

**EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2025**

**Firelands Regional Medical Center School of Nursing
Sandusky, Ohio**

Student:

Final Grade: Satisfactory/Unsatisfactory

Semester: Spring

Date of Completion:

Faculty: Dawn Wikel, MSN, RN, CNE; Rachel Haynes, MSN, RN; Kelly Ammanniti, MSN, RN, CHSE;
Monica Dunbar, DNP, RN; Heather Schwerer, MSN, RN; Nick Simonovich, MSN, RN

Faculty eSignature:

Teaching Assistant: Stacia Atkins, BSN, RN

DIRECTIONS FOR USE:

Each week the students evaluate themselves based on the competencies using the performance code on page 2. The performance code includes the terms **Satisfactory (S)**, **Needs Improvement (NI)**, **Unsatisfactory (U)**, and **Not Available (NA)**. The faculty member will initial if in agreement with the student’s evaluation. If there is a discrepancy in the performance code evaluation between the student and the faculty member, a note is written in the comment section by the faculty member with the rationale for the evaluation. All competencies must be rated a “S, NI, U, or NA”. If the student does not self-rate, then it is an automatic “U”. A student who submits the clinical evaluation tool late will be rated as “U” in the appropriate competency(s) for that clinical week. Whenever a student receives a “U” in a competency, it must be addressed with a comment as to why it is no longer a “U” the following week. If the student does not state why the “U” is corrected, it will be another “U” until the student addresses it. All clinical competencies are critical to meeting the objectives of the course. **An unsatisfactory or needs improvement as a final evaluation in any single competency results in a clinical course grade of unsatisfactory; this is a failure of the course. Patterns of performance over the course of the semester will be utilized to determine the final competency evaluations. The terms Satisfactory and Unsatisfactory will be used in evaluating the final grade or clinical course performance.**

METHODS OF EVALUATION:

- Skills Lab Competency Tool & Skills Checklists
- Simulation, Prebriefing, & Reflection Journals
- Nursing Care Map Rubric
- Meditech Documentation
- Clinical Debriefing
- Clinical Discussion Group Grading Rubric
- Evaluation of Clinical Performance Tool
- Lasater’s Clinical Judgment Rubric & Scoring Sheet
- Virtual Simulation Scenarios

ABSENCE (Refer to Attendance Policy)

Date	Number of Hours	Comments	Make-up (/Date/Time)

Faculty’s Name	Initials
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
1/31/25	Impaired Physical Mobility	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:			NA	S	NA	S											
a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting)			NA	S	NA	S											
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			NA	S	NA	S											
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			NA	S	NA	S											
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			NA	S	NA	S											
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			NA	S	NA	S											
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			NA	S	NA	S											
g. Assess developmental stages of assigned patients. (Interpreting)			NA	S	S	S											
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	NA S		NA	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		NA	3T 67 generalized weakness in BLE, UTI	ECSC	5T 64 Multiple BCVA & 86 MCVA											
Instructors Initials	SA		DW	KA	SA												

**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 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

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

**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 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:	NA S		NA	S	S	S											
a. Perform standard precautions. (Responding)	NA S		NA	S	NA	S											
b. Demonstrate nursing measures skillfully and safely. (Responding)			NA	S	NA	S											
c. Demonstrate promptness and ability to organize nursing care effectively. (Responding)			NA	S	NA	S											
d. Appropriately prioritizes nursing care. (Responding)			NA	S	NA	S											
e. Recognize the need for assistance. (Reflecting)			NA	S	S	S											
f. Apply the principles of asepsis where indicated. (Responding)	NA S		NA	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	S	NA	S											
i. Identify the role of evidence in determining best nursing practice. (Interpreting)	NA S		NA	S	S	S											
j. Identify recommendations for change through team collaboration. (Reflecting)			NA	S	S	S											
	SA		DW	KA	SA												

**Evaluate these competencies for the offsite clinicals:

DH: 3a

IC: 3a, f, i

ECSC: 3a, j

Comments:

Week 4 – 3b – You had the opportunity of working with a patient who had not had a bowel movement for an extended time. You learned how to administer a bowel prep to the patient, along with checking for an impaction. You monitored the patient throughout the day for results from the medication and educated him on how the cramping is

associated with the medication and suggestive he may have a bowel movement soon. You ensured he had access to a commode for easy ambulation when he needed to have a bowel movement. 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)			NA	S	NA	S											
l. Ensure patient safety through proper use of EHR, IV flow sheet, and BMV. (Responding)			NA	S	NA	S											
m. Calculate medication doses accurately. (Responding)			NA	S	NA	S											
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)	NA S		NA	NA	NA	S											
	SA		DW	KA	SA												

