

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

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

Student:

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:			S	S	S												
a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting)			S	S	S												
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			S	S	S												
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			S	S	S												
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			S	S	S												
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	S	S												
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			S	S	S												
g. Assess developmental stages of assigned patients. (Interpreting)			S	S	S												
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		S	S	S												
	Indicate your clinical site as well as your patient's age and primary medical diagnosis in this box weekly.	Meditech, FSBS, IV Pump Sessions	3T, 75; intoxication, humerus fracture, & subarachnoid hemorrhage	5T, 72; L Knee Hemarthrosis	5T, 50, Guillain-Barre Syndrome												
Instructors Initials	MD	MD	HS	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 3- (1 a, b, c, d, e)-Great job this week! This week you did a great job discussing your patient's pathophysiology of their illness. You were also able to review the diagnostics and discuss how they correlated with the patient's diagnosis. You were able to discuss the importance of the medications that your patient was taking and how they impacted the plan of care. HS

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:			S	S	S												
a. Perform inspection, palpation, percussion, and auscultation in the physical assessment of assigned patient. (Noticing)			S	S	S												
b. Conduct a fall assessment and implement appropriate precautions. (Noticing)			S	S	S												
c. Conduct a skin assessment and implement appropriate precautions and care. (Noticing)			S	S	S												
d. Communicate physical assessment. (Responding)			S	S	S												
e. Analyze appropriate assessment skills for the patient's disease process. (Interpreting)			S	S	S												
f. Demonstrate skill in accessing electronic information and documenting patient care. (Responding)	S		S	S	S												
	MD	MD	HS	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 3 (2a-f)- You did a nice job with your assessment as well as documenting it within the electronic medical record. You also did a nice job communicating your findings to the RN. You were also able to discuss your focused assessment and the reasoning behind your decision of focus. HS

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

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

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

Week 3 (3h)- I put N/A because my patient had SCDs, but I had not started them. I assessed them and made sure they were working right but that is it. I changed this to an S because you reviewed the order and understood the plan for DVT prophylaxis, the patient then got up to the chair in which she would not have worn the SCD's while up. HS

Week 3 (3 c, d, e)- You were able to prioritize your care for the day and adjust when necessary based on changes that occurred during the day. You were available to help others when needed, and ask for assistance when needed. HS

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:			S	S	S												
k. Administer PO, SQ, IM, or ID medications observing the rights of medication administration. (Responding)			S	S	S												
l. Ensure patient safety through proper use of EHR, IV flow sheet, and BMV. (Responding)			S	S	S												
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	S	N/A												
q. Monitor and/or discontinue an IV. (Noticing/Responding)			N/A S	S	N/A												
r. Perform FSBS with appropriate interventions. (Responding)	S		S	N/A	N/A												
	MD	MD	HS	MD													

**Evaluate these competencies for the offsite clinicals:

DH: N/A

IC: N/A

ECSC: N/A

Comments:

Week 1 (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, l, m)- You did a nice job with medication administration this week! You were able to administer several PO medications that needed to be crushed. You followed the rights of medication administration and completed all checks prior to administering. You were able to research each medication and answer all questions related to the medications. (3q)- You monitored the IV site with the LR infusing during the shift. HS

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:			S	S	S												
a. Integrate professionally appropriate and therapeutic communication skills in interactions with patients, families, and significant others. (Responding)			S	S	S												
b. Communicate professionally and collaboratively with members of the healthcare team using hand-off communication techniques. (SBAR) (Responding)			S	S	S												
c. Report promptly and accurately any change in the status of the patient. (Responding)			S	S	S												
d. Maintain confidentiality of patient health and medical information. (Responding)			S	S	S												

e. Consistently and appropriately post comments in clinical discussion groups. (Reflecting)			S	S NI	S												
f. Obtain report, from previous care giver, at the beginning of the clinical day. (Noticing)			S	S	S												
g. Provide a clear, organized hand-off report to your patient's next provider of care. (Responding)			S	S	S												
	MD	MD	HS	MD													

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

Comments:

Week 3 (4e)-Nice job on your CDG this week! You were able to select an EBP article that pertained to the patient that you provided care for. You were able to turn in your CDG on time, have the adequate word count for both posts, and you were able to provide to the conversation with the information you gave! You also had a reference and an in-text citation for both your initial post and peer response. However, when including an in-text citation please refer to the APA formatting examples. You included an in-text citation however you did not format it correctly. Please let me know if you have questions. HS

Week 4 Rehab Clinical Objective 4 E: For clinical this week you provided an initial CDG that was satisfactory per the CDG rubric. In this CDG, you provided information that was interesting and detailed that related to your patient. The reference and in-text citation you provided were provided for the initial post, however you did not provide an in-text citation for your peer response leading to a needs improvement for this competency. 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:			S	S	S												
a. Describe a teaching need of your patient.** (Reflecting)			S	S	S												
b. Utilize appropriate terminology and resources (Lexicomp, UpToDate, Dynamic Health, Skyscape) when providing patient education. (Responding)			S	S	S												
	MD	MD	HS	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 (5a&b)- My patient needed education on substance dependence and alcohol intoxication. This can be taught by recommending support groups, therapy's, other treatment options available, and having family actively participate in this intervention. This was necessary for the patient's safety and for the safety of others, so much can be caused or effect people from being intoxicated. My patient came in with a fall due to her drinking habits and what is had done, she then went through withdraw right before being discharged, and her mental status changed which made her stay awhile longer. Proper education and teachings were given to her from Skyscape and I had her teach back to me and nod to know she understood. **That was definitely an appropriate teaching need for her. Outpatient resources will definitely be important as well as family support. HS**

Week 4 (5a&b)- My patient needed education on reducing the swelling in her legs, minimizing the pain, and increasing her ROM. This can be taught by PT, OT, everyone on her clinical team, and her support person which is her husband. She is strongly encouraged and determined to get all her abilities back at a reasonable pace. So far, she is making great progress in the little time she's been on the Rehab floor. Skyscape was used to help guide me in the right direction to educate her to help her progress her ADLS. I taught her to keep her leg elevated as much as possible and to ice it if needed. Before I left, I had suggested we put a pillow under her knee to see if that would aid in her pain and swelling. The doctor recommend she put ACE wrap on it to help reduce the inflammation and swelling, and she really seemed to enjoy and love everything we were doing to help. I knew that she understood because she would repeat back to me what had been said and would actively ask me questions. **Great job! MD**

Week 5 (5a&b)- My patient needed education on the use of his incentive spirometer and increasing his physical mobility. This should be taught by the doctors, nurses, PCTs, PT, and OT because anyone can encourage getting up to the chair, walking to the bathroom, performing ADLs, and taking deep breaths to increase lung expansion. He was given the incentive spirometer but told me that nobody heavily encouraged it. I had asked him if he's been using it and he responded, "nobody has ever asked me that but you", and said he has not been using it. With Guillain-Barre, he should be using it as much as possible because his lungs could potentially stop from it and or from the meds he is on. I used skyscape and the information that was provided in class when taught that content. He should be using it every 1-2 hours, 10-15 times a day while awake. I knew he understood and thought about it when he said he should be using it but wasn't reminded. I could see that he knew and understood what I was saying to him about it.

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
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a. Develop and implement a priority care map utilizing the nursing process and clinical judgment. (Noticing, Interpreting, Responding, Reflecting)			N/A	N/A	S												
b. Identify factors associated with Social Determinants of Health (SDOH) &/or cultural elements that have the potential to influence patient care.** (Noticing, Interpreting, Responding, Reflecting)			S	S	S												
	MD	MD	HS	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 3 (6b)- Based on my patient’s health and what had potentially caused her to get how she did, would be economic stability. I say this because in her history and what has been said in report, she drinks about a bottle of wine per night. Wine is not the cheap, so with her addiction to wine the cost of things will add up and potentially be a cause of why she can’t or won’t get the patient care she needs. After her fall, she had told her husband not to call the ambulance even with what had been broken because of it. **Yes, economic stability could be a concern for her regarding her being able to afford her medications or co-pays for provider visits. HS**

