

**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:**

**ABSENCE (Refer to Attendance Policy)**

- Skills Lab Competency Tool & Skills Checklists
- Simulation, Prebriefing, & Reflection Journals
- Nursing Care Map Rubric
- Meditech Documentation
- Clinical Debriefing
- Clinical Discussion Group Grading Rubric

Date	Number of Hours	Comments	Make-up (/Date/Time)
2/10/25	1 hour	Late vSim Post Quiz- Juan Carlos	2/10/25, 1 hour

Evaluation of Clinical Performance Tool

Lasater's Clinical Judgment Rubric & Scoring Sheet

Virtual Simulation Scenarios

---

<b>Faculty's Name</b>	<b>Initials</b>
<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.

**\*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
1/22-23/2025	Impaired Movement	NI/MD	S/ MD	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
<b>Competencies:</b>			S	S	S	NA											
a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting)			S	S	S	NA											
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			S	S	S	NA											
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			S	S	NA	NA											
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			S	S	NA	NA											
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	S	S	NA											
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			S	S	NA	NA											
g. Assess developmental stages of assigned patients. (Interpreting)			S	S	S	NA											
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	NA S		U	S	S	NA											
Indicate your clinical site as well as your patient's age and primary medical diagnosis in this box weekly.	M e d i c a l		5 T  8 F	3 T  6 F	I C  , D H	N O  C L I											

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

		ch , FSBS , IV pump sessions		HTN Dysphasia	Acute hepatic enceph.	, ECSC	N I C A L S										
	Instructors Initials	KA	KA	MD	HS	DW											

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

**Comments:**

Week 1 (1h)- During week 1, the Meditech, FSBS and IV pump sessions were all considered clinical hours. You came prepared to each of them and demonstrated competency accordingly. For this reason, you have earned an S for this competency. NS/SA/DW/HS

Week 3 Rehab Clinical Objective 1 B-F: This week you were able to correlate the patient's symptoms, diagnostic tests, pharmacotherapy, treatment, and nutritional needs based on their reason for being on the Rehab floor and their past medical history. You were able to bring these needs to light in your satisfactory care map of this patient as well. Great job! MD

Week 3 Rehab Clinical Objective 1 H: You are receiving an unsatisfactory for this competency due to not giving yourself a rating for the week. Please be sure to review your clinical tool prior to submitting your tool. Due to this unsatisfactory you will need to respond to this with how you will ensure this will not occur again in the future. MD

WEEK 3- This unsatisfactory will be fixed by making sure I read through each column carefully prior to submitting my clinical. HS

Week 4 - (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

**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>																	
a. Perform inspection, palpation, percussion, and auscultation in the physical assessment of assigned patient. (Noticing)			S	S	NA	NA											
b. Conduct a fall assessment and implement appropriate precautions. (Noticing)			S	S	NA	NA											
c. Conduct a skin assessment and implement appropriate precautions and care. (Noticing)			S	S	NA	NA											
d. Communicate physical assessment. (Responding)			S	S	NA	NA											
e. Analyze appropriate assessment skills for the patient's disease process. (Interpreting)			S	S	NA	NA											
f. Demonstrate skill in accessing electronic information and documenting patient care. (Responding)	NA S		S	S	S	NA											
	KA	KA	MD	HS	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 Rehab Clinical Objective 2 A, D, & F: While you were on clinical you performed a satisfactory physical assessment, communicated abnormal assessments to myself and to the primary nurse, and you were able to satisfactorily document all information to Meditech documentation. MD

Week 4 (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

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

j. Identify recommendations for change through team collaboration. (Reflecting)			S	S	S	NA											
	KA	KA	MD	HS	DW												

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

**Comments:**

Week 3 Rehab Clinical Objective 3 C & D: While caring for your patient you were able to identify all of the priority needs for your patient based on their condition and report you received from the night shift nurse. You were able to communicate your priority assessments for the day and what interventions needed to be completed during your shift. Great job! MD

Week 4 (3 c, d, e)- You were able to prioritize your care for the day and adjust when necessary based on changes that occurred during the day. You were available to help others when needed, and ask for assistance when needed. HS

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

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

DH: N/A

IC: N/A

ECSC: N/A

Comments:

Week 1 (3o)- During the IV pump session, you actively participated in the programming and maintenance of the Alaris IV pump. Additionally, you accurately identified abnormal IV site assessment data with an IV site monitoring activity. HS

(3r)- The student was able to satisfactorily perform a Quality Control check of the glucometer as well as demonstrate skills and knowledge required for proper fingerstick blood glucose measurement with the ACCU-CHEK Inform II glucometer. SA/DW

Week 3- I would like to improve on my medication administration skills, by being more timely with my administration. Having the times written next to my medications will help me improve. This is a great goal, however, given the times of your patient's therapy I would like to encourage you that you did a wonderful job for your first medication administration. Sometimes there is set backs that one cannot complete a medication pass on time. I do appreciate for sure that you recognize the need for time management practice! MD

Week 3 Rehab Clinical Objective K-M: Rehab Clinical Objective 3 K-M: This week on Rehab you were able to identify the rights of medication administration appropriately and provided a comprehensive analysis of the medications you administered to your patient. Included in the analysis was the type of medication, side effects, and nursing implications for each medication. You were able to provide further information based on the medication you were administering that was included in the nursing implications you discussed. You also were able to identify safe practice for medication administration and performed them well. You also were able to use the BMV and document in the EHR appropriately. Awesome medication pass! MD

Week 4 (3k, l, m, n, p, q, r)- You did a nice job with medication administration this week! You were able to administer PO, SQ, and IV push medications. 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 flushing the IV and monitoring the site before during and after the administration of the medication. You were also able to perform a FSBS on your patient and determine the appropriate dose of sliding scale insulin ordered to be administered. HS

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

KA	KA	MD	HS	DW													
----	----	----	----	----	--	--	--	--	--	--	--	--	--	--	--	--	--

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

**Comments:**

Week 3 Rehab Clinical Objective 4 E: For clinical this week you provided a CDG that was satisfactory per the CDG rubric. In this CDG, you provided information on language barriers that was interesting and detailed about your patient. The reference you provided was appropriate for APA formatting. For an in-text citation with more than 3 authors it should look like this: (Saito et al., 2021). Please see me if you have further questions! MD

Week 4 (4e)- Arabella, this competency was changed to a U because your initial post was submitted late past the deadline of Friday at 2200. 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. HS

Week 5- (4e) I will make sure that my CDG posts are completed on time by doing them at the same time one after another. Instead of waiting to complete them. Thank you for the timely submission of both CDG’s. See additional comments below. DW

Week 5 (4e)- According to the CDG Grading Rubric, you have earned an unsatisfactory for the Erie County Senior Center and Infection Control discussions this week. While the posts were thoughtful, there were no in-text citation and references. All CDG’s, whether related to a patient on an inpatient unit or an alternative clinical site, the post should be backed by evidence from a reliable resource. Please be sure to read the directions on page 1 of this document and ensure that you address your U in the comments below to explain how you will or have improved in this area. Failure to do so will result in a continued U. I am happy to help if you have any questions. DW

Week 6(4e)- I will refer to my syllabus for clarity first, to make sure that I am posting my CDGs appropriately and timely with each week. Any other questions that need to be clarified I will then reach out to one of the facilities for reassurance.

**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> <b>a. Describe a teaching need of your patient.** (Reflecting)</b>  <b>b. Utilize appropriate terminology and resources (Lexicomp, UpToDate, Dynamic Health, Skyscape) when providing patient education. (Responding)</b>			s	S	NA	NA											
			S NI	S	NA	NA											
			MD	HS	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- A teaching that was needed to my patient is trying to keep her sitting up for meals because she is in the TDG. Eating while sitting up will help promote better digestion, she is also an aspiration risk due to her right CVA. Having a past history of a CVA is a big risk for aspiration, so it is also important for her to be monitored while eating. **This is a great teaching need!. For Objective 5B there needs to be identification on what type of resource you utilized for this education. This needs to be a resource such as Lexicomp, Up To Date, or Skyscape. Please let me know if you have questions on this! MD**

Week 4- A teaching I was able to give my patient was where to correctly give her insulin shots at home after she mentioned about administering insulin in her shoulder. By using lexi comp I was able to verify where insulin should be placed and then showing the patient a picture of sites to administer. **Nice job educating your patient. HS**

**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 NI	S	NA	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)			S	S	NA	NA											
			MD	HS	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.**

See Care Map Grading Rubrics below.

**Comments:**

Week 3- Social and community contact would be my patients social determinants of health, she primarily speaks Vietnamese and often has a hard time expressing herself completely without her daughter to translate. This is a big concern because luckily we have translator devices to help break that barrier, other places she may go, might not have these tools available. **Absolutely! MD**

**Week 3 Rehab Clinical Objective 6 A: This week you did submit a care map for grading, however, this care map did not meet the requirements for being satisfactory. We met in person and discussed how to improve your care map to increase the score to be satisfactory. If you have questions please reach out. MD**

Week 4- A social determinate of health for my patient would be financial. My patient often expressed to me how expensive it was to get her paracentesis and other treatments. This can significantly affect her ability to receive proper treatment at proper times. **That is a great example of a SDOH for your patient! Hopefully the social workers can work with her to see if she may qualify for any assistance. HS**

**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. **</b> (Reflecting)	S		S	S	S	NA											
b. <b>Reflect on an area for improvement and set a goal to meet this need.**</b> (Reflecting)	S		S NI	S	S	NA											
c. Demonstrate evidence of growth, initiative, and self-confidence. (Responding)	S		S	S	S	NA											
d. Follow the standards outlined in the FRMCSN Student Code of Conduct Policy. (Responding)	S		S	S	S	NA											
e. Incorporate the core values of caring, diversity, excellence, integrity, and “ACE”- attitude, commitment, and enthusiasm during all clinical interactions. (Responding)	S		S	S	S	NA											
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (Responding)	S		S NI	S U	S	NA											
g. Demonstrate the ability to give and receive constructive feedback. (Responding)	S		S	S	S	NA											
h. Actively engage in self-reflection. (Reflecting)	S		S	S	S	NA											
	KA	KA	MD	HS	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(b)- An area of strength that I could improve on would be engaging more with my classmates. I tend to be more secluded, so by relating to getting to know everyone would better my friendships while in school. My goal would be to remember everyones names! This is definitely a great goal. I know it can be a challenge but I know you will accomplish this. Remember in the future to be specific and give yourself a time frame (i.e. by the end of January or by midterm). KA**

**Week 2(a)- My strengths this week would include being more confident to answer questions in class, and getting everything organized and prepared for the rest of the semester the first week. Great job getting organized from the start. This course can be overwhelming but being organized can help decrease some of this feeling. KA**

**Week 3- An area of improvement for me would be being more organized when it comes to my medication pass, getting things more ready on time. Time management is a great area of improvement. Be sure to write how you will improve this skill every time you address this competency. MD An area of achievement would be being able to fully connect with my patient even if it was just with eye contact and holding her hand. You did an absolutely wonderful job with your patient this week and connecting with her! Great job! MD**

**Week 3 Rehab Clinical Objective 7F: This week you did not turn in the correct version of your tool. We discussed this together in person and I also showed you in Edvance360 on how to obtain your previous week's clinical tool from the faculty who graded it. Be advised, if this is a consistent pattern to turning in the incorrect version of your tool you will be given an unsatisfactory. If you have any questions please reach out. MD**

**Week 4- An area of strength for me would be administering medications and injections, I felt very confident in my skills to do so. An area of improvement, would be knowing my correct supplies for certain injections. I can improve this by researching protocols before attempting to gather my equipment. Great job, and that is a good plan as well. HS**

**Week 4 (7f)- This competency was changed to a U because your initial post for your CDG was submitted late.**

**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. HS**

**Week 5(7f)- I will make sure my CDG is on time by completing them both as soon as I get home on Thursday and not waiting a day to do them. DW**

**Week 5(a&b)- An area of strength would be how organized I was for all of these clinical, I made sure to bring and wear the appropriate attire for each one. DW An area of weakness would be being a little shy, I tried to stay out of the way for the DH and with the ECSC I wasn't able to talk with more of the people that I wanted to. A goal for myself to do better would be to put myself out there more, by starting more conversations with people. Great idea, Arabella! I can totally relate to being shy and not wanting to put myself out there. With that said, nursing has really brought me out of my shell, in ways I could never imagine. I love that you will push yourself to be a little more social, a little more verbal, and a little more assertive. All are very important in this profession. DW**

Student Name: <b>Arabella Escobedo</b>		Course Objective:					
Date or Clinical Week: <b>1/22-23/2025</b>							
Criteria		3	2	1	0	Points Earned	Comments
<b>N o t i c i n g</b>	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	All criteria met. MD
	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	
<b>I n t e r p r e t i n g</b>	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	2 3	#4-In your care map you did not highlight the priority problem that you selected for this patient. Please be sure that this is completed with every care map you turn in. MD #6-In every care map there needs to be highlighting for all relevant data to the priority problem in the noticing boxes (assessment, diagnostics, and
	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	0 3	
	7. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)	3	

<b>g</b>	8. Identify signs and symptoms to monitor for each complication.	<b>(lists at least 3)</b>	<b>(lists 2)</b>		<b>(lists &lt; 2)</b>	<b>2 3</b>	<p>risk factors). This will identify how you related all of the information to your priority problem. MD</p> <p>#8-There were a couple of symptoms that did not match the potential complications that you selected for this patient. Be sure to review the potential complications for accuracy. This included items such as dehydration with a symptom of UTI (which is a cause of dehydration) and atelectasis as a potential complication with a symptom being pneumonia. MD</p> <p>Remediation: all criteria met. MD</p>
<b>R e s p o n</b>	9. List all nursing interventions relevant to the top nursing priority.	<b>&gt; 75% complete</b>	<b>50-75% complete</b>	<b>&lt; 50% complete</b>	<b>0% complete</b>	<b>2 3</b>	<p>#9-I could not identify the top nursing priority which led to the inability to determine if the interventions you selected were relevant to the priority problem. MD</p>
	10. Interventions are prioritized	<b>&gt; 75% complete</b>	<b>50-75% complete</b>	<b>&lt; 50% complete</b>	<b>0% complete</b>	<b>3</b>	
	11. All interventions include a frequency	<b>&gt; 75% complete</b>	<b>50-75% complete</b>	<b>&lt; 50% complete</b>	<b>0% complete</b>	<b>0 3</b>	

<b>d i n g</b>	12. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete	1 3	#11-There were no frequencies provided with the interventions. MD #12-The interventions you provided were basic and not individualized to the patient you worked with on clinical. Be sure to be specific to what the interventions would be for the patient you cared for. Remediation: all criteria met. MD
----------------------------	--	----------------	-----------------	----------------	-------------	-----	---

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	
<b>R e f l e c t i n g</b>	14. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	All criteria met. MD
	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:**

**I was able to meet with you and discuss the areas of improvement to increase your score to be satisfactory. I look forward to reviewing these improvements to complete this care map as a satisfactory! MD**

**Remediation: After our meeting about this care map you successfully made the adjustments necessary for satisfactory completion. MD**

**Total Points: 34/45 Needs Improvement MD**  
**Remediation: 45/45 Satisfactory MD**

**Faculty/Teaching Assistant Initials: MD MD**

Student Name:		Course Objective:					
Date or Clinical Week:							
Criteria		3	2	1	0	Points Earned	Comments
<b>N o t i c i n g</b>	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)		
<b>I n t e r p r e t i n g</b>	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)		
<b>R e s p o n d i n g</b>	9. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	10. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete		
	11. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete		
	12. All interventions are	> 75% complete	50-75% complete	< 50% complete	0% complete		

<b>n g</b>	individualized and realistic						
----------------	------------------------------	--	--	--	--	--	--

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		
<b>R e f l e c t i n g</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>	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:**

**\*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:**

**Faculty/Teaching Assistant Initials:**

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

Student name: Arabella Escobedo								
<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	MD	MD	MD	MD	MD	MD	
<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 January 9, 2025. 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. KA

## Week 2

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

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

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

<u>Simulation Evaluation</u>	Student Name: Arabella Escobedo							
	vSi m-Vincent Brody (Medical-Surgical)	vSi m-Juan Carlos (Pharmacology)	vSi m-Marilyn Hughes (Medical-Surgical)	Simulation #1 (Musculoskeletal & Resp)	Simulation #2 (GI & Endocrine)	vSi m-Stan Chickets (Medical-Surgical)	vSi m-Harry Hadley (Pharmacology)	vSi m-Yoali (Pharmacology)
Performance Codes: S: Satisfactory U: Unsatisfactory	(*1, 2, 3, 4, 5, 6)	(*1, 2, 3, 4, 5, 6)	(*1, 2, 3, 4, 5, 6)	(*1, 2, 3, 4, 5, 6, 7)	(*1, 2, 3, 4, 5, 6, 7)	(*1, 2, 3, 4, 5, 6)	(*1, 2, 3, 4, 5, 6)	(*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	U						
Faculty/Teaching Assistant Initials	MD	DW						
Remediation: Date/Evaluation/Initials	NA	2/10/25 S DW						

\* Course Objectives

**Comments:**

Juan Carlos- The pre-quiz, scenario and SBAR met the required standards; however, the post quiz was submitted late. 1 hour of missed simulation time was added to the first page of this document and was made up accordingly. DW



**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