EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2025

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Abigail Foote

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
1/27/25	Infection	S/SA	NA	NA
1/31/25	Impaired Gas Exchange	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.

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	S	S	N/A											
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			S	S	S	N/A											
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			S	S	N/A	N/A											
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			S	S	N/A	N/A											
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	S	S	N/A											
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			S	S	N/A	N/A											
g. Assess developmental stages of assigned patients. (Interpreting)			S	S	N/A	S											
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		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		4N 60 years old, Surgical infection	3T 72 years old RSV and COPD	IC/DH	ECSC											
Instructors Initials	MD	MD	SA	KA	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 (1a-h)- Great job identifying the patient's need for pain medication and reassessing, as well as monitoring the vitals. SA

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). KA

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

****Evaluate these competencies for the offsite clinicals:** **DH: N/A** **IC: 2f** **ECSC: N/A**

Comments:

Week 1 (2f)- By attending the Meditech clinical update & providing your full, undivided attention during the demonstration of documenting IV solutions and the IV assessment, you are satisfactory for this competency. NS

Week 3 (2a-f)- Excellent job assessing your patient's wound and changing the dressing. SA

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
Competencies: a. Perform standard precautions. (Responding)	S		S	S	S	S											
b. Demonstrate nursing measures skillfully and safely. (Responding)	S		S	S	N/A	N/A											
c. Demonstrate promptness and ability to organize nursing care effectively. (Responding)			S	S	N/A	N/A											
d. Appropriately prioritizes nursing care. (Responding)			S	S	N/A	N/A											
e. Recognize the need for assistance. (Reflecting)			S	S	N/A	N/A											
f. Apply the principles of asepsis where indicated. (Responding)	S		S	S	S	N/A											
g. Demonstrate appropriate skill with Foley catheter insertion, maintenance, & removal (Responding)			N/A	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)			S	S	N/A	N/A											
i. Identify the role of evidence in determining best nursing practice. (Interpreting)	S		S	S	S	N/A											
j. Identify recommendations for change through team collaboration. (Reflecting)			S	S	N/A	S											
	MD	**MD**	**SA**	**KA**	**DW**												

****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 (3a-j)- Great job this week following safety and fall precautions with your first patient. You did a great job working with the nurse for your second patient to get pain med order frequency changed! Successfully presented an EBP article for your CDG. SA

Week 4 – 3b – You had the opportunity to care for a patient on precautions. You ensured proper precautions were followed throughout the day. You made sure that the necessary supplies were easily available for those entering the patient's room. You also had the opportunity to care for a patient on a fluid restriction. You monitored your patient's I&O and assisted the patient in staying within the restriction's parameters. 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
Competencies: k. Administer PO, SQ, IM, or ID medications observing the rights of medication administration. (Responding)			S	S	N/A	N/A											
l. Ensure patient safety through proper use of EHR, IV flow sheet, and BMV. (Responding)			S	S	N/A	N/A											
m. Calculate medication doses accurately. (Responding)			S	S	N/A	N/A											
n. Administer IV therapy, piggybacks, IV push, and/or adding solution to a continuous infusion line. (Responding)			NI	S	N/A	N/A											
o. Regulate IV flow rate. (Responding)	S		S	S	N/A	N/A											
p. Flush saline lock. (Responding)			S	S	N/A	N/A											
q. Monitor and/or discontinue an IV. (Noticing/Responding)			S	S	N/A	N/A											
r. Perform FSBS with appropriate interventions. (Responding)	S		N/A	S	N/A	N/A											
	MD	**MD**	**SA**	**KA**	**DW**												

****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-r)- You successfully administered medications per orders and navigated documentation in Meditech appropriately. You did great with all IV skills and recognized how to improve from the first IV med administration, and successfully administered a second medication without interventions needed. Great job! SA

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 and IV medications this week. You performed the medication administration process with beginning dexterity. KA

Week 4 – 3n –You did a nice job priming your piggy back and connecting your patient to the medication. You performed all IV skills with beginning dexterity. You documented all medication administration and line care appropriately in the EMR. Nice job! KA
Week 4 – 3p – You did a nice job flushing your patient's IV this week and ensuring patency of the IV line. You were able to document this appropriately in the EMR. 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 provided the information to the RN immediately as she was completing her assessment on the patient who had a status change. 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
Competencies: a. Integrate professionally appropriate and therapeutic communication skills in interactions with patients, families, and significant others. (Responding)			S	S	S	S											
b. Communicate professionally and collaboratively with members of the healthcare team using hand-off communication techniques. (SBAR) (Responding)			S	S	S	S											
c. Report promptly and accurately any change in the status of the patient. (Responding)			S	S	N/A	N/A											
d. Maintain confidentiality of patient health and medical information. (Responding)			S	S	S	S											
e. Consistently and appropriately post comments in clinical discussion groups. (Reflecting)			S	S	S	S											
f. Obtain report, from previous care giver, at the beginning of the clinical day. (Noticing)			S	S	N/A	N/A											
g. Provide a clear, organized hand-off report to your patient's next provider of care. (Responding)			S	S	N/A	N/A											
	MD	**MD**	**SA**	**KA**	**DW**												

