EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2025

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Cathryn Palagyi

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: a. Analyze the involved patho-physiology of the patient's disease process. (Interpreting)			N/A	S	S												
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			N/A	S	S												
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			N/A	S	S												
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			N/A	S	S												
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			N/A	S	S												
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			N/A	S	S												
g. Assess developmental stages of assigned patients. (Interpreting)			N/A	S	S												
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		N/A	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		N/A	Rehab 73F; N-stemi, GI bleed	Rehab 69F, CVA, dyspgagia												
Instructors Initials	**DW**		**DW**	**RH**													

****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 4: (1c, d, e) This week you did a great job of discussing your patient's pathophysiology of the illness as well as their medications. You were able to correlate why each medication was related to their care. RH

Objective

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

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

****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 4: (2a-f) This week you performed a full head to toe assessment on your patient as well as a fall/safety assessment and skin assessment. You were able to identify your patient's laceration dressing was loose and did a wound assessment after removing the dressing. You were able to communicate any abnormalities in your assessment to myself and the nurse. You charted all your findings in the EHR appropriately. RH

Objective

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

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

****Evaluate these competencies for the offsite clinicals:** **DH: 3a** **IC: 3a, f, i** **ECSC: 3a, j**

Comments:
Week 4: (3a, b, d, g) You used proper hand hygiene throughout both clinical days. You were able to care for your patient while assisting therapy in helping your patient with their ADLs all while keeping safety in mind. You also were able to prioritize your day and organize your day in a way that allowed you to get all things done in a timely manner. You did great working around and with all the various therapies your patient had this week. You were able to assist/watch a straight catheter insertion and provide education to the patient regarding her performing it on her own at home. You were also able to assist with a bladder scan this week! RH

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

****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 4: (3k-m) You did great with your medication administration this week. You identified all medications and were able to provide me with detailed information about each medication, why the patient was getting the medications, and what to look for after administering the medications. You performed all checks prior to administration.

You were organized and diligent while administering medications. You were able to scan all medications in the EMAR and chart them appropriately. You administered PO and SubQ medications this week. RH

Objective

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

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

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

Comments:

Week 4: (4b, e, f, g) You did a good job staying in communication with the nurse caring for your patient this week. You were able to use SBAR communication to keep the nurse informed of the care you provided and if there were any changes in your patient's status. You were also able to provide an SBAR handoff at the end of the day to the next provider of care. You did great with your clinical discussion post and finding an evidence-based article that related to your patient this week. RH

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies: **a. Describe a teaching need of your patient.**** (Reflecting)			N/A	S	S												
b. Utilize appropriate termino-logy and resources (Lexicomp, UpToDate, Dynamic Health, Skyscape) when providing patient education. (Responding)			N/A	S	S												
			DW	**RH**													

****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 4
A: One of the primary teaching needs of my patient is medication management following her coronary artery bypass grafting (CABG). Since she has been prescribed new mediations, it is essential to educate her on proper administration, dosage, timing, and potential side effects. Additionally, she needs guidance on recognizing signs of complications such as blood pressure changes, chest pain, dizziness, or unusual bleeding that may require immediate medical attention. Given her recent hospitalizations, reinforcing the important of medications adherence and lifestyle modifications will be crucial for her recovery and long-term heart health. This is a huge learning curve for her since so many of these medications are new and can produce a number of side effects that she is to watch out for. RH
B. To provide accurate evidence-based education, I used resources such as Lexicomp and Skyscape. These tools helped to ensure that medication instructions are clearly explained, including drug interactions, dietary considerations (e.g., avoiding grapefruit with certain medications), and common side effects. Using patient-friendly language, I will break down medical terminology, such as explain that anticoagulants help prevent blood clots, while beta blockers aid in reducing heart strain and blood pressure. Additionally, I will provide printed educational materials and encourage the patient to use reputable sources like the American Heart Association for ongoing education. Great job providing information in the clinical setting but also providing your patient with resources to use at home if needed. Sometimes the nurses need to educate multiple times and provide multiple handouts so the patients can have a good understanding prior to discharge. Providing resources that she could look up while at home is a great idea! RH
Week 5
A: A key teaching need for my 69-year-old female stroke patient is fall prevention and safe mobility strategies due to her right-sided weakness and balance deficits. Stroke patients are at high risk for falls, which can lead to further complications, such as fractures, head injuries, or delayed rehabilitation progress. Education should focus on proper use of assistive devices (walkers, canes,) home safety modifications, and energy saving techniques to prevent overexertion and improve stability. Additionally. Stroke survivors may have impaired awareness of their affected side, requiring training on scanning techniques and positioning strategies to enhance safety.
B: Lexicomp highlights the importance of adherence to prescribed anticoagulants and antihypertensives to prevent recurrent strokes and improve overall outcomes. Additionally, Skyscape provides guidelines on swallowing precautions and speech therapy interventions to manage post-stroke dysphagia, reducing the risk of aspiration

pneumonia. Educating the patient and caregivers using clear, simple language and visual aids can enhance understanding and encourage active participation in rehabilitation efforts. By incorporating evidence-based resources into patient education, I can ensure that my patient receives accurate, up-to-date information tailored to her recovery needs.

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)			N/A	~~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)			N/A	S													
			DW	**RH**													

****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:

See Care Map Grading Rubrics below.

Week 4 SDOH: The social determinants of health affecting my patient include economic stability, particularly regarding insurance coverage and the affordability of medications. Health care access and quality is another key factor, as it impacts her ability to receive follow-up care and secure transportation to medical appointments after discharge. Additionally, social and community support plays a role in her recovery. My patient mentioned that she volunteers regularly, and her recent hospitalizations have disrupted her social life and the support system she previously relied on. Lastly, education and health literacy are crucial for her as she navigates this new health condition (CABG). She needs to understand how to manage her medications, including proper administration, potential side effects, and complications, to ensure a smooth recovery.
These are all great observations of your patient's SDOH for this week. RH

Week 5: The first social determinant of health with my patient would be the economic stability. Her ability to access rehabilitation services are crusical to regaining mobility and communication skills. Without adequate insurance coverage or financial support resources, she may face barriers with continued rehabilitation and home care support. Health literacy is another important factor as understanding stroke prevention, medication management, and rehabilitation exercises that can significantly impact recovery. With limited knowledge about lifestyle modifications, she may be at a high risk for secondary strokes. Social and family support also plays a critical role in functional recovery and the patients emotional well-being, A strong support system can encourage adherence with therapy and reduce feelings of isolation or depression.

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

****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: An area of strength this week would be being able to stay on top of all the assignments and notes within class. I have been up to date on readings and thoroughly examining ATI to better my understandings of airway management, trach care, and the disease processes behind oxygenation. This has helped to better focus in class and link views together to have a clearer insight on the subject. Excellent! This continued discipline will serve you well. DW

Week 1 7b: An area for improvement from this week would be ABG practice and interpretation. While I did do the homework provided from Rachel in class there was improvement that could be done to better my future interpretations. My goal is to practice on ABG ninja as well as reviewing notes to create a better understanding and to be able to grasp the concepts more to relate it better to content. ABG's can be an extremely complex concept to grasp. For some its easiest to us the arrows or ROME method and for other (like myself) its better to understand what is going on in the body when interpreting the imbalance. Keep working at it. If it remains an opportunity for improvement, please let me know and I would be happy to help you. Also, keep in mind that for future goals, you should include what you will do, how often you will do it and when you will do it by (see green highlights above in the directions). You included what you will do but in the future be sure to also include then how often and by when to avoid any unnecessary NI's or U's. Keep up the great work, Cathryn! DW

Week 4 7a: A strength from this week would be staying on top of patient care while following schedule with therapy. To work around therapy, it makes difficult at times to get care done in the allotted time, but I was able to perform physical assessment, pain assessment, vitals, fall risk, and FSBS for patient in a timely manner. You did great with time management this week! You were able to perform all assessments and complete your charting within a timely manner rather than having to wait until the end of the day. RH

7b: An area for improvement would be creating a better understanding of patient diagnosis and medical history present with care. To improve this, I will be more thorough within skyscape to properly align the disease process in creating an understanding. This will be weekly at clinicals and when new diagnosis that I am unsure about come up. This will aid in creating a better understanding of the disease process that my patient is undergoing. This is a good goal to begin to start understanding more disease processes. RH

Week 5:

7a: An area of strength for this week was being able to jump in when needed for other patient care. Although removing staples did not pertain to my patient, when tasked with doing so I stepped up to ale them out. After a demonstration I was able to perform the task smoothly with the patient tolerating it well and visualizing documentation on removal. This allows for future surgical sight assessment to be noted correctly and cared for appropriately.

7b: An area for improvement from this week would be learning when there are abnormalities present within patient care/ within the patient room that I go about it in a manner that will keep the patient calm and resolve the issue at hand. To meet this goal, I will better distinguish the PCT role from the nurse role within patient care. This will strengthen every week as care is further provided in clinical's in the nursing role. With passing medication, evaluating the patient, and providing adequate care this goal will be set to improve not only me as a student nurse =, but my care for my patient as well.

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

	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: • 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

	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: • 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: Cathryn Palagyi								
Skills Lab Competency Evaluation Performance Codes: **S**: Satisfactory **U**:Unsatisfactory	**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:** 1/9/25	**Date:** 1/9/25	**Date:** 1/10/25	**Date:** 1/16/25	**Date:** 1/15/25	**Date:** 3/10 or 3/11/25
Evaluation:	S	S	S	S	S	S	S	
Faculty/Teaching Assistant Initials	MD	RH/KA	DW	NS	NS	DW/RH	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 1/9/25. 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. DW

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

Simulation Evaluation Performance Codes: **S**: Satisfactory **U**: Unsatisfactory	**Student Name: Cathryn Palagyi**							
	vSim- Vincent Brody (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	**vSim**- Juan Carlos (Pharmacology) (*1, 2, 3, 4, 5, 6)	**vSim**- Marilyn Hughes (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	Simulation #1 (Musculoskeletal & Resp) (*1, 2, 3, 4, 5, 6, 7)	Simulation #2 (GI & Endocrine) (*1, 2, 3, 4, 5, 6, 7)	**vSim**- Stan Checketts (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	**vSim**- Harry Hadley (Pharmacology) (*1, 2, 3, 4, 5, 6)	**vSim**- Yoa Li (Pharmacology) (*1, 2, 3, 4, 5, 6)
	Date: 1/27/25	**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	DW							
Remediation: Date/Evaluation/Initials	NA							

* 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