EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2025

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Isabella Riedy

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)			NA	S	S												
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			NA	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)			NA	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		NA	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		NA	Rehab 5T, 69, cerebral infarction, left basil ganglia CVA	Rehab 5T, 76, NTEMI, Takosubo, Parkinson												
Instructors Initials	**RH**		**DW**	**MD**													

****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 Rehab Clinical Objective 1 B-F: This week you were able to correlate the patient's symptoms, diagnostic tests, pharmacotherapy, treatment, and nutritional needs based on their reason for being on the Rehab floor and their past medical history. You were able to bring these needs to light in your satisfactory care map of this patient as well. Great job! MD

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)			NA	S	S												
b. Conduct a fall assessment and implement appropriate precautions. (Noticing)			NA	S	S												
c. Conduct a skin assessment and implement appropriate precautions and care. (Noticing)			NA	S	S												
d. Communicate physical assessment. (Responding)			NA	S	S												
e. Analyze appropriate assessment skills for the patient's disease process. (Interpreting)			NA	S	S												
f. Demonstrate skill in accessing electronic information and documenting patient care. (Responding)	S		NA	S	S												
	RH		**DW**	**MD**													

****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 Rehab Clinical Objective 2 A, D, & F: While you were on clinical you performed a satisfactory physical assessment, communicated abnormal assessments to myself and to the primary nurse, and you were able to satisfactorily document all information to Meditech documentation. MD

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

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

Comments:

Week 4 Rehab Clinical Objective 3 C & D: While caring for your patient you were able to identify all of the priority needs for your patient based on their condition and report you received from the night shift nurse. You were able to communicate your priority assessments for the day and what interventions needed to be completed during your shift. Great job! MD

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

****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 Rehab Clinical Objective 3 K-L: This week on Rehab you were able to identify the rights of medication administration appropriately and provided a comprehensive analysis of the medications you administered to your patient. Included in the analysis was the type of medication, side effects, and nursing implications for each medication. You were able to provide further information based on the medication you were administering that was included in the nursing implications you discussed. You also were able to identify safe practice for medication administration and performed them well. You also were able to use the BMV and document in the EHR appropriately. Awesome medication pass! MD

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)			NA	S	S												
b. Communicate professionally and collaboratively with members of the healthcare team using hand-off communication techniques. (SBAR) (Responding)			NA	S	S												
c. Report promptly and accurately any change in the status of the patient. (Responding)			NA	S	S												
d. Maintain confidentiality of patient health and medical information. (Responding)			NA	S	S												
e. Consistently and appropriately post comments in clinical discussion groups. (Reflecting)			NA	S	S												

f. Obtain report, from previous care giver, at the beginning of the clinical day. (Noticing)			NA	S	S												
g. Provide a clear, organized hand-off report to your patient's next provider of care. (Responding)			NA	S	S												
			DW	**MD**													

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

Comments:

Week 4 Rehab Clinical Objective 4 E: For clinical this week you provided a CDG that was satisfactory per the CDG rubric. In this CDG, you provided information on that was interesting and detailed about your patient. The reference and in-text citation you provided were appropriate for your discussions. However, please take note that when using a reference inside of a sentence such as "Tabers states…" you need to place the year of the publication behind it. So like this "Tabers (2021)…". Please see me if you have further questions! MD

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)			NA	S	S												
b. Utilize appropriate termino-logy and resources (Lexicomp, UpToDate, Dynamic Health, Skyscape) when providing patient education. (Responding)			NA	~~S~~ NI	S												
			DW	**MD**													

****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): I provided my patient with education on the importance of drinking fluids. My patient was on honey thickened liquids so their desire to drink was decreased. This thick texture can make it difficult for patients to meet their needs. Some data that could support the need for increased fluid intake was my patient's urine being on the darker side, not voiding as often as they should be, had slight skin tenting, fatigue, constipation, and at one point had a significantly low blood pressure. I made sure to communicate this to my patient and the importance of meeting the daily nutritional needs, especially with the amount of physical activity they were participating in

during the day. While educating I made sure to use terminology that the patient could understand, using short and simple sentences that included the important points. This ensures that the patient does not become overwhelmed and disconnected in the conversation. When educating, I made sure to include the positive effects of increasing fluid intake. This included an increase in energy levels, mental focus, physical performance, and decreased constipation. Educating on some of the positive effects can help the patient's drive to participate and implement the education that you are providing. Encouraging a couple sips an hour compared to just one sip an hour. I also made sure to ask what they would like to drink and if there was a specific beverage that they like to drink at home. While the liquid still had to be honey thick, making sure that it is a drink they typically enjoy may increase the chances of getting more fluids in. I made sure to utilize the teach back method to make sure they understood the main points of the education provided. You provided amazing education for your patient!!! I absolutely love the detail about all of the education that you gave her! However, for 5B it asks where specifically did you obtain this information which you did not provide. For this competency it is asking for a specific resource. This could be anything from Lexicomp to even your Nursing Foundations/MSN book. Let me know if you have any questions! MD

