EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2025

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Morgan Leber

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)			S	NA	S												
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			S	NA	S												
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			S	NA	S												
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			S	NA	S												
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	NA	S												
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			S	NA	S												
g. Assess developmental stages of assigned patients. (Interpreting)			S	NA	S												
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		S	NA	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		4N, 60 BPH, obstruction & 61 tibia & fibula fx	No Clinical	Rehab, 66, right femoral fx												
Instructors Initials	NS		NS	DW													

****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-h) – You did a nice job this week of making connections related to your assigned patient's disease process, clinical manifestations, and nursing care required. On day one you cared for a patient s/p TURP procedure with a three-way catheter and noted hematuria. You were able to discuss with me the rationale behind the procedure and important nursing considerations in his care. You noted the hematuria in his catheter bag and understood potential complications that could occur. On day 2, you cared for a patient with a traumatic fall resulting in various fracture of the lower extremity leading to an external fixation procedure. You noted the importance of assessing for compartment syndrome and promoting adequate circulation to the impact extremity. For both patients, you were prepared to answer my questions, conducted your own research, and enhanced your clinical judgment. Great job in our discussions and in your nursing care! NS

*End-of-Program Student Learning Outcomes
Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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	S												
b. Conduct a fall assessment and implement appropriate precautions. (Noticing)			S	NA	S												
c. Conduct a skin assessment and implement appropriate precautions and care. (Noticing)			S	NA	S												
d. Communicate physical assessment. (Responding)			S	NA	S												
e. Analyze appropriate assessment skills for the patient's disease process. (Interpreting)			S	NA	S												
f. Demonstrate skill in accessing electronic information and documenting patient care. (Responding)	S		S	NA	S												
	NS		**NS**	**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 2(a,b,c,e) – Good work with your assessments this week, noticing various deviations from normal. Specific to your patient's priority problems, you were able to note hematuria and drainage around the catheter site. You carefully assessed for catheter patency and signs of urinary retention. On day two, you noted increased edema and swelling to the effected extremity. Due to your patient's limited mobility status on day two, you conducted a thorough safety assessment noting your patient was at a high risk for falls. Appropriate interventions were implemented to promote safety and prevent complications of immobility. For both patients, you were prepared to answer questions. You analyzed their disease processes and discussed priority assessments to be performed, included a neurovascular assessment for compartment syndrome. Well done! NS

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

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

Comments:

Week 3 3(b,f,g) – Several nursing skills were performed effectively this week. In each intervention performed, safety measures were observed appropriately. You were able to assist your peer with a packed dressing change, maintaining asepsis throughout. You were able to gain experience discontinuing a foley catheter for this first time, well

done! During the procedure, you maintained asepsis, educated the patient throughout, and safely demonstrated accurate procedure in removing the catheter. Great job! (i) You were able to identify an EBP article that pertained to your patient on day 1 related to continuous bladder irrigation. Nice job correlating the article to your patient and summarizing the findings. NS

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)			NI	NA	S												
l. Ensure patient safety through proper use of EHR, IV flow sheet, and BMV. (Responding)			S	NA	S												
m. Calculate medication doses accurately. (Responding)			S	NA	S												
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)			S	NA	NA												
r. Perform FSBS with appropriate interventions. (Responding)	S		NA	NA	NA												
	NS		**NS**	**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

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): I put needs improvement rather than unsatisfactory because although I accidentally dropped a medication during med pass, I knew what steps I had to take to get a new med and communicated what I would have done differently during that situation. Thank you for providing a comment as to why you evaluated yourself as "NI" in competency a. I appreciate the self-reflection and desire to strive for improvement. Keep in mind, this is a harmless mistake that can happen to anyone, especially

considering some of the interruptions that occurred. However, you are demonstrating accountability and holding yourself to a high standard. You did great with med administration otherwise! NS

Week 3 3(l,m,q) – During medication administration this week you were well-prepared by researching the prescribed medications and answering questions appropriately. You demonstrated knowledge of the medications to be administered, such as the classification, indication, side effects, and nursing considerations. You gained experience administering several PO medications, applied a topical medication patch, monitored a continuous IV line, and documented administration appropriately utilizing the BMV scanner. You were able to identify the correct actions to take when a pill falls on the floor and promoted patient safety. NS

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	NA	S												
b. Communicate professionally and collaboratively with members of the healthcare team using hand-off communication techniques. (SBAR) (Responding)			S	NA	S												
c. Report promptly and accurately any change in the status of the patient. (Responding)			S	NA	S												
d. Maintain confidentiality of patient health and medical information. (Responding)			S	NA	S												
e. Consistently and appropriately post comments in clinical discussion groups. (Reflecting)			S	NA	S												
f. Obtain report, from previous care giver, at the beginning of the clinical day. (Noticing)			S	NA	S												
g. Provide a clear, organized hand-off report to your patient's next provider of care. (Responding)			S	NA	S												
			NS	**DW**													

