

**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
<b>Kelly Ammanniti</b>	<b>KA</b>
<b>Stacia Atkins</b>	<b>SA</b>
<b>Monica Dunbar</b>	<b>MD</b>
<b>Rachel Haynes</b>	<b>RH</b>
<b>Heather Schwerer</b>	<b>HS</b>
<b>Nick Simonovich</b>	<b>NS</b>
<b>Dawn Wikel</b>	<b>DW</b>

## 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.

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**\*Grey shaded boxes do not need a student evaluation rating or faculty/teaching assistant initials.**

Date	Care Map Top Nursing Priority	Evaluation & Instructor Initials	Remediation & Instructor Initials	Remediation & Instructor Initials
1/31/25	Impaired Skin Integrity	S KA	NA	NA

Note: Students are required to submit two satisfactory care maps over the course of the semester. If the care map is not evaluated as satisfactory upon initial submission, the student must revise the care map based on instructor feedback/remediation and resubmit. A maximum of two remediation attempts will be provided for a single care map and if still unsatisfactory, the student will be required to start fresh and initiate a care map on a new patient. At least one care map must be submitted prior to midterm.

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**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
<b>Competencies:</b>			S	S	NA												
a. Analyze the involved pathophysiology 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	S	NA												
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 -83 AKI 83 Influenza A	3t -79 Exasperation of CHF, Cellulitis 79 - 83 Influenza A	Digestive health, Infection control, ECSC												
Instructors Initials	DW		HS	KA													

\*\*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 – 1a, b, c, e– You did a nice job discussing on clinical your patient's disease process and what nursing was doing to help the patient. You were able to discuss symptoms we were monitoring and managing in your patient as well as pertinent labs for your patient diagnosis. You also set a goal for your patient and were able to discuss your patient's work towards meeting that goal. KA

Week 4 – 1d – You did a nice job reviewing all your medications before you administered them to the patient. You were able to discuss the reason why the patient was taking the medication as well as what we were monitoring the patient for. You also were able to discuss what information was needed to determine if the medication should be administered (i.e. blood pressure, pulse). Considering writing a little more when researching your medications to help you answer all questions asked of you easily. KA

**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
<b>Competencies:</b>			S	S	NA												
a. Perform inspection, palpation, percussion, and auscultation in the physical assessment of assigned patient. (Noticing)			S	S	NA												
b. Conduct a fall assessment and implement appropriate precautions. (Noticing)			S	S	NA												
c. Conduct a skin assessment and implement appropriate precautions and care. (Noticing)			S	S	NA												
d. Communicate physical assessment. (Responding)			S	S	NA												
e. Analyze appropriate assessment skills for the patient's disease process. (Interpreting)			S	S	NA												
f. Demonstrate skill in accessing electronic information and documenting patient care. (Responding)	S		S	S	S												
	DW		HS	KA													

\*\*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 – 2a, d – You did a nice job thoroughly assessing your patient and notifying your nurse of any pertinent information. You were able to identify the focused assessment needing to be completed for your patient related to their diagnosis and monitored abnormal assessment findings. KA

Week 4 – 2f – You utilized the EMR to research your patient and determine what care needed to be provided to your patient throughout the day. You also utilized the EMR to research your patient's health history and information related to the patient's current hospital visit. KA

## 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
<b>Competencies:</b>																	
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)			NA	NA	NA												
h. Implement DVT prophylaxis (early ambulation, SCDs, ted hose, administer enoxaparin or heparin) based on assessment and physicians' orders (Responding)			NA S	S	NA												
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												
	DW		HS	KA													

\*\*Evaluate these competencies for the offsite clinicals:

DH: 3a

IC: 3a, f, i

ECSC: 3a, j

### Comments:

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. (3h)- Your patient was up to the chair for early ambulation, therefore I changed this an S. HS

Week 4 – 3b – You had the opportunity to assess your patient’s AV fistula for a thrill and bruit. You did a nice job documenting your findings in the patient’s EMR after you assessed the site for both of these. Nice job! KA