Week 5 (5a&b): I provided my patient with education regarding her medications and disease processes. My patient had a hard time understanding her medications and the illnesses that she is diagnosed with. Since she lacked this knowledge, she did not know the importance of her diet, fluids, exercise, medication therapy, etc. My patient is on a heart healthy diet and a fluid restriction due to cardiovascular problems. She was also struggling when understanding why some symptoms were occurring. Using skyscape and the electronic health record I put together a list of her medication information and researched her diagnosis's. This medication education and the sheet I provided her with helped her understand the importance of adherence to her medication therapy. It also helped her understand as to why she was struggling with certain symptoms including dizziness, lightheadedness and nausea, they were side effects to almost all her medications and illnesses. I made sure to educate on the importance of adhering to the heart healthy diet and fluid restriction that she is on, using skyscape. This ensured that she had an understanding as to why she is on the fluid restriction and the importance of diet. The fluid restriction is because of her impaired cardiovascular function which can cause fluid retention/overload causing decreased output, peripheral and pulmonary edema, impaired circulation, etc. The heart healthy diet and exercise are to ensure prevention of further complications and illnesses. Adhering to medication therapy is important to maintain current illness and prevent further complications.

Objective																	
6. Implement patient-centered plans of care utilizing the nursing process, clinical judgment, and consideration for cultural, ethnic, and social diversity. (2,3,4,5)*																	
Weeks of the Course	1	2	3	4	5	6	7	8	**Midterm**	9	10	11	12	13	**Make Up**	**Make Up**	**Final**

a. Develop and implement a priority care map utilizing the nursing process and clinical judgment. (Noticing, Interpreting, Responding, Reflecting)			NA	NA	S													
b. **Identify factors associated with Social Determinants of Health (SDOH) &/or cultural elements that have the potential to influence patient care.**** (Noticing, Interpreting, Responding, Reflecting)			NA	S	S													
			DW	**MD**														

****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): Factors associated with the social determinants of health regarding my patient included the categories: transportation, support system, financial strain, physical activity, substance use, mental health, and disabilities. My patient now suffers with severe impaired physical mobility following a stroke. This creates the need for a structured support system and my patient has quite a small one. They only have their son, grandson, and daughter-in-law. My patient said that they are not active in anything within the community. My patient will always need transportation assistance and help with daily activities. While they do live with their grandson, he may not be able to always help. They also have many pets living in the home, including two cats and a dog. Not only does this create a risk for injury but it also is a constant responsibility that someone will need to keep up with. Taking care of pets at home is something that my patient will not be able to do as easily. This also can also impact my patients access to quality food and nutrition. My patient also suffers from depression, stress, and insomnia which can negatively impact an individual. With new medical bills and impaired mobility, this can impact one's depressive state and further contribute to stress and insomnia. Finally, my patient has been struggling with substance abuse, specifically smoking for the past 20 years. These are all fantastic SDOH! MD
Week 5 (6b): Factors associated with the social determinants of health regarding my patient included the categories: health care access and quality, neighborhood and built environment, and community and social context. Health care access and quality: health literacy-My patient was having trouble understanding her medication and diagnosis. Being uneducated on the details that are important to maintain her health and prevent any further complications. Neighborhood and built environment: access to healthy food- My patient lives with her husband and is typically used to having an unbalanced diet. Since she lives with another person and does rely on them some of the time to purchase food, it can prevent access to a healthy diet. This is the diet that my patient will need to continue to maintain and better her health. Social and community context: stress and support system-My patient has a large support system that is made up of family and friends. However, some of these individuals have created a stressful environment for my patients regarding their well-being. This added stress that she is aware of and has negatively impacted her health and well-being along with having a negative effect regarding her illnesses.

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

****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 & 2 7(a): An area of strength for me over the past two weeks was staying organized. We received a lot of important information in the first week of class, so I made sure to create and additional calendar with every piece of information from the syllabus, handouts, assignments, course outline, and the clinical schedule to ensure that I am prepared for all of these activities. I

plan to continue to stay organized and on top of all information. I plan to do this by utilizing my resources including handouts and the Calanders making sure to look at these and my email multiple times a day. This is a great plan, not only for this course but for all courses in the program! RH

Week 1 & 2 (7b): An area of improvement for me over the past two weeks was prepping and organizing the material for the course quizzes, specifically in week two. In week two we had a total of three quizzes and a tracheostomy lab checkoff. I found it hard to prepare and study the material during the short amount of time that we had. These types of quizzes are quite new compared to nursing foundations. I was not sure how to fully prepare for the quizzes and how to use the little time that I had wisely. I plan to better this area of weakness by learning from each quiz I take. Noticing where the material is being pulled from and the type of application questions that are asked. For the future, my goal is to use lecture notes, the course textbook, and ATI when preparing for the course quizzes instead of just utilizing my lecture notes. An additional goal that I have is to use my course calendar and see where I can add additional study time for each quiz. This is a good goal. The use of ATI and NCLEX practice questions will also allow you to get more familiar with how we ask questions and how to identify what the question is asking. The library at the school has various NCLEX practice books as well if you need additional resources. I found it helpful to schedule specific study time while I was in nursing school. This allowed me to treat that time as a job rather than always moving it around and saying I could do it later. RH

