

EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2025

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Jennifer Collins

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
1/22-23/2025	Impaired Physical Mobility	Satisfactory/MD	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 pathophysiology of the patient's disease process. (Interpreting)			S	S	S	S											
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			S	S	S	S											
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			S	NA	S	S											
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			S	NA	S	S											
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	S	S	S											
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			S	NA	S	S											
g. Assess developmental stages of assigned patients. (Interpreting)			S	NA	S	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		5t Rehab 63 yo F Sepsis/Encephalopathy	Digestive Health and Infection Control	3 TOWER WEAKNESS AND	REHAB- POST-OP LUMBAR FUSION											
Instructors Initials	NS		MD	DW	HS												

**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 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 5 - (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
Competencies:																	
a. Perform inspection, palpation, percussion, and auscultation in the physical assessment of assigned patient. (Noticing)			S	NA	S	S											
b. Conduct a fall assessment and implement appropriate precautions. (Noticing)			S	NA	S	S											
c. Conduct a skin assessment and implement appropriate precautions and care. (Noticing)			S	NA	S	S											
d. Communicate physical assessment. (Responding)			S	NA	S	S											
e. Analyze appropriate assessment skills for the patient's disease process. (Interpreting)			S	NA	S	S											
f. Demonstrate skill in accessing electronic information and documenting patient care. (Responding)	S		S	S	S	S											
	NS		MD	DW	HS												

**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 5 (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
Competencies:	S																
a. Perform standard precautions. (Responding)			S	S	S	S											
b. Demonstrate nursing measures skillfully and safely. (Responding)	S		S	NA	S	S											
c. Demonstrate promptness and ability to organize nursing care effectively. (Responding)			S	NA	S	S											
d. Appropriately prioritizes nursing care. (Responding)			S	NA	S	S											
e. Recognize the need for assistance. (Reflecting)			S	NA	S	S											
f. Apply the principles of asepsis where indicated. (Responding)	S		S	S	S	S											
g. Demonstrate appropriate skill with Foley catheter insertion, maintenance, & removal (Responding)			NA	NA	NA	NA											
h. Implement DVT prophylaxis (early ambulation, SCDs, ted hose, administer enoxaparin or heparin) based on assessment and physicians' orders (Responding)			NA	NA	NA	S											
i. Identify the role of evidence in determining best nursing practice. (Interpreting)	S		S	S	S	S											
j. Identify recommendations for change through team collaboration. (Reflecting)			S	NA	S	S											
	NS		MD	DW	HS												

**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 5 (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
Competencies:																	
k. Administer PO, SQ, IM, or ID medications observing the rights of medication administration. (Responding)			NI	NA	S	S											
l. Ensure patient safety through proper use of EHR, IV flow sheet, and BMV. (Responding)			NA S	NA	S	S											
m. Calculate medication doses accurately. (Responding)			S	NA	S	S											
n. Administer IV therapy, piggybacks, IV push, and/or adding solution to a continuous infusion line. (Responding)			NA	NA	NA	NA											
o. Regulate IV flow rate. (Responding)	S		NA	NA	NA	NA											
p. Flush saline lock. (Responding)			NA	NA	NA	NA											
q. Monitor and/or discontinue an IV. (Noticing/Responding)			NA	NA	S	NA											
r. Perform FSBS with appropriate interventions. (Responding)	S		S	NA	S	S											
	NS		MD	DW	HS												

**Evaluate these competencies for the offsite clinicals:

DH: N/A

IC: N/A

ECSC: N/A

Comments:

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

Week 1 (3r)- The student was able to satisfactorily perform a Quality Control check of the glucometer as well as demonstrate skills and knowledge required for proper fingerstick blood glucose measurement with the ACCU-CHEK Inform II glucometer. SA/DW

Week 3 Rehab Clinical Objective K & L: This week you were able to administer medications on your patient. You were able to successfully identify the rights to medication administration and satisfactorily scan all of your medications in the EHR using the BMV. However, when reporting which medications, you were administering the report was unorganized. To work on this, I was able to provide you with a medication template to help organize your thoughts on each of the medications to improve your report. In addition, when administering your medications, you became nervous with the subcutaneous heparin and had difficulty with drawing up and actually injecting

the medication. We were able to discuss this at length and ways to improve upon this skill. Please be sure to utilize the tools I have provided you for your next medication administration. If you have questions do not hesitate to reach out to me. MD

Week 5 (3k, l, m, n, p, q, r)- You did a nice job with medication administration this week! You were able to administer several PO 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. 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
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	NA	S	S											
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	NA	S	S											
g. Provide a clear, organized hand-off report to your patient's next provider of care. (Responding)			S	NA	S	S											
			MD	DW	HS												

**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 post void residuals and intermittent catheterization that was interesting and detailed that related to your patient. The APA in-text citation should be the author's last name then the year. For your CDG, the in-text citation should appear like this: (Lim et al., 2022). Related to this, your APA reference started well with the authors, however, should be followed by the year and then the title. So it should appear like this:

Jim LKH, Png GK, Anna Liza B, Anitah R, Roslinda S, Rosida AH, Jismy TJ. (2022). Quality improvement project: Optimal post-void residual urine volume to guide intermittent catheterization in hospitalised older persons with acute retention of urine. *Med J Malaysia*. 77(6):713-716. PMID: 36448389. <https://pubmed.ncbi.nlm.nih.gov/36448389/>

Please see me if you have further questions! MD

Week 4 (4e)- According to the CDG Grading Rubric, you have earned a satisfactory for your Infection Control discussion this week. Your discussion was extremely thorough and backed by evidence from Lewis's Medical Surgical Nursing. Additionally, in terms of APA formatting, I have a couple suggestion: 1. The reference should include all author/editors last names and first initials; and only Lewis's and Assessment should be capitalized, all other words in the title should be lowercase. 2. Make sure the names of the author/editors in the reference are spelled correctly. Here is the corrected reference:

Harding, M., Kwong, J., Hagler, D., & Reinisch, C. (2023). *Lewis's medical- surgical nursing: Assessment and management of clinical problems* (12th ed). Elsevier - Evolve. <https://pageburstls.elsevier.com/books/9780323792332>

3. When there are more than 2 author/editors, the intext citation should include the first authors last name (spelled correctly), followed by et al.- For example- (Harding et al., 2023). Please use this feedback to improve with APA formatting for future CDG's and other course/clinical paperwork. Also 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

Week 5 (4e)- Great job with your CDG this week! You were able to find an article that pertained to your patient and discussed the relevance. You successfully met all of the requirements on the rubric for your initial posting and the response to a peer. You answered all of the questions with a thorough explanation for each one. You also provided an in-text citation and a reference for the initial and peer response. Nice job! HS

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies:																	
a. Describe a teaching need of your patient.** (Reflecting)			S	NA	S	S											
b. Utilize appropriate terminology and resources (Lexicomp, UpToDate, Dynamic Health, Skyscape) when providing patient education. (Responding)			S NI	NA	S	S											
			MD	DW	HS												

**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:

1/23/25 week 3

5a: I feel that the patient needs to understand when to supplement her stool softener and when not too. My patient feels that if she does not take her Colace everyday that she will develop complications later, which is not true. She needs to understand that there is another alternative then take the Colace on a regular basis. **How did you instruct her to have additional information on Colace? MD**

5b: I had looked up each of the medications that she was taking and taught her what she should be looking for when she go home and what her family needs to understand about some of the medication side effects. **What resource did you use for this look up? Be specific when identifying resources that can be used in your practice.**

2/06/25 week 5

5a: I taught the patient and her daughter about the condition of anemia and how dehydration can play a role in the reason for her weakness and electrolyte depletion at admission. With the patient's appetite being decreased, I recommend that she start supplementing an Ensure Plus to her meals so that she can replace the electrolytes and vitamins that she is lacking in her diet and that this simple change could help with the fatigue and energy impairment. **Proper nutrition and hydration are important factors however, you must also take other things into consideration when recommending supplements. Since the patient has chronic kidney disease there may be some dietary considerations that need to be followed as well therefore it would be important to have the physician and or the dietician to approve if a supplement would be appropriate for the patient. HS**

5b: To teach the patient and her daughter about the symptoms of anemia and chronic kidney disease, I used LexiComp to explain what anemia was about and that with the lung mass that the patient is experiencing, that her metabolism is altered constantly because the body is eating the vitamins and electrolytes that she is consuming to survive resulting in the electrolyte imbalance and acute kidney injury. **You have a lot going on in the previous statement. When determining a teaching need of the patient consider**

thinking of one specific topic and then researching Lexicomp or Skyscape to gather your information to review with the patient and or family members. It sounds like you are discussing several different things, and that can be confusing for the patient and difficult to understand, which ultimately makes the teaching less effective. HS

2/14/2025 Week 6

5a: I taught my patient about making sure that she eats a nutritional meal every day and if she does not feel like eating that she should supplement her meal with an Ensure drink to make sure that she get the vitamin and nutrition necessary because of all the medications that she is taking can cause constipation and be hard on the stomach if she does not eat properly. I told her that she can try other things such as muffin, fruit cup, and oatmeal with some fruit in it. I related that she was hungry because of the pain but I assured her that once the medical team gets a good handle on her problem that she will start getting her appetite back.

5b: I used Skyscape to explain what each med was for and how it can help with controlling her pain. I also explained that she can use Tylenol between doses of Oxycodone to help with break-through pain until her next dose or she could use both meds together to get the best effect for pain control.

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

***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.

1/23/25 week 3 6b: I feel that some of the social determinants that impact my patients care is the availability of the care that she needs to rehab outside of the hospital. She had told me in conversation that her insurance will not pay for home health care to do her rehabbing so she is hoping that insurance will allow outpatient therapy at Cedar Point Sports Force facility. She is also relying on Firelands Health transportation to take her back and forth to medical appointments if that is not available she is unable to continue her rehab. Good! MD

Week 3 Rehab Clinical Objective 6 A: This week you were able to develop a satisfactory care map based on impaired physical mobility. Please see rubric for additional comments! MD

2/06/25 week 5 6b: I feel that some social determinants that impact on my patient's care are family and community support, physical activity, and mental health. My patient lives for 2 weeks with one daughter and 2 weeks with the other daughter. The family is trying to do what they can to provide care for her, but many interactions with the daughter sound as if they are getting burned out mentally to keep up with her mother's deteriorating health. The lack of physical activity is starting to cause fatigue and some depression in health. I feel that if she was to participate in a Senior Center activity or social event possibly once a week, this could help with being fatigue and mental depression by interacting with others. It did seem as though your patient was receiving good care between the two daughters however, I would agree it may become exhausting for them. Community support such as the senior center could be a great resource for the family to utilize. HS
Week 5 (6a) This was changed to a NA because you did not submit a care map this week. HS

2/12/2025 Week 6

6b: I feel that some of the social determinants that impact my patient's care are family support and psychological factors. The reason I am saying family and community support is because all her family members work during the day and visit when they can; however, the weather has not been so nice lately and they can't get to hospital to see her every day. It does sound so that they call and talk daily, which is a great sign of support. The psychological factor plays a part in the way that the patient is developing depression and frustration that her mobility is impaired temporarily and is depending on others to help with bathing, dressing, and assisting her with toileting.

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		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		NI	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		NA S	S	S	S											
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (Responding)	S		NI	S	S	S											
g. Demonstrate the ability to give and receive constructive feedback. (Responding)	S		NI	S	S	S											
h. Actively engage in self-reflection. (Reflecting)	S		S	S	S	S											
	NS		MD	DW	HS												

**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: I felt that I was more comfortable when doing my head-to-toe assessment this week compared to last semester. I have been practicing with fellow coworkers at work and have taken some of their recommendations and applied them to my process of assessment going forward. That is great to hear! I am glad that you utilized your

time during break to help strengthen your foundational level skills so that they become second nature. The more you practice the more comfortable you will get. Keep it up! NS

Week 1 7b: In the first two weeks, I felt my weakness was hurrying through my head-to-toe assessment and forgetting to do vitals. I don't know if it was nervousness or anxiety, but I will work on controlling my nerves and make sure that I do my assessment methodically and in a more organized way. To practice this, I will practice a couple of times with a coworker at work on downtime or with a partner or instructor in the lab by the end of the month. To piggyback off the comment provided for 7a, your plan for improvement will certainly help improve in this area. Practice makes perfect, and the more you are able to practice the less nervous or anxious you will be. Great job! NS

Week 3 7a: I was able to connect with my patient in a way that I can understand the pain and frustration of limited mobility with arthritis. I share my experience with my disorder of rheumatoid arthritis and how I deal with my symptoms. I recommended maybe taking certain pain meds before doing activity such bathing/ showering in the morning or maybe taking the med before going to bed to help relax and sleep better without pain. She would need to have a conversation with her PCP as to their thoughts about time of meds. You did wonderful communicating with your patient! This is a big reason I changed your assessment of 7E to satisfactory. MD

7b: My weakness this week is that I need to be less nervous doing med pass and practice focusing on what I am doing with needles when using them during med pass. I will practice doing proper needle recapping in my next clinical experience and outside of class with an instructor in the next month. This is a great goal that is very important to know. MD

Objective 7 D, F, &G: I agree with your assessment of these competencies. During the first day of clinical, you had some inappropriate language in patient care areas. This was identified and a warning given and on day 2 of clinical I did not notice inappropriate language. Keep working hard on this! Throughout this clinical week, I noted that when giving you feedback on completing interventions and other information, you had an abrasive and slightly aggressive approach in response. After debriefing on day 2, we discussed this behavior and I gave some tips for responding to others when receiving feedback. This included using pauses before responding to feedback. Pausing before responding will allow you a moment to have a more calm and thoughtful approach to providing information. Please be sure to use this technique during upcoming clinical experiences. Let me know if you have any questions. MD

Week 4: 7a: I was able to ask questions that I had about each procedure that I witnessed in digestive health and understand the important of each aspect of the admission, procedure, and discharge roles. When participating in the Infection Control clinical, I was able to recognize the importance of keeping infection protocols in place during the entire patient's stay so that the risk of disease does not spread from patient to patient or to other medical staff that may have to contact an unaffected patient. Great! Thank you for sharing a strength for both clinical experiences attending this week. Keep up the good work! DW

7b: My weakness this week is that I need to recognize that I don't do hand hygiene appropriately all the time and that I need to slow down and make sure that I sanitize properly every time and from room to room. To improve on this, I will practice sanitizing or washing my hands more frequently and be more aware of what I am doing by my next clinical time next week. Such an important concept! So glad you are recognizing this. Slowing down and thinking things through will help tremendously in all things nursing. Please make this a conscious effort while working, during clinical, and even during your daily life. DW

Week 5: 7a: I was able to interact and be more involved in my patient's care through the help of the nurses and the instructor. I was able to explain to my patient and her daughter how important it is to stay hydrated and take in a proper nutritional meal 3 times a day. If the patient was unable to do that, the daughter can implement an Ensure Plus or a high protein drink or snack to supplement the nutrition missing. I provide an example of the Regular and Carb Consistent meal plan list that the daughter can use for ideas. Be sure when encouraging additional nutrients or a specific diet that the physician and or the dietician approves. Specific health concerns have special diet considerations for example, with chronic kidney disease the patient may need to restrict their protein intake. HS

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. HS

7b: My weakness this week was that I needed to think deeper into why each medication that the patient was being recommended. I will make sure that I take the time to look every individual medication up and understand how it applies to my patient's current condition before entering the patient's room. I will practice this my next 3 clinical times when doing medications and mock sessions with my husband on his medications every night when he takes his medications. I will complete this task by the end of February clinicals times.

Week 5 (7a-h) Jen, you did not self-evaluate the competencies therefore they are marked as U's.

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. Please let me know if you have questions regarding this. HS

I will make sure that all areas of my clinical are fully completed before submitting my final tool in the drop box. I don't understand what happened in the transition of the information to the drop box but my tool that I saved on my computer was completed.

2/12/2025 Week 6:

7a: My strength this week was that I improved on my time management of providing care. On day one, my patient had physical therapy first thing in the morning, and I was not able to do vital signs, blood sugar, and physical assessment until after her physical therapy session so being able to adapt to a set schedule already created, I felt I did well. I tried to get all assessments done within a time allotment, but still was letting my patient rest before going to occupational therapy in a hour.

7b: My weakness this week was I needed to be more efficient to do my medication pass as I still feel apprehensive administering and explain what each medication was for. I will practice being more assertive in what medication is for what condition and practice the rights of medication administration on my next 3 clinical dates with an instructor and out of school with my husband.

Student Name: Jennifer Collins				Course Objective: Impaired Physical Mobility			
Date or Clinical Week: 1/22-23/2025							
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	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	

Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete	3	All criteria met. MD
	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	All criteria met. MD
	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	2	For the evaluation piece of your care map you reevaluated the patient's pain level and also the strength training improvement. You provided details that were not in the assessment box and also provided information on improving weakness in the knee and shoulders, however, you did not identify if this was a statement by the patient or an objective finding. Be sure to be specific and reevaluate all of the highlighted areas in the assessment box. MD
	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:

Total Points: 44/45 Satisfactory MD

Faculty/Teaching Assistant Initials: MD

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

Criteria	3	2	1	0	Points Earned	Comments
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	13. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete		
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete		
	15. Evaluation includes one of the following statements: - Continue plan of care - Modify plan of care - Terminate plan of care	Complete			Not complete		

Reference

An in-text citation and reference are required.

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

The care map will be graded “unsatisfactory” if both in-text citation and reference are not included.

Total Possible Points= 45 points

45-35 points = Satisfactory

34-23 points = Needs Improvement*

< 23 points = Unsatisfactory*

***Total points adding up to less than or equal to 34 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.**

*****Students that are not satisfactory after 2 attempts will be required to meet with course faculty for remediation. *****

Faculty/Teaching Assistant Comments:

Total Points:

Faculty/Teaching Assistant Initials:

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

Student name: Jennifer Collins								
Skills Lab Competency Evaluation Performance Codes: S: Satisfactory U: Unsatisfactory	Lab Skills							
	Week 1	Week 1	Week 1	Week 1	Week 1	Week 2	Week 2	Week 9
	Insulin (2,3,5,7)*	Assessment (2,3,4,5,7)*	IV Math Application (3,7)*	Lab Day (1,2,3,4,5,6,7)*	IV Skills (2,3,5,7)*	Trach (1,2,3,4,5,6,7)*	EBP (3,7)*	Lab Day (1,2,3,4,5,6,7)*
	Date: 1/7/25	Date: 1/7/25	Date: 1/8/25	Date: 1/8/25	Date: 1/10/25	Date: 1/15/25	Date: 1/15/25	Date: 3/10 or 3/11/25
Evaluation:	S	S	S	S	S	S	S	
Faculty/Teaching Assistant Initials	MD	KA/RH	KA/DW/HS	NS/MD	NS	NS	KA/SA	
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	

*Course Objectives

Comments:

Week 1

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

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

(IV Math)-You satisfactorily participated in the IV Math learning session on 1/7/25 as well as the assigned IV Math practice questions and the IV Math Application lab on 1/8/25. KA/DW/HS/SA

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

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

Week 2

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

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

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

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

* Course Objectives

Comments:

EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2025

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

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

Student eSignature and Date:

-

11/21/24