**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
<b>Competencies:</b>			S	S	NA												
k. Administer PO, SQ, IM, or ID medications observing the rights of medication administration. (Responding)			S	S	NA												
l. Ensure patient safety through proper use of EHR, IV flow sheet, and BMV. (Responding)			S	S	NA												
m. Calculate medication doses accurately. (Responding)			S	S	NA												
n. Administer IV therapy, piggybacks, IV push, and/or adding solution to a continuous infusion line. (Responding)			S	S	NA												
o. Regulate IV flow rate. (Responding)	S		NA	NA	NA												
p. Flush saline lock. (Responding)			NA	S	NA												
q. Monitor and/or discontinue an IV. (Noticing/Responding)			S	S	NA												
r. Perform FSBS with appropriate interventions. (Responding)	S		S	S	NA												
			HS	KA													

\*\*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, l, m, n, q)- You did a nice job with medication administration this week! You were able to administer an SQ, and IV push medication. 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. You did a good job researching the oral medications as well, and being prepared to administer them however, the patient decided to wait to take them until she was at home. You did a good job monitoring the site before during and after the administration of the medication. HS

Week 4 – 3k – You did a nice job administering your medications this week. You observed the rights of medication administration and was able to answer all questions about your medications. You had the opportunity to pass PO medications this week. You performed the medication administration process with beginning dexterity. KA

Week 4 – 3q – You did a nice job monitoring your patient’s IV site this week and documenting your assessment in the EMR. Great job! KA

Week 4 – 3r – You demonstrated proper technique when completing FSBS on your patient. You utilized the information received from the monitor to determine the need for insulin utilizing the patient’s prescribed coverage scale. You documented all information correctly in the EMR. KA

**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
<b>Competencies:</b>			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	NA												
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	S												
f. Obtain report, from previous care giver, at the beginning of the clinical day. (Noticing)			S	S	NA												
g. Provide a clear, organized hand-off report to your patient's next provider of care. (Responding)			S	S	NA												
			HS	KA													

\*\*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. Nice job! HS

Week 4 – 4b – You completed the SBAR worksheet and provided your RN with handoff communication related to your patient utilizing the SBAR you developed. You made sure all pertinent information and changes in patient status were communicated to your nurse during hand-off report. You also practiced your SBAR during debriefing and provided an accurate report to your classmates and faculty. KA

Week 4 – 4e – Bri, you did a nice job locating an appropriate article and responding to the CDG questions on the article you found. You were thoughtful with your original response as well as your response to your peer. You included an in-text citation and in both posts. Remember to capitalize the first letter of each word of the title of your journal. Great job! Keep up the nice work! KA

**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
<b>Competencies:</b>			S	S	NA												
<b>a. Describe a teaching need of your patient.** (Reflecting)</b>			S	S	NA												
<b>b. Utilize appropriate terminology and resources (Lexicomp, UpToDate, Dynamic Health, Skyscape) when providing patient education. (Responding)</b>			HS	KA													

**\*\*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-5b) I educated my patient on appropriate areas to administer insulin (such as the abdomen and posterior area of the arms). This teaching was necessary because it was brought to my attention when administering insulin to my patient that he normally administers insulin in the shoulder area of his arm, which is not recommended for insulin injection. I educated the patient on appropriate areas to administer insulin according to Skyscape. **Great job! HS**

Week 4 (5a-5b) I educated my patient on the importance of turning and repositioning every two hours to avoid worsening their skin condition and to prevent the formation of pressure ulcers. This teaching was necessary because my patient had reddening and irritation on their coccyx area from episodes of incontinence and had several other risk factors for skin breakdown such as age, obesity, HTN, and CHF. I explained to my patient why turning and repositioning were necessary and what complications could occur from maintaining pressure on her coccyx area for prolonged periods according to Skyscape. My patient expressed understanding of this teaching and was given answers to her questions regarding the teaching. **This is great education for her, since with her kidney disease and diabetes she is prone to skin break down. I am glad she was receptive to your education. KA**

Week 5 (5a—5 b): This week, during my clinical days in digestive health, infection control, and the Erie County Senior Center, I did not have any patients and, therefore, did not have the opportunity to provide education to any patients.

