

**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
1/27/2025	Impaired gas exchange	S/HS	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	N/A	S												
a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting)			S	N/A	S												
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			S	N/A	S												
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			S	N/A	S												
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			S	N/A	S												
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	N/A	S												
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			S	N/A	S												
g. Assess developmental stages of assigned patients. (Interpreting)			S	S	S												
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		S	S	S												
Indicate your clinical site as well as your patient's age and primary medical diagnosis in this box weekly.	Meditech, FSBS, IV Pump Sessions		3T, 60, Acute Respiratory Failure with	ECSC	4N, 78, Impaired Urinary Elimination												
Instructors Initials	KA	KA	HS	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, b, c, d, e)-Great job this week! This week you did a great job discussing your patient's pathophysiology of their illness. You were also able to review the diagnostics and discuss how they correlated with the patient's diagnosis. You were able to discuss the importance of the medications that your patient was taking and how they impacted the plan of care. HS

Week 4 1(h) – You discussed the various activities that you and your group developed for the ECSC in your CDG response this week. Great job considering a couple different domains to address in your activities. By preparing these activities in advance, taking into consideration some of the limitations that the clients may experience, you demonstrated effective preparation for the clinical 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	N/A	S												
a. Perform inspection, palpation, percussion, and auscultation in the physical assessment of assigned patient. (Noticing)			S	N/A	S												
b. Conduct a fall assessment and implement appropriate precautions. (Noticing)			S	N/A	S												
c. Conduct a skin assessment and implement appropriate precautions and care. (Noticing)			S	N/A	S												
d. Communicate physical assessment. (Responding)			S	N/A	S												
e. Analyze appropriate assessment skills for the patient's disease process. (Interpreting)			S	N/A	S												
f. Demonstrate skill in accessing electronic information and documenting patient care. (Responding)	S		S	N/A	S												
	KA	KA	HS	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 (2a-f)- You did a nice job with your assessment as well as documenting it within the electronic medical record. You also did a nice job communicating your findings to the RN. You were also able to discuss your focused assessment and the reasoning behind your decision of focus. HS

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

**Evaluate these competencies for the offsite clinicals:

DH: 3a

IC: 3a, f, i

ECSC: 3a, j

Comments:

Week 3 (3 c, d, e)- You were able to prioritize your care for the day and adjust when necessary based on changes that occurred during the day. You were available to help others when needed, and ask for assistance when needed. HS

Week 4 3(j) – Great job working with a team of your peers to develop beneficial activities for the clients at the ECSC. You were able to work with the staff at the ECSC and your peers to identify limitations and implemented effective interventions that helped all clients to participate in the day. 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:			S	N/A	S												
k. Administer PO, SQ, IM, or ID medications observing the rights of medication administration. (Responding)			S	N/A	S												
l. Ensure patient safety through proper use of EHR, IV flow sheet, and BMV. (Responding)			S	N/A	S												
m. Calculate medication doses accurately. (Responding)			S	N/A	S												
n. Administer IV therapy, piggybacks, IV push, and/or adding solution to a continuous infusion line. (Responding)			S	N/A	NA												
o. Regulate IV flow rate. (Responding)	S		NA	N/A	NA												
p. Flush saline lock. (Responding)			S	N/A	S												
q. Monitor and/or discontinue an IV. (Noticing/Responding)			S	N/A	S												
r. Perform FSBS with appropriate interventions. (Responding)	S		NA S	N/A	NA												
	KA	KA	HS	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 (3k, l, m, n, p, q)- You did a nice job with medication administration this week! You were able to administer PO and IV push medications. You followed the rights of medication administration and completed all checks prior to administering. You were able to research each medication and answer all questions related to the medications. You did a good job flushing the IV and monitoring the site before during and after the administration of the medication. (3r)- You were able to perform a FSBS on your patient on Thursday and determine the appropriate dose of sliding scale insulin ordered to be administered. HS

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

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

Comments:

Week 3 (4e)- Great job with your CDG this week! You were able to find an article that pertained to your patient and discuss the relevance. You successfully met all of the requirements on the rubric for your initial posting and the response to a peer. You answered all of the questions with a thorough explanation for each one. You also provided an in-text citation and a reference for the initial and peer response. Nice job! HS