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

Comments:

Week 3 (4a-g)- Excellent job communicating and working with the primary nurses on both your patients this week! You appropriately applied thorough content with your CDG discussion and EBP article. Please refer to the APA Formatting guide under clinical resources when citing all works. You did not follow the guidelines in keeping the title of your article "Evaluation of a Patient-Centered Fall-Prevention Tool Kit to Reduce Falls and Injuries: A Nonrandomized Controlled Trial.". Only the first word in both portions of the title "Evaluation" and "A" should capitalized. The numbered pages are also missing. An example would be: Dykes, P. C., Burns, Z., Adelman, J.,

Benneyan, J., Bogaisky, M., Carter, E., Ergai, A., Lindros, M. E., Lipsitz, S. R., Scanlan, M., Shaykevich, S., & Bates, D. W. (2020). Evaluation of a patient-centered fall-prevention tool kit to reduce falls and injuries: A nonrandomized controlled trial. *JAMA network open*, *3*(11), 1-10. https://doi.org/10.1001/jamanetworkopen.2020.25889
You do not need to list all of the authors within the in text citation, this example is, (Dykes et al., 2020). SA

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 – Abbie, you did a nice job locating an appropriate article that related to your patient and answering all the CDG questions on it. You met word count for you original post, but consider expanding some of your thoughts in your post in the future. Remember when in-text citing your reference include the page number or the paragraph number if there are no page numbers when citing a direct quotation. Also, below is how to reference your article. Some information was missing in your reference. On the whole it was a great attempt with just a few things to tighten up your APA format. Keep up the hard work! KA
Ceyhan, Y., & Tekinsoy, K. (2022). The effects of breathing exercises and inhaler training in patients with COPD on the severity of dyspnea and life quality: A randomized controlled trial. *Trials*, *23*(707), 1-11. https://doi.org/10.1186/s13063-022-06603-3

Week 5 (4e)- According to the CDG Grading Rubric, you have earned a satisfactory for Infection Control discussion this week. Your discussion was thorough and backed by evidence from Davis's Diseases and Disorders. Great job overall with APA formatting; just a couple thoughts for future improvement: 1. When you cite a direct quote from a resource, the intext citation should include a page or paragraph number that the quote can be found. A paragraph number is only used when the resource does not have page number, such as an electronic resource found in Skyscape. 2. Use the authors full last name, even if hyphenated, in the in-text citation. Your corrected in-text citation would look something like this: (Sawyer-Sommers, 2023, para 1). Keep in mind that there is an APA Formatting Examples document in the Clinical Resources on Edvance360 and online resources to help you (ex. Purdue Owl website- I really like this one! https://owl.purdue.edu/owl/research_and_citation/apa_style/apa_formatting_and_style_guide/general_format.html). I am always happy to help you if some of these resources are unclear to you. DW

Objective

5. Implement patient education based on teaching needs of patients and/or significant others. (1,6)*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies: **a. Describe a teaching need of your patient.**** (Reflecting)			S	S	N/A	N/A											
b. Utilize appropriate termino-logy and resources (Lexicomp, UpToDate, Dynamic Health, Skyscape) when providing patient education. (Responding)			S	S	N/A	N/A											
	MD	**MD**	**SA**	**KA**	**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: The education I provided to the patient is more on infection to his surgical site and some symptom to look for if it were to get worse. I spoke with him as a discussion of how he knew to come in for his surgical site to be looked at and taught him some other symptom he would start to have if it were to get worse overtime. I educated this to him to make sure he knows when he goes home if more symptoms or sign start to happen to immediately come back for more medical attention before it could be more life threatening. I used skyscape to help me give him more examples of indications of worsening infection. This was important to teach him because his wound was pretty infected, and they talked about maybe discharging him before the infection cleared up and I wanted him to feel more relieved in knowing when it would be a time to come back. Him asking questions and engaged in the conversation let me know it was validated learning. Great education and discussion with the patient. Skyscape is a great tool for various resources. Awesome! SA

Week 4- The education my patient needed was more on her 11:30 medication I gave her. She really did not know what the medication was prescribed for, and she really didn't feel comfortable taking it at first because it was not one of the medications she takes at home. The medication was Dicyclomine, and I told her it was for her IBS-C. I taught her also what to look for if it caused complications as well as what was expected if the medication was being effective. I told her it could cause her a paralic ileus at the worst complication. I also taught her it should make her have regular bowel movements while being less active in the hospital. I spoke with her, and we discussed it where questions were asked, and I answered her questions. I used skyscape to find out the description of the medication and what it was used for. It was important to educate her on this medication because I wanted her to feel more comfortable in taking this medication because it could benefit her during the long of her stay. Her asking questions to let me know my teaching was effective and that she was engaged in the conversation. Great job providing her with medication teaching! KA

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)			S	S	N/A	N/A											
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	N/A	N/A											
	MD	**MD**	**SA**	**KA**	**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: Some SDOH that affected my patient is the lack of education he had after having his appendix removed on surgical site care and how to help his healing process. Also not knowing that his medical history leads him at higher risk for infection and being able to identify when his site was infected until the pain got worse.
Week 3 (6a,b)- Care Map was satisfactory. Refer to feedback on Care Map rubic attached in tool. Education is an extremely important factor for this patient. Educating the patient on the wound care and other risk factors that may delay wound healing would benefit this person who may not have an understanding of the risks of smoking. SA

Week 4- Some SDOH That my patient had was very positive. She had a really good at home support for her son and daughter that provided her with at home care and transportation. She also is very knowledgeable and educated in her history of COPD, so she is keeping it very maintained and knows how to effectively handle her breathing overall through the 17 years of having this history. You did a nice job discussing this on clinical with me and how her SDOH factors were positively affecting her versus negatively affecting her. KA
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

Objective

7. Illustrate professional conduct including self-examination, responsibility for learning, and goal setting. (7)*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
a. Reflect on an area of strength. ** (Reflecting)	S		S	S	S	S											
b. Reflect on an area for improvement and set a goal to meet this need. (Reflecting)**	~~S~~ NI		S	S	S	S											
c. Demonstrate evidence of growth, initiative, and self-confidence. (Responding)	S		S	S	S	S											
d. Follow the standards outlined in the FRMCSN Student Code of Conduct Policy. (Responding)	S		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	S											
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (Responding)	S		S	S	S	S											
g. Demonstrate the ability to give and receive constructive feedback. (Responding)	S		S	S	S	S											
h. Actively engage in self-reflection. (Reflecting)	S		S	S	S	S											
	MD	**MD**	**SA**	**KA**	**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- My strength this week was being able to perform a head-to-toe assessment without forgetting to ask all the questions needed to pass the head to toe. Awesome!

My weakness this week was not going over check offs from foundations to be good and fluent at doing the task. This is so important to review your check off information before each lab and clinical. You are receiving a NI due to not including a goal on how you will work on your area of improvement. Be sure to include a goal for how you will improve on your area of improvement every week. MD

Week 3- My strength this week was being confident enough to lead myself into giving PO medication without feeling stressed or nervous.
My weakness this week was being so nervous to give my first IV antibiotic of the year and forgetting to clamp the tubing while priming it which led to many bubbles in the tube. My goal to improve this for my next clinical is to not be so nervous and take my time when preparing my IV meds so mistakes don't happen. I will go over and watch videos on IV tubing before the next clinical. Great plan for improvement before next clinical. Mistakes are going to happen, but you handled yourself professionally and will see it happens to everyone! I look forward to seeing you improve and grow this semester! SA

Week 4- My strength this week was being confident in teaching her the knowledge I knew as well as connecting her history to her diagnosis for symptoms she is experiencing. For example, smoking cessation, medication knowledge, connecting RSV to her symptoms. You did a nice job seeing the bigger picture with this patient and connecting the dots. KA
My weakness this week was being able to find things to keep me busy because my patient was very independent with her care. For my next clinical, I am going to find way to keep me busy even if it just helping other people on the floor because I might be able to experience more. Great idea. Faculty also have a tool kit that have different activities you can do that can help you look at different aspects of your patient care. You can always ask one of us for this and we can give you an activity to complete. KA