Week 4 (6b)- My patient came into the ER because her left knee started hurting suddenly when she went to get out of bed. She could not move so she had her husband call 911. During therapy, she had complaints about her right knee giving out and how she felt multiple times because of it. So, for her, I would say housing and the ability to perform ADLs without falling or stumbling would be relevant to her care. It is very important for her to rehabilitate her knees enough so she can get back to doing what she normally does at home. **Great job identifying SDOH! MD**

Week 5 (6b)- My patient came into the ER from being discharged from Fisher-Titus, with weakness, functional decline, and back pain. After diagnostic testing, he was diagnosed with Guillain-Barre syndrome, which is an autoimmune disorder that attacks the peripheral nervous system. For the SDOH, I would say socioeconomic stability due to the availability for care and therapy because he lives near Wakeman/New London area. Living that far is what makes it hard for the care further given for follow ups and visitation from his family while still in the hospital. This could fall into the healthcare aspect because it is very limited from where he lives. Also, his ability to perform ADLs from the recent diagnoses could further complicate things depending on how well he recovers. His ability to get himself ready, drive, and work could be significantly impacted without proper therapy and determination. That could then lead to financial stability if he can’t perform well for work from not having all his capabilities back, and that could further lead to slow money flow depending on his wife but that would still be limited with travel and medical expenses.

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 U		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												
	MD	MD	HS	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 (7a and 7b): This week, I had trouble in remembering steps during our skills lab the first week of class since we have been on break. In the future, I will look over every checkoff and resources needed to help me succeed moving forward. This is a great area of improvement and goal. You are receiving an unsatisfactory due to not providing a strength for 7A. Please respond to this with a strength and how you will be sure to address 7A in the future. MD

Week 1&2 (7A) My strength was performing a basic head-to-toe assessment satisfactorily after just coming back from break. HS

Week 3 (7a&7b)- This week, a strength of mine was performing and documenting my assessments in a timely manner. HS A weakness that I would have to say is finding fetal (pedal?) pulses because it was very hard for me to find the pulses without using a doppler. I need to try harder to find the weak pulses to better myself as a student nurse and nurse in the future. A goal of mine in doing so, is to practice finding pulses on my family and anyone willing to allow me to. Yes, it can be challenging finding pedal pulses. That is a great plan to practice on family members, however you can always use the doppler when you are uncertain. HS

Week (7a & 7b) An area of strength would be forming a caring and respectful bond with my patient. She was very pleased with how attentive I was and enjoyed the company while in therapy and in the room. We would talk about events happening in her life every time I would go in there and she would always ask questions for me to answer. An area of improvement would be to increase my involvement with the therapy my patient is involved in and not just sitting there looking helpless. A goal for that is to make sure I put myself out there and to help in any way I can, no matter the location. Awesome! You absolutely developed a wonderful caring and respectful bond with your patient! I also think your area of improvement is great too! MD

Week 5 (7a&7b)- A strength this week would be learning more and being active in my patient along with his therapy. We played soccer and basketball like games to see how well he can move his legs and how well his reflexes are. An area of improvement would be time management and being more open/useful when there is more free time than expected. I am normally adamant about answering call lights and restocking what is needed to be. On the floor, it seemed like there wasn't much to be done if you weren't in the patient's room. In the future, I will try to make myself useful by asking the nurses and getting more familiar with the staff along with the floor.

Student Name:		Course Objective:					
Date or Clinical Week:							
Criteria		3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)		
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)		
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)		
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	5. State the goal for the top nursing priority.	Complete			Not complete		
	6. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	7. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)		
	8. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)		
Responding	9. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	10. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete		
	11. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete		
	12. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete		

Criteria	3	2	1	0	Points Earned	Comments
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	13. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete		
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete		
	15. Evaluation includes one of the following statements: <ul style="list-style-type: none"> • Continue plan of care • Modify plan of care • Terminate plan of care 	Complete			Not complete		

<p>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.</p>	
<p>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:</p>	<p>Total Points:</p> <hr/> <p>Faculty/Teaching Assistant Initials:</p>