**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	S	NA												
b. <b>Identify factors associated with Social Determinants of Health (SDOH) &amp;/or cultural elements that have the potential to influence patient care.**</b> (Noticing, Interpreting, Responding, Reflecting)			NA S	S	S												
			HS	KA													

**\*\*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) One social determinant of health that could influence my patient’s care was his social community and access to quality healthcare. These two social determinants of health could influence my patient’s care because his social group and access to healthcare allowed him to have the support and resources available to treat his medical needs. **I changed this to an S because you did address it. However, be more specific in upcoming weeks regarding what you are referring to regarding his social group and access to healthcare. Are you stating he has a good support system? HS**

Week 4 (6b) One social determinant of health that could influence my patient’s care was her social community. My patient’s social community, especially, her husband was able to help in her care at home through managing her home medications, assisting in ambulation, personal hygiene, and providing emotional support. My patient specifically mentioned her husband as her primary social community because she lives at home with him and he takes care of much of her health needs which greatly assists my patient in getting the medical, emotional, and physical care she needs assistance with at home as she is often unable to do these things on her own. **I am glad you were able to discuss how your patient has some social determinants of health that positively affect her overall health and management of her disease process. Nice job!**

**Week 4 – 6a – You satisfactorily completed your care map on your patient this week. Please see comments on the rubric at the end of the tool for details. KA**

Week 5 (6b) While I did not have any patients this week at clinicals, one social determinant of health that could influence the health of the people attending the ECSC was their social circle. By having a large social community along with the resources, the ECSC provides to these individuals, they are able to have healthier mental, emotional, and physical well-being. I noticed that most if not all individuals at the ECSC seemed well taken care of and happy to be able to interact with their peers during lunch and activities.

**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. <b>Reflect on an area of strength. ** (Reflecting)</b>	S U		S	S	S												
b. <b>Reflect on an area for improvement and set a goal to meet this need.** (Reflecting)</b>	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												
	DW		HS	KA													

\*\*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-7b: When practicing giving IM medication, I had trouble remembering not to immediately pull the needle out after injecting the medication. I plan to take an extra few seconds before administering any medications to go through the proper steps instead of rushing through the process to avoid making this mistake in the future. (7a) Unfortunately, you are earning a U for this competency due to omitting a comment on your strength for week 1 and 2. Take a little more time while completing your

tool on a weekly basis, and also consider giving it a double check before submitting to ensure all requirements are complete. This is your first week completing the tool, so don't give yourself a hard time. You will get the hang of it. (7b) Bri, This is a great start to a goal, but I would like to encourage you to make your future goals more actionable in the moment and not waiting for the next opportunity. For example, instead of waiting for the next IM injection, you could pull out your NF Potter & Perry textbook and review the skill twice before your first clinical next week. Do you see the difference between yours and the specific goal that I suggested that creates change and improvement in real time, not just hoping it will be different the next time you attempt the skill. Please make all future goal statements like this to avoid any unnecessary NI's or U's in this competency. DW

(7a) I received a "U" in this competency for failing to reflect on one strength for weeks 1 and 2. I plan to avoid this in the future by taking more time to review my comments on my clinical lab tool to make sure all areas are filled out appropriately. As for weeks 1 and 2, I feel that one strength I demonstrated was being able to accurately determine the amount of insulin needed to be injected in the lab and injecting it appropriately. HS

Week 3 (7a-7b) One area of strength I would like to reflect on from this week was that I demonstrated how to administer an IV-push medication and insulin appropriately after determining the indications, side effects, contraindications, dose, and nursing considerations. One area I would like to improve on from this week is being more confident in my medication administration. I plan to improve on this area by going over my checklists and notes on medication administration at least twice before my next clinical. Sounds like a good plan! HS

Week 4 (7a-7b) One area of strength I would like to reflect on from this week was, I feel that I was able to connect with both of my patients on a more personal level and in turn was able to incorporate their personal beliefs and opinions into the care I provided to them. By being able to connect to my patients they seemed to be in a more positive mood and in one instance more willing to participate in their care. One area I would like to improve on from this week is incorporating my assessments and interventions together to provide more efficient care and making fewer trips into my patient's room to complete my care. I plan to improve on this area by looking at the interventions and assessments I need to make before entering the patient's room to decide which interventions and assessments can be completed in the same trip into their room. Terrific idea! This will also allow you to ensure all supplies are gather before entering the room making the time you spend with your patient more organized helping to improve your efficiency. This is a skill that does come time. I know you will get there. KA

Week 5 (7a-7b) One area of strength I would like to reflect on from this week is, that I feel that I have gained a much better understanding of infection control patient precautions, which illnesses or diseases require which precautions, and what PPE should be used when caring for those patients to avoid spreading the infection to others. One area I would like to improve from this week is my organizational skills. This week I felt very overwhelmed with my school and work schedule which has caused me to fall behind on some of my school assignments. I plan to prevent this in the future by making a more detailed planner that includes due dates, test days, clinical days, where my clinicals are, and the supplies I will need for my clinical days. By making a more detailed planner, I will be more prepared for lectures and clinical days and avoid missing any deadlines.

Student Name: Brianna Dobias		Course 6					
Date or Clinical Week: 4		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	You did a nice job completing the noticing section and including pertinent assessment findings, lab/diagnostics, and risk factors for your patient. Remember to include at least 7 positive assessments. I know your patient did have more positives including being on oxygen. I know you did not look at your patient's wounds because they were covered, but you would want to include wound appearance if you knew what it was. Outside of this you did a great job on this section. KA
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)	3	
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	You list all pertinent nursing priorities and highlighted the highest nursing priority. You highlighted pertinent findings in the noticing section that related to your nursing priority. You established a relevant goal for your nursing priority. You wrote 3 complications and related signs and symptoms that the nurse would assess for related to your nursing priority. KA
	5. State the goal for the top nursing priority.	Complete			Not complete	3	
	6. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	7. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	3	
	8. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)	3	
Responding	9. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	You did a nice job writing nursing interventions for your nursing priority that were relevant, prioritized, included frequencies, individualized, realistic, and included rationales. Remember when timing your education it can be on admission, before discharge, daily, or prn. KA
	10. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	11. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
	12. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	3	

Criteria		3	2	1	0	Points Earned	Comments
	13. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete	3	
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	You did a nice job reassessing all your highlighted findings in your noticing section and identifying you would discontinue the plan of care due to your patient being discharged. KA
	15. Evaluation includes one of the following statements: <ul style="list-style-type: none"> <li>Continue plan of care</li> <li>Modify plan of care</li> <li>Terminate plan of care</li> </ul>	Complete			Not complete	3	

**Reference**

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

Total Possible Points= 45 points  
45-35 points = Satisfactory  
34-23 points = Needs Improvement\*  
< 23 points = Unsatisfactory\*  
**\*Total points adding up to less than or equal to 34 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.**  
  
**\*\*\*Students that are not satisfactory after 2 attempts will be required to meet with course faculty for remediation. \*\*\***  
  
**Faculty/Teaching Assistant Comments: Bri, you satisfactorily completed your care map. See comments above for areas to consider in the future when you are completing your next care map. Nice work! KA**

**Total Points: 44/45**  
  
**Faculty/Teaching Assistant Initials: KA**

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		
<b>Reflecting</b>	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"> <li>• Continue plan of care</li> <li>• Modify plan of care</li> <li>• Terminate plan of care</li> </ul>	<b>Complete</b>			<b>Not complete</b>		

**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*  &lt; 23 points = Unsatisfactory*  <b>*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.</b></p> <p><b>***Students that are not satisfactory after 2 attempts will be required to meet with course faculty for remediation. ***</b></p> <p><b>Faculty/Teaching Assistant Comments:</b></p>	<b>Total Points:</b>
	<b>Faculty/Teaching Assistant Initials:</b>

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

Student name: Brianna Dobias								
<b>Skills Lab Competency Evaluation</b>	<b>Lab Skills</b>							
	<b>Week 1</b>	<b>Week 1</b>	<b>Week 1</b>	<b>Week 1</b>	<b>Week 1</b>	<b>Week 2</b>	<b>Week 2</b>	<b>Week 9</b>
	<b>Insulin</b> (2,3,5,7)*	<b>Assessment</b> (2,3,4,5,7)*	<b>IV Math Application</b> (3,7)*	<b>Lab Day</b> (1,2,3,4,5,6,7)*	<b>IV Skills</b> (2,3,5,7)*	<b>Trach</b> (1,2,3,4,5,6,7)*	<b>EBP</b> (3,7)*	<b>Lab Day</b> (1,2,3,4,5,6,7)*
	<b>Date:</b> 1/7/25	<b>Date:</b> 1/7/25	<b>Date:</b> 1/9/25	<b>Date:</b> 1/9/25	<b>Date:</b> 1/10/25	<b>Date:</b> 1/16/25	<b>Date:</b> 1/15/25	<b>Date:</b> 3/10 or 3/11/25
Evaluation:	S	S	S	S	S	S	S	
Faculty/Teaching Assistant Initials	MD	KA/RH	DW	NS	SA	DW	KA	
<b>Remediation: Date/Evaluation/Initials</b>	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. 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

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