Week 5- My strength this week was being able to follow direction and being able to go out on the floors and following what was needed of me. DW
My weakness this week was not being able to ask all the questions, I wanted to get more knowledge due to lack of time. To fix this I will find appropriate times to ask all the questions I have in the future. Is the problem actually efficiency and time management or is it nervousness in asking questions? This detail is important, as it can help you set an actual goal. Just saying you will do better next time doesn't really promote improvement. You are essentially hoping for the best next time. What action could you take now so that the likelihood of meeting the goal is higher next time? Sometimes you have to think outside of the box. For example, if you are nervous to ask questions, over the next two weeks of clinical, you could introduce yourself to at least 4 people and offer to help them with something. Do you see how this is actionable? Please be sure to write these types of goals in the future to avoid an unnecessary U in this competency. I am always willing to help, so if you need clarification or assistance with writing goals, please let me know. DW

Week 6- My strength this week was being a little less nervous and not as stressed about going into clinical this week. I was able to learn a lot with a clear mind into going into this clinical.
This week's weakness was not being able to relate to the elderly people and understanding how some of them have no clue about the knowledge in this generation. By the next clinical, I am going to interact with 2 new elderly people at work and challenge myself to have a full conversation with them.

Student Name: Abigail Foote	**Course Objective:** 6
Date or Clinical Week: 1/24/2025	

	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)**	3	Appropriately listed 8 abnormal assessment findings. Be specific to site of infection and blood pressure result.
	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	Appropriately listed 7abnormal lab/diagnostic tests.
	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	Appropriately listed 6 risk factors.
Interpreting	4. List all nursing priorities and highlight the top priority problem.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	Correctly listed nursing priorities with highlighting top priority. Consider "Impaired Skin Integrity" as an additional nursing priority.
	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	Completed an appropriate goal statement. Correctly highlighted all relevant data.
	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	Listed three appropriate potential complications, including the signs and symptoms for each correctly. No need to use "risk for", but this is ok.
Responding	9. List all nursing interventions relevant to the top nursing priority.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	All interventions listed are appropriate to the patient, prioritized, have correct frequency, and are realistic. Several interventions are missing a frequency. #8 "promote" should be "prevent further infection". Watch spelling ie; "smoking cessation", not "sensation". Consider listing medication orders specific to the patient.
	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**	2	
	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	Listed rationales for all interventions correctly.
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	**>75% complete**	**50-75% complete**	**<50% complete**	**0% complete**	3	All findings were correctly highlighted. Completed an evaluation statement correctly. Used in text citations and reference.
	15. Evaluation includes one of the following statements: • Continue plan of care • Modify plan of care • Terminate plan of care	**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: Great job on the Med/Surg Care Map. Could have specified the infection site. Several interventions were missing a frequency. A suggestion for an intervention is to monitor labs to see if antibiotics are working and seeing improvement on the abnormal lab values. Overall, priority, interventions, and evaluations were listed appropriate to this patient. Great work! SA

Total Points:

44 Satisfactory

Faculty/Teaching Assistant Initials:

SA

Student Name: Abigail Foote	**Course Objective:** 6
Date or Clinical Week: 4	

	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)**	3	You did a nice job including all the positive assessment findings, labs/diagnostics, and risk factors for your patient. In the future make sure to include if the patient is on O2 or room air when documenting the patient's pulse ox. 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 did a nice job including all the patient nursing priorities and highlighting the highest priority. You stated an appropriate goal for your chosen nursing priority. You highlighted all relevant data in your noticing section that supported your nursing priority. You identified 3 potential completions and signs and symptoms the nurse should 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 that were relevant, prioritized, included frequencies, individualized, and realistic. All pertinent nursing interventions were listed except assessing patient's vital signs and administering O2 as needed to maintain the patient's pulse ox. None of your interventions included rationales, but you included all other parts for each intervention. Please do not forget this step in the future. 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**	0	
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 reassessed all highlighted data in the noticing section and identified you would continue your plan of care. KA
	15. Evaluation includes one of the following statements: • Continue plan of care • Modify plan of care • Terminate plan of care	**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: **You satisfactorily completed your second care map! Congratulations! See comments above for areas you can improve on in the future when writing your care maps. KA**

Total Points: **42/45**

Faculty/Teaching Assistant Initials: KA

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

Student name: Abigail Foote								
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:** 1/16/25	**Date:** 1/15/25	**Date:** 3/10 or 3/11/25
Evaluation:	**S**	**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

Simulation Evaluation Performance Codes: **S**: Satisfactory **U**: Unsatisfactory	**Student Name: Abigail Foote**							
	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	S						
Faculty/Teaching Assistant Initials	KA	DW						
Remediation: Date/Evaluation/Initials	NA	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