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

Week 4 – 3n – You had the opportunity to practice reconstituting a medication and drawing up it up from a vial and administering the medication slow IV push to your patient. You did a nice job priming your piggy back and connecting your patient to the medication for the first time. 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

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

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

Comments:

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 – Leah, you did a nice job choosing an EBP article pertinent to your patient and responding to all the CDG questions on it. You thoughtfully responded to the questions as well as to your classmate. You included an in-text citation and reference in both your posts. Keep up the great work! KA

Objective

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

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

**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 4: 5A & B. Education related to medication (communicated what medication I was giving to the patient and what it was for. Also, side effects patient may experience.) I provided this education to my patient verbally with information I received on Skyscape. This was necessary so my patient understood the need for his medication and what side effects he may experience later. That way he could also verbalize if he was having an abnormal reaction to the medication. I used open ended questions to determine if my patient understood what and why he was taking certain medications. **Nice job following up to ensure he understood the education and what to look for when taking his medications. KA**

Week 6: 5A&5B Both of my patients this week were high fall risks and both of my patients were on medications that may make them dizzy. I educated my patients to get up slowly and sit on the side of their beds and dangle their feet off the edge before attempting to stand. I had them demonstrate the proper way to sit up in bed and slowly stand up using their walkers. I used skyscape to look up their medications and told them which medications they were taking that may cause them to feel dizzy and to report dizziness to either myself or another member of their medical team.

Objective

6. Implement patient-centered plans of care utilizing the nursing process, clinical judgment, and consideration for cultural, ethnic, and social diversity. (2,3,4,5)*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
a. Develop and implement a priority care map utilizing the nursing process and clinical judgment. (Noticing, Interpreting, Responding, Reflecting)			NA	S	NA	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)			NA	S	NA	S											
			DW	KA	SA												

****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 4: Financial strain- Pt does not receive routine check ups and was charted as a poor historian • Education • Physical activity-Pt has not been able to move around his house due to weakness in his legs for the past 3 weeks. He does not have an assistive device to help him walk at home• Substance use- Pt is a smoker and had a CIWA screening • Mental health-older man who came from home. Has a significant other but she did not come visit him and he has been there since the 27th. **You did a nice job highlighting many of the SDOH factors that affect his overall ability to manage his overall health. 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

Week 6: Social and community support- One of my patients lives alone which may lead to isolation, impacting emotional well-being and access to assistance for daily tasks. Lack of a caregiver could make medication adherence, dietary changes, and therapy more challenging.

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

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,b,f)- Due to you not filling out this competency (a & b) correctly, you have received a “U” for both of these competencies. For competency (f), you received a “U” for not correctly filling out the whole tool including self evaluation. Please address each “U” on your next clinical tool in order to receive a Satisfactory evaluation. If you do not address these “U”, you will continue to receive a “U” until it is addressed. SA

Week 3- 7a. I think my strength during the first two weeks of class was learning and implementing IV flow rates and calculating carb ratio and in order to choose the correct insulin dosage required. I have never been very good at math so I am proud that I did so well in this particular area. DW 7b. My weakness this past two weeks would definitely be aseptic and sterile procedure. I figured it out okay and performed it correctly in lab check offs but was second guessing myself every time. In order to fix this, I will go over trach suctioning and trach care three times with a partner until the aseptic and sterile technique feel like second nature. Great goal! DW 7f. I must have completely checked out when the clinical tool assignment was being discussed in class. In the future I will stay present until the end of class in order to not miss important information. DW

Week 4: 7A & 7B I think that my strength this week was being able to make more sense of the patients chart and making connections as to why certain labs and diagnostics were being ordered. I also made a lot of connection on medications and why my patient was receiving certain meds due to lab results. I also feel I did a good job at my med pass, Sub Q injection, Saline Flush and Bolus IV push. What I think I need to improve on is getting my medication passed in a timely manner. I think it will be much easier now that I have actually done it on a real patient. In order to get faster, I will walk through the steps of IV, IM, Sub Q injections 3 times with a partner and make sure I am confident with the steps, so I am not second guessing myself. You did a great job with your medication administration process this week and demonstrated a strong knowledge in the medications you administered. Time management will come with time and practice. Great job making a plan on how to improve this in the future. KA

Week 1 & 2 REMEDIATION: 7A & 7B & 7F- I think that my strength in weeks one and two was recalling all of the information we learned last semester in lab. