

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

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

Student: Malone Phillips

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
2/3/2025	Impaired physical mobility	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:																	
a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting)			S	S	S												
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			S	S	S												
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			NA	S	S												
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			NA	S	S												
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	S	S												
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			NA	S	S												
g. Assess developmental stages of assigned patients. (Interpreting)			NA	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		Infection Control Clinical	3T, 89, UTI	3T, 77, Pneumonia												
Instructors Initials	KA	KA	HS	HS													

**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 - (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 on both clinical days. 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

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		S	S	S												
	KA	KA	HS	HS													

**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)- 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:																	
a. Perform standard precautions. (Responding)	S		S	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		S	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		S	S	S												
j. Identify recommendations for change through team collaboration. (Reflecting)			N/A	S	S												
	KA	KA	HS	HS													

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

Comments:

Week 4 (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

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	S	N/A												
o. Regulate IV flow rate. (Responding)	S		N/A	N/A	N/A												
p. Flush saline lock. (Responding)			N/A	S	N/A												
q. Monitor and/or discontinue an IV. (Noticing/Responding)			N/A	S	N/A												
r. Perform FSBS with appropriate interventions. (Responding)	S		N/A	N/A	S												
	KA	KA	HS	HS													

**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, l, m, n, p, q, r)- You did a nice job with medication administration this week! You were able to administer PO and IV push medication and a suppository. 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. 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:																	
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)			S	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)			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)			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												
	KA	KA	HS	HS													

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

Comments:

Week 3 (4e)- According to the CDG Grading Rubric, you have earned an S for your participation in the Infection Control discussion this week. Your discussion was thoughtful and supported by evidence. Nice job with your APA formatting. HS

Week 4 (4e)- Great job with your CDG this week! You were able to find an article that pertained to your patient and discussed 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

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 terminology and resources (Lexicomp, UpToDate, Dynamic Health, Skyscape) when providing patient education. (Responding)			N/A	S	S												
	KA	KA	HS	HS													

****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 (5a & b): My patient I was caring for in this week's clinical was experiencing constipation and impaired physical mobility. I provided education on the importance of ambulating and moving their muscles often to stimulate movement in the stomach and intestines. This helps move food in the digestive tract quickly. The way that I did this was through discussion. I also educated the patient that they would have a suppository administered to act a laxative and stool softener. The patient should not be dependent on the laxatives because the medications can cause serious health problems if overused. The resources I used to find information regarding the medication was Skyscape, which I ensured was communicated and understood by the patient. The education was necessary to improve the patient's comfort level, teach, and promote healthy lifestyle habits. The method I used to validate learning was proving that the interventions utilized were successful in promoting bowel movements safely. **Great job on educating your patient! HS**

Week 5 (5a & b): My patient that I cared for this week was experiencing impaired gas exchange, followed by pneumonia and a productive cough. I provided education on how to use an incentive spirometer and flutter device to help open his lungs and improve the strength of the lungs after injury or illness. My patient knows that they should be using these devices at least 10 times an hour each while awake, to improve ventilation. I utilized the teach back method to ensure that the patient understood the information I had educated him on and confirmed that knowledge through demonstration of the devices. I also educated the patient on the importance of ambulating, getting up into their chair for meals, and periodically repositioning themselves throughout the course of the day. In patients with pneumonia, ambulation helps to remove secretions out of the lungs which helps reduce the risk of complications. I found the educational material in Skyscape and utilized the teach back method to ensure that the patient understood the information I had educated him on. I confirmed that knowledge through demonstration of the incentive spirometer and flutter device.

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	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													
	KA	KA	HS	HS													

****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 (6b.): In my experience with the patient that I took care of this week, there are multiple supplemental domains that made providing care for the patient more difficult: Family and community support, substance use, mental health, and physical activity. This patient did not have a strong support system nearby (family and community support), due to his wife passing away and his only child living across the country. Having little to no loved ones close for visits and being in a hospital has caused mental health problems such as feeling isolated and alone (mental health). This patient also struggles with alcoholism and has not been able to abuse that substance since being in the hospital (substance use). The reason they were admitted to the hospital initially was due to experiencing a fall causing a posterior laceration of the scalp after heavily drinking alcohol that day. They are ninety years old and has experienced generalized weakness in the extremities for a long time which partly caused the fall (impaired physical mobility). These domains all influenced by ability to care for this patient. **You provided excellent examples of SDOH this week! HS**

Week 4 (6a)- You satisfactorily completed care map #1 for MSN. HS

Week 5 (6b.): My patient was admitted with respiratory problems including dyspnea, low SpO2 levels (88% RA), shortness of breath on rest/exertion, and productive cough. As a result of these symptoms, the patient can experience anxiety or stress-induced situations due to being in respiratory distress. After referring to the CMS Social Determinates of Health Screening Tool, I have concluded that mental health can influence the care that my patient receives. When breathing becomes difficult, the body's fight or flight response occurs which can cause panic and anxiety symptoms. The domain, physical activity, can affect patients diagnosed with pneumonia. The illness can impact lung function and breathing which can make ambulation difficult. As symptoms improve, movements will gradually become easier to perform. Physical activity can help to improve your recovery, so it is crucial to practice habits of repositioning and exercising your muscles.

