EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2025

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Brittany Rodisel

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
1/27/25	Impaired Physical Mobility	S/RH	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 patho-physiology 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	N/A												
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			S	N/A	N/A												
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	N/A												
g. Assess developmental stages of assigned patients. (Interpreting)			S	S	N/A												
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		Rehab, 74, S/P right hip replacement	ECSC	Infection Control												
Instructors Initials	**HS**		**RH**	**DW**													

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

Comments:

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

Week 3: (1c, d, e) This week you did a great job of discussing your patient's pathophysiology of their illness/injury/surgery as well as discussion of 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)			S	N/A	N/A												
b. Conduct a fall assessment and implement appropriate precautions. (Noticing)			S	N/A	N/A												
c. Conduct a skin assessment and implement appropriate precautions and care. (Noticing)			S	N/A	N/A												
d. Communicate physical assessment. (Responding)			S	N/A	N/A												
e. Analyze appropriate assessment skills for the patient's disease process. (Interpreting)			S	N/A	N/A												
f. Demonstrate skill in accessing electronic information and documenting patient care. (Responding)	S		S	N/A	S												
	HS		**RH**	**DW**													

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) 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 communicate any abnormalities in your assessment to myself and the nurse. You charted all your findings in the EHR appropriately. I want to strongly encourage you to review the charting requirements for this course in the PPD (on the last page) because there were some charting pieces that you had to be reminded to do and you were not aware they had to be completed. There is more charting in this clinical compared to Nursing Foundations. 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:			S	S	S												
a. Perform standard precautions. (Responding)	S																
b. Demonstrate nursing measures skillfully and safely. (Responding)	S		S	N/A	N/A												
c. Demonstrate promptness and ability to organize nursing care effectively. (Responding)			S	N/A	N/A												
d. Appropriately prioritizes nursing care. (Responding)			S	N/A	N/A												
e. Recognize the need for assistance. (Reflecting)			S	N/A	N/A												
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)			N/A	N/A	N/A												
h. Implement DVT prophylaxis (early ambulation, SCDs, ted hose, administer enoxaparin or heparin) based on assessment and physicians' orders (Responding)			S	N/A	N/A												
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	N/A												
	HS		**RH**	**DW**													

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

Comments:

Week 3: (3a, b, d) 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 her ADLs all while keeping safety in mind. You were also able to prioritize your day and organize your day in a way that allowed you to get all things done. Your patient was a talker, and you were in her room a lot, but you were able to complete your responsibilities while also talking to them. 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)			S	N/A	N/A												
l. Ensure patient safety through proper use of EHR, IV flow sheet, and BMV. (Responding)			S	N/A	N/A												
m. Calculate medication doses accurately. (Responding)			S	N/A	N/A												
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	N/A	N/A												
	HS		**RH**	**DW**													

**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-m) You did great with medication administration this week. You identified all medications and were able to provide me with detailed information about each mediation, 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, topical, 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)			S	S	N/A												
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	N/A												
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	N/A												
g. Provide a clear, organized hand-off report to your patient's next provider of care. (Responding)			S	N/A	N/A												
			RH	**DW**													

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

Comments:

Week 3: (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

Week 4 (4e)- According to the CDG Grading Rubric, you have earned a satisfactory for your Erie County Senior Center discussion this week. While your CDG met the minimum requirements to be satisfactory and was backed by evidence from RNotes, I would encourage you to be a little more thoughtful with your responses to increase the length, as you just met the word count. Additionally, in terms of APA formatting, I have a couple suggestion: 1. When you are citing a reference within your text, Skyscape is only a platform that houses the actual resource; therefore, you won't say "Skyscape states…". Instead you will use the author(s) and say, "Myers states…". 2. 2. When you cite a direct quote from a resource, the intext citation should include a page or paragraph number that the quote can be found; for example, (Myers, 2023, para 1). A paragraph number is only used when the resource does not have page number, such as an electronic resource like RNotes. 3. Scholarly writing avoids frequent use of direct quoting. Whenever possible, please try to paraphrase and put the borrowed information into your own words. Please use this feedback to improve with APA formatting for future CDG's and other course/clinical paperwork. Also keep in mind that there is an APA Formatting Examples document in the Clinical Resources on Edvance360 and online resources to help you (ex. Purdue Owl website- I really like this one! https://owl.purdue.edu/owl/research_and_citation/apa_style/apa_formatting_and_style_guide/general_format.html). I am always happy to help you if some of these resources are unclear to you. DW – THANKS DAWN!

