EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2025

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Kayli Collins

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:

ABSENCE (Refer to Attendance Policy)

Skills Lab Competency Tool & Skills Checklists

Simulation, Prebriefing, & Reflection Journals

Nursing Care Map Rubric

Meditech Documentation

Clinical Debriefing

Clinical Discussion Group Grading Rubric

Date	Number of Hours	Comments	Make-up (/Date/Time)

Evaluation of Clinical Performance Tool

Lasater's Clinical Judgment Rubric & Scoring Sheet

Virtual Simulation Scenarios

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**

<div align="center">**PERFORMANCE CODE**</div>

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	MakeUp	Final
Competencies: a. Analyze the involved patho-physiology of the patient's disease process. (Interpreting)			S	S	NA												
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			S	S	NA												
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			S	S	NA												
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			S	NA	NA												
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	NA	NA												
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			S	NA	NA												
g. Assess developmental stages of assigned patients. (Interpreting)			S	NA	NA												
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		S	S	NA												
Indicate your clinical site as well as your patient's age and primary medical diagnosis in this box weekly.	Meditech, FSBS, IV Pump Saccione		5T, 61, R quad tear. repaired	DH and IC	NA												
Instructors Initials	DW		RH	DW													

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

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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: 1(c, d, e) This week you did a great job of discussing your patient's pathophysiology of their illness 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	NA	NA												
b. Conduct a fall assessment and implement appropriate precautions. (Noticing)			S	NA	NA												
c. Conduct a skin assessment and implement appropriate precautions and care. (Noticing)			S	NA	NA												
d. Communicate physical assessment. (Responding)			S	NA	NA												
e. Analyze appropriate assessment skills for the patient's disease process. (Interpreting)			S	NA	NA												
f. Demonstrate skill in accessing electronic information and documenting patient care. (Responding)	S		S	S	NA												
	DW		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 change a dressing on your patient's abdominal wound on Wednesday and a leg wound on Thursday. You were able to communicate any abnormalities in your assessment to myself and the nurse. You charted all your findings in the EHR appropriately. RH

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies: a. Perform standard precautions. (Responding)	S		S	S	NA												
b. Demonstrate nursing measures skillfully and safely. (Responding)	S		S	NA	NA												
c. Demonstrate promptness and ability to organize nursing care effectively. (Responding)			S	NA	NA												
d. Appropriately prioritizes nursing care. (Responding)			S	NA	NA												
e. Recognize the need for assistance. (Reflecting)			S	NA	NA												
f. Apply the principles of asepsis where indicated. (Responding)	S		S	S	NA												
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)			S	NA	NA												
i. Identify the role of evidence in determining best nursing practice. (Interpreting)	S		S	S	NA												

j. Identify recommendations for change through team collaboration. (Reflecting)			S	NA	NA											
	DW		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 their ADLs all while keeping safety in mind. You also were able to prioritize your day and organize your day in a way that allowed you to get all things done in a timely manner. You did great working around and with all the various therapies your patient had this week. 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	NA	NA												
l. Ensure patient safety through proper use of EHR, IV flow sheet, and BMV. (Responding)			S	NA	NA												
m. Calculate medication doses accurately. (Responding)			S	NA	NA												
n. Administer IV therapy, piggybacks, IV push, and/or adding solution to a continuous infusion line. (Responding)			S	NA	NA												
o. Regulate IV flow rate. (Responding)	S		NA	NA	NA												
p. Flush saline lock. (Responding)			S	NA	NA												
q. Monitor and/or discontinue an IV. (Noticing/Responding)			~~NA~~ S	NA	NA												
r. Perform FSBS with appropriate interventions. (Responding)	S		NA	NA	NA												
	DW		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-n, o, q) You did great with your medication administration this week. You identified all medications and were able to provide me with detailed information about each medication, why the patient was getting the medications, and what to look for after administering the medications. You performed all checks prior to administration. You were organized and diligent while administering medications. You were able to scan all medications in the EMAR and chart them appropriately. You administered PO, SubQ, IV push, and topical medications this week. I changed (3q) to "S" because you did monitor your IV that your patient had on Wednesday. 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	NA												
b. Communicate professionally and collaboratively with members of the healthcare team using hand-off communication techniques. (SBAR) (Responding)			S	S	NA												
c. Report promptly and accurately any change in the status of the patient. (Responding)			S	NA	NA												
d. Maintain confidentiality of patient health and medical information. (Responding)			S	S	NA												
e. Consistently and appropriately post comments in clinical discussion groups. (Reflecting)			S	S	NA												
f. Obtain report, from previous care giver, at the beginning of the clinical day. (Noticing)			S	NA	NA												
g. Provide a clear, organized hand-off report to your patient's next provider of care. (Responding)			S	NA	NA												
			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 Infection Control discussion this week. Your discussion was thorough and backed by evidence from Davis's Diseases & Disorders. Overall, good job with your APA formatting; just one suggestion: 1. When you are citing a reference within your text, only the author's last name is used, not the first initial- for example (Sawyer Sommers, 2023). DW