Week 4 (7a): An area of strength during this clinical for me was time management. My patient was in dining group which is at 0830 so I had to complete and document my assessments on pain, physical re-assessment, wound management, safety, patient rounds, and vital signs before 0830. Within this time frame I also had to bathe and dress my patient along with passing their medications. My goal is to continue to be efficient in time management and completing all assessments thoroughly. I plan to do this by creating a to do list before going into the room to ensure I complete all assessments and documentation efficiently. I can also make sure to take advantage of opportunities that can save time. Since my patient needed a bath around the same time, I would complete my head-to-toe assessment, I completed both at the same time. This saved time and made it so that I was not bothering that patient twice, once for their bath/dress and then again for their head to toe. Completing my head to toe while bathing and dressing my patient also allowed me to get a better picture on my patient and their abilities. You definitely has amazing time management skills! It is always great to continue to grow in this area! Some weeks may be harder then others in the time management area but I have faith you have a great foundation to keep working on it! MD

Week 4 (7b): An area of improvement for me this week was finding a way to engage more when my patient is at therapy. Since this type of clinical is new to me I found the therapy sessions a little uncomfortable when just being present and not actively engaging or helping. I did not want to interrupt or intrude while they were working with my patient completing interventions. I plan to better this by making sure to take notes during the therapy sessions on the interventions that they are completing. Along with observing and noting how my patient is doing during this time. I also plan to offer my help during the sessions along with letting them know that I am willing and wanting to learn about the interventions that they are completing with my patience. My goal is to implement my plan and try to find opportunities where I can engage more during my patient's session. This is an amazing goal! It is definitely important to know and understand how an interprofessional team works and benefits the patients in all areas! MD

Week 5 (7a): An area of strength during this clinical for me was being attentive to my patient. My patient had a little anxiety regarding her disease processes and medications. I made sure to research her medications and disease processes to provide her with the information she was looking for. I put together a medication sheet with all of the information regarding her medication, so she was more knowledgeable on those details. She was also on a fluid restriction and had a full day of therapy. This created the need for collaboration with the nurse regarding her fluids. With the time frames that I had I ensured to answer all her questions, answer her call lights, complete all assessments, and create that therapeutic relationship. My goal is to continue this strength, and I plan to do this by ensuring that if I have a free break to check up on my patients and provide them with anything that they may need in a timely manner.

Week 5 (7b): An area of improvement during this clinical for me was navigating through my patient's chart. When looking at the whole picture of my patient including their background, history, provider notes, diagnostic tests, etc. I find it hard to understand all the information when navigating through it all. Especially the diagnostic test and provider notes. It can be hard to understand what is being said and what it means in regard to my patient. My goal is to get better at understanding the information provided when going through my patients chart to receive all the information needed. I plan to do this by ensuring that I give myself allotted time each clinical to practice navigating through the chart. Along with reading and writing down the notes and testing, to then research the information provided to gain an understanding of my patient's full picture.

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: Isabella Riedy								
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:** 1/8 or 1/9/25	**Date:** 1/8 or 1/9/25	**Date:** 1/10/25	**Date:** 1/15 or 1/16/25	**Date:** 1/15 or 1/16/25	**Date:** 3/10 or 3/11/25
Evaluation:	S	S	S	S	S	S	S	
Faculty/Teaching Assistant Initials	RH	RH	RH	RH	RH	RH	RH	
Remediation: Date/Evaluation/Initials	N/A	N/A	N/A	N/A	N/A	N/A	N/A	

*Course Objectives

Comments:
Week 1
(Insulin)- You were able to correctly prepare an insulin pen and administer subcutaneous insulin. Insulin requirements were accurately identified and calculated through the corrective scale and carbohydrate coverage orders. MD
(Assessment)- You were able to satisfactorily demonstrate the Basic Head to Toe Assessment during lab. KA/RH
(IV Math)-You satisfactorily participated in the IV Math learning session on 1/7/25 as well as the assigned IV Math practice questions and the IV Math Application lab on 1/9/25. 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. RH

Week 2
(Trach Care & Suctioning) - During this lab, you satisfactorily demonstrate competence with tracheostomy care and tracheostomy suctioning. DW/RH/NS/SA

(EBP Lab)- You actively participated in the online searching process for evidence-based practice literature, as well as reviewing example articles to determine appropriate selection and information needed when summarizing a research article. KA/LK

Firelands Regional Medical Center School of Nursing
Medical Surgical Nursing 2024
Simulation Evaluations

Simulation Evaluation Performance Codes: **S**: Satisfactory **U**: Unsatisfactory	**Student Name: Isabella Riedy**							
	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