Week 4 4(e) – Nice work with your CDG prompts this week related to your ECSC clinical experience. All requirements were met for a satisfactory evaluation. See my comments on your post for further details. 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	N/A	S												
a. Describe a teaching need of your patient.** (Reflecting)			S	N/A	S												
b. Utilize appropriate terminology and resources (Lexicomp, UpToDate, Dynamic Health, Skyscape) when providing patient education. (Responding)			NA NI	N/A	S												
	KA	KA	HS	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: Education related to smoking cessation and coughing/deep breathing was provided to my patient through discussion. This was necessary in order to prevent my patient from starting to smoke again as she quit smoking 1 week ago and to maintain an open airway; this promoted my patient's health and was able to improve her oxygenation status. The teach back method was used to validate learning and she understood that she needs to continue not smoking.

Great job on educating your patient on smoking. However, you did not list what resource was utilized in providing the education and therefore this was changed to a NI. Please also be sure to read below the competency where it states that both a and b must be addressed when clinicals are on 3T, 4N, and rehab. Please let me know if you have any questions. HS

Comment from week 3 NI: In order for me to correct the NI, from now on when I am on 3T, 4N, or Rehab I will be sure to include what resource I used such as Skyscape when providing education to my patient.

Week 5: A teaching need for my patient was education related to the procedure she had done (ureteral stent placement). How I provided patient education to my patient was through the use of handouts printed on Lexicomp going over information about ureteral stents so that the patient can be informed about the procedure she had done and so she knows what risks she is at for having a ureteral stent. After discussing the printed handouts with her, I used the teach back method to reiterate all of the points to validate if the learning was effective.

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
a. Develop and implement a priority care map utilizing the nursing process and clinical judgment. (Noticing, Interpreting, Responding, Reflecting)			S	N/A	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	N/A	S												
	KA	KA	HS	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: A social determinant of health that could have the potential to influence patient care could be her history of fentanyl abuse and being a former smoker. Because of this, my patient is prescribed to take methadone daily to help with any withdrawal symptoms. The history of drug use could be a SDOH especially if she is still living around those that abuse drugs. HS

Week 3 6a-You satisfactorily completed your nursing care map this week. HS

When submitting the care map be sure to submit it into your personal dropbox by Saturday at 2200. HS

See Care Map Grading Rubrics below.

Week 5: A social determinant of health that could have the potential to influence patient care could be that my patient is retired and uses Medicare insurance which could put financial problems onto my patient such as for having to pay for her medications, specialist appointments, and for her follow up appointments.

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		U	S	S												
b. Reflect on an area for improvement and set a goal to meet this need.** (Reflecting)	S		U	S	S												
c. Demonstrate evidence of growth, initiative, and self-confidence. (Responding)	S		U	S	S												
d. Follow the standards outlined in the FRMCSN Student Code of Conduct Policy. (Responding)	S		U	S	S												
e. Incorporate the core values of caring, diversity, excellence, integrity, and “ACE”- attitude, commitment, and enthusiasm during all clinical interactions. (Responding)	S		U	S	S												
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (Responding)	S		U	S	S												
g. Demonstrate the ability to give and receive constructive feedback. (Responding)	S		U	S	S												
h. Actively engage in self-reflection. (Reflecting)	S		U	S	S												
	KA	KA	HS	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 1: 7a. A strength of mine from week 1 would be learning IV math and being able to grasp onto the content in a timely manner. I understood the IV math and was able to apply specific patient scenarios when doing our IV math application rotation. 7b. On the other hand, an area I can improve on would be becoming more familiar with programming the IV pumps, priming the tubing, and spiking fluid bags. I will review my MSN IV PowerPoint along with the MSN IV videos in Edvance360 three times prior to my first clinical next week. **Great idea. This is definitely a skill you will master with time and practice. You can also practice it during Lab Day in March. KA**