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

Comments:

Week 3 4(e) – You did a great job with your CDG requirements this week. All areas of the CDG grading rubric were appropriately addressed for a satisfactory evaluation. See my comments on your initial post and response post for more details. A couple tips for future success related to APA formatting: for your in-text citation on your response to a peer, be sure to include the publishing year in addition to the author(s). You stated "Sawyer-Sommers explains…" For proper APA formatting, you would

write “Sawyer-Sommers (2023) explains..” For your initial post, APA formatting overall looked good. When doing a reference, only the first word or words following a colon (:) are to be capitalized. For your article, the title would be typed out as “Efficacy and safety of a self-improved continuous bladder irrigation sensor device in patients after a transurethral resection of the prostate: A prospective study” The rest of the formatting was done correctly, nice job! NS

Week 3 4(a,b) – Your communicating with your patients, their family members, and the health care team was strong this week. You were professional in your interactions, developed a rapport, and utilized therapeutic communication in educating and conversing with your patients. You did well to collaborate with the assigned RN in performing nursing skills. Great job! NS

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	S												
b. Utilize appropriate termino-logy and resources (Lexicomp, UpToDate, Dynamic Health, Skyscape) when providing patient education. (Responding)			S	NA	S												
			NS	**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 (5ab): Education related to the risks of blood clots after a TURP was provided to my patient through discussion. This was necessary because after a TURP, a CBI will flush out everything while the patient is lying in bed, but the first time they get up their urine will be bright red due to the trauma from the surgery. It is important to educate the patient to look out for blood clots when ambulating so ensure there is no risk of catheter blockage. So, I also educated the patient on signs to look for like blood clots, abdominal cramping, and urgency. The teach back method was used to ensure the patient understood. For my second patient, education related to DVT (blood clots in the legs) and voiding importance after her catheter was removed was provided via discussion. Ambulation is necessary for both because of her risk of immobility after her surgery could cause complications of these. She was going to a new facility shortly after I took her catheter out so, I educated her on how important it is for her to tell us or the new facility if she must urinate (especially if it has been 6 hours) because we do not want her holding onto her urine. The teach back method was also used to ensure the patient understood. Excellent reflection on education that was provided this week! I find that educating patients is one of the more challenging things for students to do because you yourself are still learning. It can be difficult to have confidence in what you are teaching on because of uncertainty. However, it appears that you were able to provide relevant and important information to both of your patients this week that can impact their outcomes. Great job utilizing the teach-back method to ensure they had a proper understanding of your discussion. Well-thought out response this week! NS

Week 5 (5ab): Education related to range of motion exercises for after surgery was provided to my patient through discussion and demonstration. This was necessary to help improve my patients range of motion and aid her to get back to baseline. She did an excellent job walking and standing with physical and occupational therapy, but her main problem area was range of motion in her right hip where her femur fracture was. She had a difficult time raising her right leg straight up when she was laying down along with not having much movement trying to mover her right leg to the side. To improve this physical therapy was working with her right leg range of motion on the lay down mats. This gave me an idea to provide education as to why these exercises are important and the benefits to them. Multiple patient education packets were printed from Lexicomp, such as, lower and upper extremity ROM exercises and they were given to the patient. My idea for these packets were to provide a resource to the patient for when she was discharged to have examples to look at, at home, in case she forgot. The teach back method was used to ensure teaching was understood.

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)			S	NA	S												
			NS	**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): The second patient I had, had a traumatic brain injury when she was younger due to a car accident so she would talk "baby like". Although she understood concepts and teaching, our approach to said teaching had to be modified due to her head trauma. She had no support system; she had a caregiver but that was it and she was waiting on placement for rehab before her next surgery. So, her lacking a support system, at risk for lack of knowledge, and not being able to care for herself influences her quality of care. Good thoughts on SDOH this week! Her mental capacity as a result of the traumatic brain injury certainly could pose a risk for her health status. She experienced a traumatic fall with significant injuries that will require a lot of health care visits and follow ups. Her lack of support system and education level for understanding could result in negative outcomes. Think to yourself what interdisciplinary team member would be vital for her throughout her course of treatment (case management). We as nurses can collaborate to ensure her needs are met and advocate when needed. NS

Week 5 (6b): My patient was a nurse, so she was extremely knowledgeable, but she was from home alone and cared for a family member as well. Due to her fracture, she will have limited mobility when going home so ADLs may look different for her, meaning her living situation will have to change. She lives at home alone and without someone else there to help her perform ADLs for at least a couple of weeks after discharge can put her at an increased risk for falls. She will not be able to work so her income may take a toll for the time being not just because she is in the hospital and having to pay hospital bills but also because of not working. She also explained that she is paying someone to take care of her dogs while she is in the hospital so that also affects her income as well. My patient also explained that although she lives in a one-story house, she has to climb 5 steps to get in and out, while that may not seem like a lot, there is only one side rail which makes walking up the stairs more difficult especially with a fractured femur. So, her living conditions and changes in income can affect her patient care as well as her life when she gets to go home.