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	NA	NA												
b. Utilize appropriate termino-logy and resources (Lexicomp, UpToDate, Dynamic Health, Skyscape) when providing patient education. (Responding)			~~S~~ NI	NA	NA												
			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 5a- A teaching need for my patient was to not get frustrated or discouraged when he couldn't do one of the therapies during his sessions. This is necessary because he has a history of depression and anxiety and I want to keep him from falling back into one of these episodes. This is a good educational need, but what resource did you use for this? You only addressed 5a here, and 5b is asking for the resource you used. Note that in the future, this will be marked as a "U", but since it is the first week, I will put NI so you can review the competency closer. RH

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	NA												
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~~ NI	NA	NA												
			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 6b- My patients SDOH were financial and transportation related. How did you correlate these to his care? Did you provide resources to assist with these? 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	NA												
b. **Reflect on an area for improvement and set a goal to meet this need.** (Reflecting)**	S		S	~~S~~ U	S												
c. Demonstrate evidence of growth, initiative, and self-confidence. (Responding)	S		S	S	NA												
d. Follow the standards outlined in the FRMCSN Student Code of Conduct Policy. (Responding)	S		S	S	NA												
e. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions. (Responding)	S		S	S	NA												
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (Responding)	S		~~S~~ NI	S	NA												
g. Demonstrate the ability to give and receive constructive feedback. (Responding)	S		S	S	NA												
h. Actively engage in self-reflection. (Reflecting)	S		S	S	NA												
	DW		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:

7a week 1: I feel a strength I had was I was able to pick up on the new skills relatively easily and was still confident in the skills I learned from Nursing Foundations. Great! Was there a one specific skill you felt most confident in (one new and one old)? DW

7b week 1: An area of improvement I noticed was that I had a very difficult time doing manual drip rates on the IV pumps. The biggest problem I had was counting for the first 15 seconds, I think I was looking on the clock wrong. In order to fix this I will keep practicing with a clock that has a second hand so I can confidently count the full 15 seconds and again with 60 seconds. Kayli, this is a great idea and one that I would consider freshening up on at regular intervals. This skill is not required on a daily basis in the clinical setting, so the time will come that you need it when you are least expecting it, but you will be prepared. Keep up the great work! DW

7a week 3: I feel a strength I had was being very personable with both my patients on 5T. I was able to sit and talk with them and learn things about them that you cannot find in your charts. I think this made them feel more welcoming to me providing care. You did a great job communicating and making your patients feel comfortable with you. RH

7b week 3- A weakness I had was organization. I felt I was bouncing around between assessments, therapy, med passes, etc. I need to work on scheduling enough time for every part of patient care so that I don't feel rushed and so the patient doesn't feel anxious or nervous. I will practice this in my everyday life by balancing enough time for studying, homework, work, and relationships. This can be difficult on the rehab floor due to the always changing therapy schedule. I encourage you to continue balancing your time in your personal life, but also giving yourself some grace since this floor is a bit different than a traditional floor of a hospital. RH

Week 3: (7f) This was changed to NI due to you initially turning in the wrong format for the tool. Please remember for future tools to turn in a word document so we are able to provide feedback to you. RH

7a week 4: I feel a strength I had was being confident in what I knew about caring for patients pre and post-op and being able to ask questions for both IC and DH. Love the confidence! DW

