructor beforehand. **Good idea! I recommend doing this for all course requirements in the future, not just clinical paperwork. DW**

Week 6 (7f)- Unfortunately, the IC and DH signature forms, as well as the IC scavenger hunt was submitted late on 2/20/24 when reminded by faculty. All of these late submissions add up to a total of 3 hours of missed clinical time, 1 hour for each late requirement. Zachary, 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 COMMENT: I understand that the "U" for week 6 in objective 7f was due to my delay in turning in the signature sheets for the DH and IC clinicals. As part of my goal to more fully understand course requirements, I will set a reminder in the case that a similar deadline exists for further documents/assignments that aren't as readily available to view such as the ones in my course calendar as I might more easily forget these. NS

Week 7

Strength: One strength I felt I had this week was with practicing my skills with medication administration and my improvement with preparation for administration compared to previous weeks. I was able to fully research and understand the medications I was to give and was able to discuss indications with my instructor. I also did reasonably well with administration of SQ and IV medications, which were first-time skill applications for me. **This is a great strength to note. Having the ability to reflect on previous experiences to learn and grow is an excellent trait to have. I thought you were well-prepared for your med administration and demonstrated confidence in new skills. Keep it up! NS**

Weakness: My team leader experience did go fairly smooth, but the weaknesses I would note occurred in that experience as I recall two times where I was potentially allocating my time incorrectly. Both times were in the same patient's room, where medication administration took a little longer than usual and the patient had a few other needs, but I ended up staying until it occurred to me that I was no longer needed and instead should round with the other students, just in case someone else needed help or I could have a leading experience. In the future with team leader clinicals, I will ensure to monitor my time in each patient's room and try to more evenly spread my time across each patient (with room for consideration of each patient's condition).

That's what this experience is all about! Learning how to manage your time, change plans, adapt, etc. It seems like this was a beneficial experience for you to learn beginning skills of time management/prioritization. I think you benefited from this experience and have developed a good plan for the future. NS

Student Name: Zach Grosswiler			Course Objective:				
Date or Clinical Week: 2/1/2024							
Criteria		3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)	3	You did a wonderful job explaining the abnormal assessments, labs/diagnostics, and risk factors of your patient! MD
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)	3	
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	You did awesome with interpreting your data that you obtained and identifying a nursing problem for your patient! MD
	5. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	6. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	3	
	7. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	3	
Responding	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	Awesome job responding with a comprehensive list of interventions for your patient! MD
	9. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	10. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	11. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	12. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
Ref	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	2	You did an awesome job evaluating the labs that your patient had. I would like to see more of a reevaluation of the

ecting	14. Evaluation includes one of the following statements: <ul style="list-style-type: none"> Continue plan of care Modify plan of care Terminate plan of care 	Complete			Not complete	3	assessment data you obtained. There was a comment about pain assessment, however, there were many assessments that you highlighted that could have been reevaluated. MD
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: 41/42 Satisfactory MD	
						Faculty/Teaching Assistant Initials: MD	

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: <ul style="list-style-type: none"> • 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: Zachary Grosswiler								
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	MD	MD	MD	MD	MD	MD	MD	
Remediation: Date/Evaluation/Initials	MD	MD	MD	MD	MD	MD	MD	

*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. MD

Week 2

(Trach Care & Suctioning) - During this lab, you satisfactorily demonstrate competence with tracheostomy care and tracheostomy suctioning. During this lab, you satisfactorily demonstrated competence with tracheal airway suctioning and tracheostomy care. You did a nice job explaining the procedure to your patient. You had a bit of difficulty getting the sterile gloves on that were included in the kit however, you were able to do so and maintain sterility. While completing the tracheostomy care you

almost forgot to fill both sides of the empty basin with 0.5” deep with saline however you caught yourself before getting too far along. You also caught yourself when you did not reapply the oxygen after removing the soiled dressing from around the trach, and stated the correction. You did require one prompt, after cleaning the inner cannula with brush and pipe cleaner you did not agitate it in the second saline filled basin. You were able to answer my questions and demonstrated competence in both procedures. Nice 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

<u>Simulation Evaluation</u>	Student Name: Zachary Grosswiler							
	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)
Performance Codes: S: Satisfactory U: Unsatisfactory								
	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	S					
Faculty/Teaching Assistant Initials	MD	DW	NS					
Remediation: Date/Evaluation/Initials	S 2/2/2024	NA	NA					

* Course Objectives

Comments:

vSim Vincent Brody-You did not complete this simulation experience on time. This is why you are receiving an unsatisfactory for the initial evaluation. You did complete this experience by 2/2/2024. Please be sure to complete each simulation on time so you can receive a satisfactory rating without remediation. 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