

**EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2025**

**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: Stacia Atkins, BSN, RN

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 in 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” the following week. 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. **An unsatisfactory or needs improvement as a final evaluation in any single competency results in a clinical course grade of unsatisfactory; this is a failure of the course. Patterns of performance over the course of the semester will be utilized to determine the final competency evaluations. 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
Stacia Atkins	SA
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

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													
a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting)			S	S													
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			S	S													
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			S	S													
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			S	S													
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	S													
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			S	S													
g. Assess developmental stages of assigned patients. (Interpreting)			S	S													
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		S	S													
Indicate your clinical site as well as your patient's age and primary medical diagnosis in this box weekly.	Meditech, FSBS, IV Pump Sessions		4N 82 Infection	5T 81 Pain													
Instructors Initials	RH		NS														

**Evaluate these competencies for the offsite clinicals: DH: 1h IC: 1a, b, e, h ECSC: 1g, h

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. NS/SA/DW/HS

Week 3 1(a-h) – Sydney, nice job this week making correlations with your patient’s disease process and the nursing care required throughout the week. You were prompted with MANY questions from me while reviewing the chart and a great job of developing your understanding of the situation and enhancing your clinical judgment. You were able to demonstrate previous knowledge and independent research of your patient in our discussions, well done. You were able to correlate his symptoms related to his gangrenous foot to his past medical history. You did well to discuss diagnostic findings related to your patient’s condition, such as elevated WBC count, decreased hemoglobin, and more. In reviewing his medications, you were able to make correlations to his current and past medical history, including several medications specific to end-stage renal disease. You were able to identify the medical treatment of his current problem in having surgery to remove the infectious tissue. You also discussed his dialysis treatment and gained valuable knowledge in observing dialysis treatments. You discussed the importance of protein intake for healing. Overall you did well to demonstrate evidence of being prepared for clinicals and did not shy away from the numerous questions I was asking you. Well done! 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													
a. Perform inspection, palpation, percussion, and auscultation in the physical assessment of assigned patient. (Noticing)			S	S													
b. Conduct a fall assessment and implement appropriate precautions. (Noticing)			S	S													
c. Conduct a skin assessment and implement appropriate precautions and care. (Noticing)			S	S													
d. Communicate physical assessment. (Responding)			S	S													
e. Analyze appropriate assessment skills for the patient's disease process. (Interpreting)			S	S													
f. Demonstrate skill in accessing electronic information and documenting patient care. (Responding)	S		S	S													
	RH		NS														

**Evaluate these competencies for the offsite clinicals: DH: N/A IC: 2f ECSC: N/A

Comments:

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

Week 3 3(a,c,e) – Good work with your assessments this week, noting numerous deviations from normal. You were able to gain experience with new assessments findings, such as numerous amputations, poor circulation, and an A-V fistula for dialysis. You documented your findings appropriately in the chart for accurate communication. Based on your patient's risk factors, you were able to conduct a skin assessment and implemented appropriate interventions such as turning and repositioning every 2 hours to prevent skin breakdown. You analyzed appropriate assessments for your patient's disease process and gained experience assessing a fistula for positive thrill and bruit. Nice work! 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:	S		S	S													
a. Perform standard precautions. (Responding)	S		S	S													
b. Demonstrate nursing measures skillfully and safely. (Responding)	S		S	S													
c. Demonstrate promptness and ability to organize nursing care effectively. (Responding)			S	S													
d. Appropriately prioritizes nursing care. (Responding)			S	S													
e. Recognize the need for assistance. (Reflecting)			S	S													
f. Apply the principles of asepsis where indicated. (Responding)	S		S	S													
g. Demonstrate appropriate skill with Foley catheter insertion, maintenance, & removal (Responding)			NA	NA													
h. Implement DVT prophylaxis (early ambulation, SCDs, TED hose, administer enoxaparin or heparin) based on assessment and physicians' orders (Responding)			NA	NA													
i. Identify the role of evidence in determining best nursing practice. (Interpreting)	S		S	S													
j. Identify recommendations for change through team collaboration. (Reflecting)			S	S													
	RH		NS														

**Evaluate these competencies for the offsite clinicals:

DH: 3a

IC: 3a, f, i

ECSC: 3a, j

Comments:

Week 3 3(b,c,f) – I thought you did a great job with your nursing skills this week, especially time management and prioritization. Your patient had a busy week that included surgery and a dialysis treatment. This required you to complete your nursing assessments promptly to ensure his care needs were met. By doing so effectively, you were able to ensure that your patient was prepared for surgery as he was taken down far earlier than expected. Because of your time management, his surgical scrub was completed at the appropriate time and all necessary medications had been administered. When assisting your peer with a wound dressing change, you were able to maintain the principles of asepsis throughout to prevent possible infection. 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:			S	S													
k. Administer PO, SQ, IM, or ID medications observing the rights of medication administration. (Responding)			S	S													
l. Ensure patient safety through proper use of EHR, IV flow sheet, and BMV. (Responding)			S	S													
m. Calculate medication doses accurately. (Responding)			S	S													
n. Administer IV therapy, piggybacks, IV push, and/or adding solution to a continuous infusion line. (Responding)			NA	NA													
o. Regulate IV flow rate. (Responding)	S		NA	NA													
p. Flush saline lock. (Responding)			S	NA													
q. Monitor and/or discontinue an IV. (Noticing/Responding)			NA S	NA													
r. Perform FSBS with appropriate interventions. (Responding)	S		NA	NA													
	RH		NS														

**Evaluate these competencies for the offsite clinicals: DH: N/A IC: N/A ECSC: N/A

Comments:

Week 1 (3o)- 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

(3r)- 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. SA/DW

Week 3 3(k,l,m,p,q) – You did well with your first medication administration experiences this week! You were able to identify the rights of medication administration, performed three safety checks, and utilized the BMV scanner for safe administration. You gained experience in administering several PO medications. You were required to utilize clinical judgement in determining which medications to give prior to surgery and dialysis. You calculated dosages appropriately. You process of medication

administration was smooth, and you ensured the patient safely swallowed his medications before leaving the room. You also gained experience performing a saline flush while also monitoring the IV site for complications due to the lack of blood return. You maintained asepsis throughout, educated the patient, and accurately performed this nursing skill. Very well done! 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													
a. Integrate professionally appropriate and therapeutic communication skills in interactions with patients, families, and significant others. (Responding)			S	S													
b. Communicate professionally and collaboratively with members of the healthcare team using hand-off communication techniques. (SBAR) (Responding)			S	S													
c. Report promptly and accurately any change in the status of the patient. (Responding)			S	S													
d. Maintain confidentiality of patient health and medical information. (Responding)			S	S													
e. Consistently and appropriately post comments in clinical discussion groups. (Reflecting)			S	S													
f. Obtain report, from previous care giver, at the beginning of the clinical day. (Noticing)			S	S													
g. Provide a clear, organized hand-off report to your patient's next provider of care. (Responding)			S	S													
			NS														

**Evaluate these competencies for the offsite clinicals: DH: 4a, b, d IC: 4b, d, e ECSC: 4a, b, d, e

Comments:

Week 3 4(e) – You did a great job with your CDG requirements this week. All areas of the CDG grading rubric were appropriately addressed for a satisfactory evaluation. See my comments on your initial post and response post for more details. A couple tips for future success related to APA formatting: For your reference, when typing out the article's title, only the first word and any word following a colon (:) are to be capitalized. Also, the journal title should be in *italics*. For your in-text citation, only the

author(s) and publishing year need to be included as you did with (Young et al., 2019). The first citation with (Nursing Coaching...) can be left off. Proper APA formatting for your reference is as follows:

Young, H.M., Miyamoto, S., Dharmar, M., & Tang-Feldman, Y. (2019). Nurse coaching and mHealth compared to usual care to improve diabetes self-efficacy: A randomized controlled trial. *JMIR MHealth and UHealth*, 8(3). <https://doi.org/10.2196/16665>

These are just tips as you get more comfortable with APA formatting. Purdue OWL is also a great resource. NS

Week 3 4(a,b) – Nice job with your communication and collaboration this week. You were a strong teammate throughout the week, assisting your peers and other members of the health care team. You were able to communicate and collaborate with members of the dialysis team to learn more about the dialysis process. Your assigned RNs had great things to say about your work ethic and care provided, well done! 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													
a. Describe a teaching need of your patient.** (Reflecting)			S	S													
b. Utilize appropriate terminology and resources (Lexicomp, UpToDate, Dynamic Health, Skyscape) when providing patient education. (Responding)			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 three

-5a. Education I provided was on medication and diet. Wednesday my patient only received one medication which was amiodarone and was NPO due to them having surgery that morning. I educated the patient on that they could not eat or drink anything before surgery also about the medication that I was giving them only one medication for their heart and how the action of it is to slow down arrhythmias.