7b week 4: A weakness I had was not being as confrontational as I should have been. During IC I knew me and my partner were running out of time but I chose not to say anything. During DH I should've asked the staff again if they were ready for us instead of sitting and waiting since it caused us to start a little late. I appreciate the reflection here, Kayli! Advocating for yourself while you are learning and growing can be challenging, yet necessary. With that said, may a suggest a slightly different approach to your wording? Instead of being confrontational (which no one really likes to be), maybe you would want to be more "assertive" in pointing out the start time. Do you see the difference here…one seems a little less aggressive and more professional? Now, how can you set a goal to improve in this area? I don't see that you've mentioned what you want to do, how often you want to do it and when you want to do it by, as required for 7b. Unfortunately, this will result in a U for 7b. Sometimes you need to think outside of the box in order to create change. Additionally, it is important that when you identify a gap or opportunity for improvement that you actually work to improve it in real time, instead of just waiting for another opportunity to present itself and hoping that you respond differently. If you want to work on being more assertive, maybe you could take an active role in organizing and leading a group project that you have in this course and not waiting for one of your other group members to initiate discussion- completing this at least 2 weeks before the project deadline (or) maybe it's a matter of introducing yourself to 3 new people in the clinical setting that you normally wouldn't have even addressed as a way to take yourself out of your comfort zone- completing this during the next two clinical experiences. Lastly, please review the directions on p. 1 of this document for requirements in addressing this U. You must include a comment below on how you have/will improve the U for the next week of clinical. Failure to do so will result in a continued U until completed. Please let me know if you have any questions. DW

7b correction: I will incorporate being more assertive and stepping out of my comfort zone throughout class projects and clinicals. Ways I will do this is through the EBP Poster project, I will reach out to my group early and set up a time for a us to meet to get the project done before the due date. This is something that I have been doing throughout the semester but in continuing to do this I believe I will gain more confidence in myself for future group assignments. In the clinical setting I will try and talk to more people working instead of just the nurse that I'm paired with for the day. These other people may be other nurses, doctors, wound care, etc. By doing this I feel I will gain more confidence throughout this course and clinicals.

Week 4 (7f)- Kayli, I understand you've been having issues related to submission of your clinical tool and I appreciate you communicating that to me. With that said, in the future, the tool will be considered late if it is not submitted by the deadline. In order to avoid a U, please submit the correct version of the tool in a timely manner and communicate before the deadline if you are having issues with the formatting. It sounds like you've gotten everything straightened out and that's great, but I just wanted to give you a heads up in case this happens again. DW

	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)**		
	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	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**		

	Criteria	3	2	1	0	Points Earned	Comments
R e	individualized and realistic						
Reflecting	13. An appropriate rationale is included for each intervention	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**		
	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:**

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)**		
	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	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**		

		Criteria	3	2	1	0	Points Earned	Comments
R e		individualized and realistic						
		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:**

Student name: Kayli Collins								
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:** 1/8/25	**Date:** 1/8/25	**Date:** 1/10/25	**Date:** 1/15/25	**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	DW	NS	RH	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 1/8/25. KA/DW/HS/SA
(Lab Day)- You satisfactorily completed the mandatory lab review of nursing foundational skills. This was achieved through simulating care for a patient in a scenario requiring competency in assessment, communication, medication administration (including PO and IM injection), nasogastric tube insertion and removal, patient mobility and hygiene, use of PPE for Contact Isolation, wound care, foley insertion and removal, development of nursing notes, and providing SBAR hand-off report. NS/MD/RH

(IV Skills)- You have satisfactorily completed IV lab including a saline flush, IV push medication administration with reconstitution, priming and hanging a primary and secondary IV solution, adjusting a flow rate to run by gravity, discontinuing IV therapy, and monitoring the IV site for infiltration and signs of complications. DW

Week 2
(Trach Care & Suctioning) - During this lab, you satisfactorily demonstrate competence with tracheostomy care and tracheostomy suctioning. DW/RH/NS/SA
(EBP Lab)- You actively participated in the online searching process for evidence-based practice literature, as well as reviewing example articles to determine appropriate selection and information needed when summarizing a research article. KA/LK

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

Simulation Evaluation Performance Codes: **S**: Satisfactory **U**: Unsatisfactory	**Student Name: Kayli Collins**							
	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