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)			S	N/A	N/A												
b. **Utilize appropriate termino-logy and resources (Lexicomp, UpToDate, Dynamic Health, Skyscape) when providing patient education. (Responding)**			S	N/A	N/A												
			RH	**DW**													

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 ace wraps were provided to my patient through discussion and showing her how they are properly put on. This was necessary for my patient because she was s/p right hip replacement. Her mobility was limited, and she was educated that they help prevent DVT's and increases blow flow in the veins. My patient showed me how she would put them on if for some reason she had to do them herself. Although it would be hard for her to put them on by herself, I still wanted her to show me how she would do it and she gave it her best shot. I pulled up skyscape while with my patient and educated her about impaired mobility and the effects it can have on her. Prevention of DVT in post-operative patients is so critical, great teaching topic! The next time you are rehab, sometimes the therapists have great resources we can use as well. Ask them to show you what they use for their education to the patients. RH

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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	N/A												
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	N/A												
			RH	**DW**													

**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 3: If a patient's economic status is low income this can limit their ability to access the right healthcare. This can also affect the foods they eat and lead to an unhealthy lifestyle. Another thing that can influence patient care is not having reliable transportation to get them to and from doctors' appointments. Not having a home to live in and constantly staying with others or in hotels can be risk factors associated with social determinants. These are all great examples of social determinates of health. Are any of these specific to your patient's situation? RH

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	S												
b. **Reflect on an area for improvement and set a goal to meet this need.**** (Reflecting)	S		S	S	S												
c. Demonstrate evidence of growth, initiative, and self-confidence. (Responding)	S		S	S	S												
d. Follow the standards outlined in the FRMCSN Student Code of Conduct Policy. (Responding)	S		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	S												
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (Responding)	S		S	S	S												
g. Demonstrate the ability to give and receive constructive feedback. (Responding)	S		S	S	S												
h. Actively engage in self-reflection. (Reflecting)	S		S	S	S												
	HS		**RH**	**DW**													

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- Strength – My strengths these past couple of weeks were being able to successfully perform FSBS with little assistance. I am used to doing them so it felt really good when I knew what I was doing. Also being able to complete my head-to-toe and remember everything. Great job! HS

7B- My weakness the past two weeks was the Iv lab. I kept forgetting to squeeze my drip chamber to allow the fluid to flow. I will practice a few times before clinical start. This will become easier with each additional practice that you get during your clinical experiences. HS

7a Week 3- Strength. My strength this week was being able to teach my patient about proper blood flow from being immobile. I also taught her about the use of ace wraps and SCD'S. I am glad she was able to return demonstrate how to properly put them on, even though it was difficult for her. RH

7b Week 3- Weakness. My weakness this week would have to be medication administration. I know as time goes on, I will get more comfortable with giving them. The medication taken by mouth isn't my worry, it's the injecting part. Even though I find it scary, I also love that I get to do it. I will practice being more confident and ask to practice with subcutaneous injections in skills before next clinical. You will have practice with this skill throughout the semester, but if you want additional practice, please let us know so we can set something up in the skills lab for you. RH

7A- Week 4-Strength: My strength this week at ECSC was being able to perform all tasks that were assigned to me. Jane was very nice, and we were able to help people who use meals on wheels by packaging A LOT of bread – everyone was very thankful we were there to help. I think my biggest strength today was being able to effectively communicate with my patients. I assisted them and helped them with their activities and helping them set up. I also helped seniors safely transfer from their walkers to chairs. So glad you felt confident in interacting with the older adult, ECSC staff and with mobility/safety! Keep up the great work! DW