-5b. I found this patient education on my resources of skyscape for the medication. The NPO education I provided was from what I found during report and throughout the signs in the room. **Very good! Educating patients as a student nurse can be nerve-wracking due to lack of confidence in yourself or knowledge. You yourself are still learning and are tasked with educating others, which can be difficult. However, the more you practice with it and the more you research, the more confident you will be. Good job educating your patient on being NPO prior to the procedure. This can frustrate patient's as they are not always informed of the reason behind being NPO. Going the extra mile to explain to the patient the risks of consuming food or drinks prior to surgery can help them better understand. NS**

Week four

-5a. Education I provided to my patient this week was medication, different pain therapies, and the importance of using the call light when needing to get up. For the medication I educated my patient on each pill and what action it performs to help them that it is delivered by mouth. The different pain therapies I helped them understand were ice, heat, and music, to help aide in minimizing the discomfort they were having in their left hip. The importance of the call light for assistance, because the patient was a high fall risk, with weakness, and abnormal gait, and how we do not want the patient to fall and push back them going home.

-5b. I found this patient education on my resources of skyscape for my medication and different pain therapies education. The importance of using a call light for assistance was from the fall precaution signs in the room, along with a do not leave in bathroom alone sign on the bathroom door.

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													
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 NI	S													
			NS														

****6b- You must address this competency in the comments below for all clinicals on 3T, 4N, or Rehab. Refer to CMS Social Determinates of Health Screening Tool in the Resources folder for the course.**

Comments:

Week 3

-6b. The SDOH of the patient would not be good, with that the patient had a left leg to the knee amputation. My patient also had amputation of his 2,3,4,5 toes on his right foot. They are also wheelchair bound. Sydney, while I agree that your patient’s SDOH are negatively impacting his care, be sure to elaborate on what you mean by “not good”. What we are looking for with this competency is for you to reflect on a specific SDOH that impacts your patient and explain why. There is a SDOH resource under the course resources on Edvance that can help you better understand. When looking at SDOH, there are categories such as economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context. You will identify one of these categories as either a positive or negative and explain why it could impact your specific patient. For example, your patient is on dialysis and has numerous amputations. Does he have the social support to help get him to and from dialysis? Does he have the educational level to truly comprehend his complex disease processes? Be sure to give specific in the future for this competency. Let me know if you have any questions! NS

See Care Map Grading Rubrics below.

Week 4

-6b. The SDOH of this patient this week, I feel does not apply to my patient. My patient has family and friends calling and checking up. My patient talked about their kids and grandkids on how they come over often. The patient did state they live alone. The patient has social support from family and friends of their community to help them through the left hip replacement. My patient has spiritual believes through a church. During clinical a member from the church came up the floor and did communion with my patient.

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													
b. Reflect on an area for improvement and set a goal to meet this need.** (Reflecting)	S		S	S													
c. Demonstrate evidence of growth, initiative, and self-confidence. (Responding)	S		S	S													
d. Follow the standards outlined in the FRMCSN Student Code of Conduct Policy. (Responding)	S		S	S													
e. Incorporate the core values of caring, diversity, excellence, integrity, and “ACE”- attitude, commitment, and enthusiasm during all clinical interactions. (Responding)	S		S	S													
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (Responding)	S		S	S													
g. Demonstrate the ability to give and receive constructive feedback. (Responding)	S		S	S													
h. Actively engage in self-reflection. (Reflecting)	S		S	S													
	RH		NS														

Evaluate these competencies for the offsite clinicals: **DH: All IC: All ECSC: All

****7a and 7b: You must address these competencies in the comments section after each clinical experience. 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 one

-7a. Reflecting my areas of strengths for week one I feel as a strength I had is working out the IV math within the IV Lab. I feel as it took a moment for me to recognize what the question was asking for, once I practiced more I began to gain confidence. **Great job! RH**

-7b. Reflecting on my areas of weakness for week one, I feel a weakness I had was trying to figure out how I wanted to organize and use my time management this semester. To improve my time management, I will write reminders for myself every week. Also making sure to check the course calendar every night. **Another way to stay on top of or ahead of the game is to check your emails on a daily basis. We will send all vital information or any changes to the schedule via email. RH**

Week three

-7a. Reflecting my areas of strengths this week at clinical I feel as I felt more confident during medication pass. I also performed my first IV flush that I felt confident in myself. **Awesome! You were able to perform new skills learned this semester in the clinical setting. I am glad that you felt confident in your abilities. I thought you did very well slowly pushing the saline to ensure complications weren't occurring. Well done! NS**

-7b. Reflecting my areas of weakness for week three, I felt that I struggled with getting acclimated with the new unit. To improve this skill, I will ask to tour the unit 15 minutes before my clinical day starts. **Lack of familiarity can lead to uncertainty and can increase anxiety. I think your plan to orient yourself to the unit before clinical starts is a great way to promote comfort. Keep up the hard work! NS**

Week four

-7a. Reflecting on my areas of strengths for this week, I feel as my time management throughout clinical was very efficient, I also felt more confident in my medication pass as well as patient education.