Student Name:		Course Objective:					
Date or Clinical Week:							
Criteria		3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)		
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)		
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)		
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	5. State the goal for the top nursing priority.	Complete			Not complete		
	6. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	7. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)		
	8. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)		
Responding	9. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	10. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete		
	11. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete		
	12. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete		

Criteria	3	2	1	0	Points Earned	Comments
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	13. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete		
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete		
	15. Evaluation includes one of the following statements: <ul style="list-style-type: none"> • Continue plan of care • Modify plan of care • Terminate plan of care 	Complete			Not complete		

Reference
An in-text citation and reference are required.
The care map will be graded “needs improvement” if missing either the in-text citation or reference, but not both.
The care map will be graded “unsatisfactory” if both in-text citation and reference are not included.

<p>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.</p> <p>***Students that are not satisfactory after 2 attempts will be required to meet with course faculty for remediation. ***</p> <p>Faculty/Teaching Assistant Comments:</p>	Total Points:
	Faculty/Teaching Assistant Initials:

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

Student name:								
Skills Lab Competency Evaluation	Lab Skills							
	Week 1	Week 1	Week 1	Week 1	Week 1	Week 2	Week 2	Week 9
	Insulin (2,3,5,7)*	Assessment (2,3,4,5,7)*	IV Math Application (3,7)*	Lab Day (1,2,3,4,5,6,7)*	IV Skills (2,3,5,7)*	Trach (1,2,3,4,5,6,7)*	EBP (3,7)*	Lab Day (1,2,3,4,5,6,7)*
	Date: 1/7/25	Date: 1/7/25	Date: 1/9/25	Date: 1/9/25	Date: 1/10/25	Date: 1/16/25	Date: 1/15/25	Date: 3/10 or 3/11/25
	Evaluation:	S	S	S	S	S	S	
Faculty/Teaching Assistant Initials	MD	MD	MD	MD	MD	MD	MD	
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	

*Course Objectives

Comments:

Week 1

(Insulin)- You were able to correctly prepare an insulin pen and administer subcutaneous insulin. Insulin requirements were accurately identified and calculated through the corrective scale and carbohydrate coverage orders. MD

(Assessment)- You were able to satisfactorily demonstrate the Basic Head to Toe Assessment during lab. KA/RH

(IV Math)-You satisfactorily participated in the IV Math learning session on 1/7/25 as well as the assigned IV Math practice questions and the IV Math Application lab on 1/9/25. KA/DW/HS/SA

(Lab Day)- You satisfactorily completed the mandatory lab review of nursing foundational skills. This was achieved through simulating care for a patient in a scenario requiring competency in assessment, communication, medication administration (including PO and IM injection), nasogastric tube insertion and removal, patient mobility and hygiene, use of PPE for Contact Isolation, wound care, foley insertion and removal, development of nursing notes, and providing SBAR hand-off report. NS/MD/RH

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

Week 2

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

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

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

<u>Simulation Evaluation</u>	Student Name:							
	Performance Codes: S: Satisfactory U: Unsatisfactory	vSim- Vincent Brody (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	vSim- Juan Carlos (Pharmacology) (*1, 2, 3, 4, 5, 6)	vSim- Marilyn Hughes (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	Simulation #1 (Musculoskeletal & Resp) (*1, 2, 3, 4, 5, 6, 7)	Simulation #2 (GI & Endocrine) (*1, 2, 3, 4, 5, 6, 7)	vSim- Stan Checketts (Medical-Surgical) (*1, 2, 3, 4, 5, 6)	vSim- Harry Hadley (Pharmacology) (*1, 2, 3, 4, 5, 6)
	Date: 1/27/25	Date: 2/10/25	Date: 2/24/25	Date: 2/26 or 2/27/25	Date: 4/9 or 4/10/25	Date: 4/14/25	Date: 4/24/25	Date: 4/25/25
Evaluation								
Faculty/Teaching Assistant Initials								
Remediation: Date/Evaluation/Initials								

* Course Objectives

Comments:

EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2025

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

I was given the opportunity to review my final clinical ratings in each course competency. I was given the opportunity to ask questions about my clinical performance. I have the following comments to make about my clinical performance/final clinical evaluation:

Student eSignature and Date:

11/21/24