7B- Week 4-Weakness: Today, Jane had me and another student talk on the microphone to the seniors. I discussed what we were doing with them and thanked them for welcoming us. One of my biggest weaknesses is public speaking. I have a lot of anxiety, but I got through it. For me to become a better version of myself I need to open up and be more vocal. I am still working on this every day. I will continue to not let my anxiety win over me by relaxing and taking care of myself. I will prepare myself in the future for my globalization presentation by doing some self-talk and being confident that way on Tuesday I don't stumble over my words. I can totally relate to this, Brittany…and its ok. The key, as you mentioned, is to recognize the opportunity to improve and keep working on it daily. Way to think outside of the box to find ways to practice this before your next clinical. DW

7A- Week 5 Strength: My strength this week in infection control was communicating back and forth with Sydney! I feel I was comfortable with her because I had some ideas of what she was talking about. I was able to engage in conversations with her as she told us a lot. I know she appreciated me being actively present and engaging in conversations with her.

7B Week 5 Weakness: My weakness this week in infection control would be documentation. As we are all still learning the system I have definitely become more familiar, and I also do some charting at work, but it's different when you're in a student nurse role. Navigating through the chart is confusing at times because I feel like you have to navigate through so many tabs to get to what you're looking for. I will make sure I am practicing documentation in clinical next week and navigating through the system.

	Student Name: Brittany Rodisel				Course Objective:		
	Date or Clinical Week: MSN 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	All criteria met. RH
	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	4. This is a good list of priorities, but can you think of any other nursing priorities that could occur for your patient? RH
	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	11. three interventions have no frequency. This is 78% complete so no points are missed, but make sure you are including a frequency for all interventions so you do not lose points. RH
	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

		> 75% complete	50-75% complete	< 50% complete	0% complete	3	
Reflecting	13. An appropriate rationale is included for each intervention						
	14. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	2	14. some of your evaluations are just restating what you already put. Please make sure if the issue has continued, you put "continued" or "no change" so we know that you did re-evaluate and are assessing for change. RH
	15. Evaluation includes one of the following statements: • 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.**	**Total Points:** 44/45
***Students that are not satisfactory after 2 attempts will be required to meet with course faculty for remediation. *** **Faculty/Teaching Assistant Comments:** Great job with your care map. You provided a good list of nursing priorities. You were able to tailor your nursing interventions list to your priority problem and the complications you listed. Make sure you are following the rubric completely so you don't miss out on points. RH	**Faculty/Teaching Assistant Initials:** RH

Student Name:							
Date or Clinical Week:				Course 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)**		
	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.**	**Total Points:**
***Students that are not satisfactory after 2 attempts will be required to meet with course faculty for remediation. *** **Faculty/Teaching Assistant Comments:**	**Faculty/Teaching Assistant Initials:**

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

Student name: Brittany Rodisel								
Skills Lab Competency Evaluation	**Lab Skills**							
	Week 1	Week 1	Week 1	Week 1	Week 1	Week 2	Week 2	Week 9
Performance Codes: **S**: Satisfactory **U**:Unsatisfactory	**Insulin** (2,3,5,7)*	**Assessment** (2,3,4,5,7)*	**IV Math Application** (3,7)*	**Lab Day** (1,2,3,4,5,6,7)*	**IV Skills** (2,3,5,7)*	**Trach** (1,2,3,4,5,6,7)*	**EBP** (3,7)*	**Lab Day** (1,2,3,4,5,6,7)*
	Date: 1/7/25	**Date:** 1/7/25	**Date:** 1/8/2025	**Date:** 1/8/2025	**Date:** 1/10/25	**Date:** 1/15/2025	**Date:** 1/16/25	**Date:** 3/10 or 3/11/25
Evaluation:	S	S	S	S	S	S	S	
Faculty/Teaching Assistant Initials	MD	KA/RH	HS	NS	HS	DW	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 1/8/2025. 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. HS

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: Brittany Rodisel**							
	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	RH							
Remediation: Date/Evaluation/Initials	N/A							

* 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