Week 3: A strength of mine from my first week of clinicals for the semester would be giving my patient a medication via IV push being that this is new to me, and I just learned this skill. The whole process went smoothly, and my patient was able to adequately receive her medication safely considering that I went through all of the rights of administering medications. An area that I can improve upon would be my time management skills while in the clinical setting. The next time I have clinical I will offer hygiene either after I document my morning assessment with my VS if I am not passing meds, or I will offer hygiene after passing my morning meds. I will not wait until 11:30 to offer hygiene care to my patient. **Nice job on your strength and your area for improvement. However, you did not self-evaluate yourself on 7a-h therefore you have received all U's for these objectives.**

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. HS

7(f) Your care map was emailed rather than submitted to your dropbox by the deadline of Saturday at 2200. Please refer to the syllabus to determine when and where assignments are to be submitted if you are unsure. HS

Comment from week 3 U: Moving forward to correct my U's, I am going to triple check my clinical tool to make sure all competencies are evaluated in order to prevent me from receiving any future U's. Thanks for addressing the U's from the previous week! NS

Week 4: An area of strength from the ECSC during this clinical experience was that I was able to interact with the seniors outside of the hospital setting and could do an activity with them vs. having to care for a patient in a hospital room which is a different aspect when interacting with the elderly. An area that I could improve upon would be incorporating an activity that involves a little bit of exercise too so that these individuals can also get some physical activity while still getting to do an activity like cookie decorating that we did. If we have another similar clinical like the ECSC, I will be sure to include a physical activity paired with an activity related to food. **Great job, Abby! I am glad to hear that you enjoyed this community based clinical experience. Keep up the hard work! NS**

Week 5: An area of strength from this week's clinical would be that I got to remove a foley catheter and got to remove an IV because of my patient being discharged. I did not know that I was going to get to remove my patient's foley until I was in her room with her with my instructor, so I had no time to be nervous which was a good thing for me. The removal of both the catheter and IV went smoothly and I am glad I was able to implement these skills in the clinical setting. However, on the other hand an area where I could improve would be triple checking all medications when I am pulling them from the pyxis from saving me or my instructor from having to leave the room during med administration from a medication being placed in the wrong pocket in the med room. How I will improve this weakness is by being more careful and triple checking each individual med the next clinical experience I have from here on out because that proved to me that just because a med is in the pocket number it says, it is not always the right medication.

Student Name: Abigail McNulty		Course Objective: 6a					
Date or Clinical Week: Week 3							
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	Nice job, you identified 8 abnormal assessment findings for your patient. You identified 5 abnormal lab/diagnostic findings. You included 5 risk factors for your patient. HS
	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 identified 4 nursing problems and determined then determined the priority problem. You stated an appropriate goal for the patient. You were able to highlight all of the related data to support the priority problem. You identified 3 potential complications and listed 5 symptoms to monitor for related to each potential complication. HS
	5. State the goal for the top nursing priority.	Complete			Not complete	3	
	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	3	
	7. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	3	
	8. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	3	
Responding	9. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	You did a nice job listing relevant nursing interventions. You prioritized the interventions appropriately and included a frequency and rationale for each one. For your next care map, be sure to list the medications individually that are specific to the priority problem. Also, list the lab values/ diagnostic tests so that the rationale is specific to the need for the lab. HS
	10. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	11. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	12. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	

Criteria		3	2	1	0	Points Earned	Comments
	13. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	You reassessed all of the abnormal findings. You determined that the plan of care could be terminated. HS
	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	3	

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:

Nice job on your care map! You provided a clear picture of the abnormal assessment findings, and lab findings in order to identify the priority problem for the patient. You then determined appropriate interventions related to the priority problem and provided an evaluation of the plan of care. Good job! HS

Total Points:45/45

Faculty/Teaching Assistant Initials: HS

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:

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
	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	KA	KA	KA	KA	KA	KA	KA	
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 1/7/25 as well as the assigned IV Math practice questions and the IV Math Application lab on January 9, 2025. 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. KA

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	S							
Faculty/Teaching Assistant Initials	RH							
Remediation: Date/Evaluation/Initials	NA							

* Course Objectives

Comments:

Vincent Brody vSim – All requirements were met for the assigned vSim scenario. NS/RH

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