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

****Evaluate these competencies for the offsite clinicals:** **DH: All** **IC: All** **ECSC: All**

****7a and 7b: You must address these competencies in the comments section after each clinical experience. Please write a different comment each week. Remember that a goal includes what you will do to improve, how often you will do it, and when you will do it by (example- "I had trouble remembering to do the three checks of the six medication rights prior to administering medications. I will review the six rights and medication administration content in the textbook twice before the next clinical. Additionally, I will request to meet with my clinical faculty member to practice preparing and administering at least three medications before the next clinical."**

Comments:

Week 1 7a: My area of strength for this week was time management because I came prepared the first week by completing all the lessons due for that week prior to when we came back, I believed this allowed me to grasp the skills quickly and understand the information before coming into class. These first two weeks will certainly challenge your ability to manage time effectively. I am glad to hear that this was a strength of

yours and allowed you time to learn the various new skills presented. Time management is one of the most important skills a nurse can have, which is in part why nursing school curricula is so demanding. It seems that you are off to a great start this semester, keep up the hard work! NS

Week 1 7b: An area of improvement for this week was forgetting to aspirate before giving an IM injection to look for blood during the nursing foundations skills review day. To fix this I will go over the steps of performing an IM injection three times, more if needed, before my first clinical. Good thoughts! This skill was learned during your first semester with limited opportunities to practice/perform in the clinical setting. We purposely include this in the week 1 lab to allow students the opportunity to review the steps and gain more confidence. I think your plan for improvement will allow you to feel more confident moving forward! NS

Week 3 7a: My area of strength this week would be asking questions when I did not know the answer, or something was unfamiliar to me. I always get nervous to ask questions, but I know that is how I will become more confident and clinical this week showed me new topics that I did not know about, and I was intrigued to learn about them. Yes! Please never hesitate to ask questions, that is your best avenue for learning. Nurses must possess a spirit of inquiry. Having that desire to learn more, make connections, and develop a deeper level of understanding will serve you well. Always remember you are learning, and always will be learning in the nursing profession. Research, question, lean on others with more experience, all to improve your critical thinking and clinical judgement to provide the best care possible. Awesome strength to note! NS

Week 3 7b: An area of improvement for this week is to not stress myself out as much during a time of conflict, during my med pass I accidentally dropped a medication which set me back, but PT came in as well and started to work with my patient while I was trying to give medications to her. They put extra unnecessary pressure on me because they also were watching the whole time during my med pass. When I get frustrated or too stressed out, I tend to break down, but in this case, I tried to remain as calm as possible and I did what I had to do to fix my mistake. So, I would say I did better than I usually would, but I think I could use some improvement. This was a good reflection on areas for improvement! I appreciate the self-awareness in this discussion. Nursing innately is a stressful profession. You will have great days and bad days and everything in between. One important aspect of nursing school is developing resilience to stress and learning how to adapt. This is not something that comes naturally and requires practice. I am happy to hear that you were able to remain calm and prevented yourself from breaking down! This will get better with time and confidence in what you are doing, but it sounds like you are on the right track! When reflecting, identifying an area for improvement is the first step. Unfortunately, I had to change this competency to “NI” because a plan for improvement was not included as indicated in the directions. Think to yourself, what can I do outside of the clinical setting to help with controlling emotions in stressful situations? I bet there are some YouTube videos or blogs online from nurses that can help in these situations. In the future for this competency, be sure to include a plan for improvement. Let me know if you have any questions! NS

Week 5 7a: My area of strength for this week was jumping right into new skills, I have never taken staples out before and I felt as though I did well while my instructor was right there with me. I also have Lovenox for the first time and although it is like the subcutaneous injections it had its differences, I felt as though I adjusted well and completed the medication administration like I should. New skills can be intimidating so being able to jump right in and complete this task I felt as if I gain some more confidence.

Week 5 7b: My area for improvement this week is to always look over my documentation, not saying that I always document wrong, but I need to make sure I am clicking the correct information for each assessment finding. To improve on this, I will triple check my documentation each time before walking out of the room on the next clinical and from here on out. I can also ask for my instructors to double check my charting during the next clinical as well as the remaining ones.

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: Morgan Leber								
Skills Lab Competency Evaluation	**Lab Skills**							
	Week 1	**Week 1**	**Week 1**	**Week 1**	**Week 1**	**Week 2**	**Week 2**	**Week 9**
Performance Codes:	**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)*
S: Satisfactory **U**:Unsatisfactory	**Date:** 1/7/25	**Date:** 1/7/25	**Date:** 1/9/25	**Date:** 1/9/25	**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	KA/DW/HS	NS/MD	NS	DW	KA/SA	
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. NS

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/SA

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

Simulation Evaluation Performance Codes: **S**: Satisfactory **U**: Unsatisfactory	**Student Name: Morgan Leber**							
	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