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													
	KA	KA	HS	HS													

**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:

- a. My area of strength in week one of the course was getting organized for the semester, completing my lessons in a timely manner, and learning new skills. We learned how to calculate IV math, perform FSBS, use an insulin pen, and the information needed for IV administration. I enjoyed the first week back, and I am looking forward to the rest of the semester to expand my knowledge in the field of nursing. **Great job getting organized! Being organized will not only help with this nursing course, but in your nursing career as a whole. KA**
- b. This week, I struggled slightly with understanding how to correctly do the IV math when given a scenario. I understood it by the end of the week, but it was a tough concept at first. To improve, I completed multiple IV math worksheets throughout the week to help me understand the material to the best of my abilities. I will continue to do this periodically, to refresh my brain on how to calculate the drip and pump rate when put in patient situations. **Continued practice will help you strengthen this skill and make it easier over time. KA**

Week 3:

- a. My area of strength in this week's clinical, Infection Control, was being attentive to detail when healthcare workers are taking care of patients who are in isolation. Our task in this clinical was to complete a scavenger hunt, monitoring for appropriateness and compliance of precautions. We were to watch every person that walked into the patient's room, looking for hand hygiene to be performed and PPE to be put on. It was surprising to see the amount of people that failed to comply to the infection precautions put in place. This taught me to be more observant and mindful in not contaminating our patients and surroundings. **Great job! HS**
- b. Personally, an area of improvement from this week's clinical that I would like to work on is understanding what type of isolation a patient is in depending on their diagnosis. For instance, I learned today that when a patient has a MDRO, they are in contact precautions. I would like to expand my knowledge in isolation control and the PPE that needs to be put on during specific isolation procedures. In preparation for next week's clinical, I am going to look over the "Isolation Precautions Quick Reference Guide" until I understand it better. **That is a great plan! HS**

Week 4:

- a. My area of strength in this week's clinical was exhibiting confidence and improvement in my ability to administer medications to my patient. Last semester, I was not as educated on the process and found myself more nervous my experiences. I have passed different routes of medications in the past two days of clinical: Oral, rectal, and intravenous. I am extremely happy with the skills I learned this week and look forward to the clinicals in the future! **You did a great job! HS**
- b. An area of improvement from this week's clinical is understanding the medications I am administering to my patients better. Before giving the medication, I look it up on Skyscape. Although, I struggle to remember this information for the next time. I hope that this knowledge will build over time through experience, but in the meantime, I will be studying the medications learned as often as I need to in order to have a true understanding of the classification, indication, adverse effects/side effects, assessment, and implementation. A great way to study is using flashcards. **This will continue to become easier with each experience. HS**

Week 5:

- a. My area of strength in this week's clinical was performing new skills that I have not done before: Checking my patient's blood sugar levels, administering insulin, spiking/priming IV tubing, and hanging an IV solution bag. Even when I was passing medications, I felt more prepared and educated in my abilities. It was a great feeling!
- b. An area that I struggled with in this week's clinical was my time management while talking to my patient on Wednesday, the first day of clinical. My patient enjoyed talking to me, and I could tell that he was feeling lonely being in the hospital away from his loved ones. Although it was wonderful to get to know him and his story, I knew that I had to finish charting and looking up his chart/medications. In the clinicals going forward, I am going to make sure that I am keeping track of the amount of time I am in the patient's room to complete the other skills I need to do throughout the day. A great way to do this is by setting a timer on my watch to vibrate when I should start working on another skill.

C. learning the medications

Student Name: Malone Phillips		Course 6					
Date or Clinical Week: Week 4		Objective:					
Criteria		3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)	3	You did a nice job listing several abnormal assessment findings. For future care maps any histories of medical diagnoses would go to the risk factor category. You included a list of 7 abnormal lab findings. You identified several risk factors for the patient.
	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 listed 3 nursing priorities and highlighted the top priority problem for the patient. You identified an appropriate goal for the patient. You highlighted the related data from the noticing boxes to support your chosen top priority problem. You were able to identify 3 potential complication and the signs and symptoms to monitor the patient for.
	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 an excellent job listing appropriate nursing interventions for the top problem, you were able to prioritize them and make them individualized to the patient as well as including an appropriate rationale for each one.
	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	Nice job reassessing all of the highlighted findings. You determined that the plan of care should be continued. 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: Malone, great job on your care map! You were able to successfully identify the abnormal assessment, lab findings, and risk factors for the patient. You were able to identify the nursing priorities and select the top priority problem for the patient. Your interventions were very individualized and appropriate for the plan of care and specific to the patient. Great 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 8, 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								
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