-7b. Reflecting on my areas of improvement I feel as this week I missed little things in my charting. To improve on this area next clinical, I will take time scrolling through the charting and check my charting twice before saving and leaving the patient's room.

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. State the goal for the top nursing priority.	Complete			Not complete		
	6. 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		
	7. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)		
	8. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)		
Responding	9. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	10. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete		
	11. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete		
	12. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete		

Criteria	3	2	1	0	Points Earned	Comments
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	13. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete		
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete		
	15. 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		

Reference

An in-text citation and reference are required.
The care map will be graded “needs improvement” if missing either the in-text citation or reference, but not both.
The care map will be graded “unsatisfactory” if both in-text citation and reference are not included.

Total Possible Points= 45 points
45-35 points = Satisfactory
34-23 points = Needs Improvement*
< 23 points = Unsatisfactory*
***Total points adding up to less than or equal to 34 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.**

*****Students that are not satisfactory after 2 attempts will be required to meet with course faculty for remediation. *****

Faculty/Teaching Assistant Comments:

Total Points:

Faculty/Teaching Assistant Initials:

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. State the goal for the top nursing priority.	Complete			Not complete		
	6. 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		
	7. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)		
	8. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)		
Responding	9. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	10. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete		
	11. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete		
	12. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete		

Criteria	3	2	1	0	Points Earned	Comments
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	13. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete		
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete		
	15. 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		

Reference
An in-text citation and reference are required.
The care map will be graded “needs improvement” if missing either the in-text citation or reference, but not both.
The care map will be graded “unsatisfactory” if both in-text citation and reference are not included.

<p>Total Possible Points= 45 points 45-35 points = Satisfactory 34-23 points = Needs Improvement* < 23 points = Unsatisfactory* *Total points adding up to less than or equal to 34 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.</p> <p>***Students that are not satisfactory after 2 attempts will be required to meet with course faculty for remediation. ***</p> <p>Faculty/Teaching Assistant Comments:</p>	Total Points:
	Faculty/Teaching Assistant Initials:

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

Student name:								
Skills Lab Competency Evaluation	Lab Skills							
	Week 1	Week 1	Week 1	Week 1	Week 1	Week 2	Week 2	Week 9
Performance Codes: S: Satisfactory U:Unsatisfactory	Insulin (2,3,5,7)*	Assessment (2,3,4,5,7)*	IV Math Application (3,7)*	Lab Day (1,2,3,4,5,6,7)*	IV Skills (2,3,5,7)*	Trach (1,2,3,4,5,6,7)*	EBP (3,7)*	Lab Day (1,2,3,4,5,6,7)*
	Date: 1/7/25	Date: 1/7/25	Date: 1/8 or 1/9/25	Date: 1/8 or 1/9/25	Date: 1/10/25	Date: 1/15 or 1/16/25	Date: 1/15 or 1/16/25	Date: 3/10 or 3/11/25
Evaluation:	S	S	S	S	S	S	S	
Faculty/Teaching Assistant Initials	RH	RH	RH	RH	RH	RH	RH	
Remediation: Date/Evaluation/Initials	N/A	N/A	N/A	N/A	N/A	N/A	N/A	

*Course Objectives

Comments:

Week 1

(Insulin)- You were able to correctly prepare an insulin pen and administer subcutaneous insulin. Insulin requirements were accurately identified and calculated through the corrective scale and carbohydrate coverage orders. MD

(Assessment)- You were able to satisfactorily demonstrate the Basic Head to Toe Assessment during lab. KA/RH

(IV Math)-You satisfactorily participated in the IV Math learning session on 1/7/25 as well as the assigned IV Math practice questions and the IV Math Application lab on 1/8/25. KA/DW/HS/SA

(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 removal, patient mobility and hygiene, use of PPE for Contact Isolation, wound care, foley insertion and removal, development of nursing notes, and providing SBAR hand-off report. NS/MD/RH

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

Week 2

(Trach Care & Suctioning) - During this lab, you satisfactorily demonstrate competence with tracheostomy care and tracheostomy suctioning. DW/RH/NS/SA

(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:							
	Performance Codes: S: Satisfactory U: Unsatisfactory	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)
	Date: 1/27/25	Date: 2/10/25	Date: 2/24/25	Date: 2/26 or 2/27/25	Date: 4/9 or 4/10/25	Date: 4/14/25	Date: 4/24/25	Date: 4/25/25
Evaluation								
Faculty/Teaching Assistant Initials								
Remediation: Date/Evaluation/Initials								

* Course Objectives

Comments:

EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2025

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:

11/21/24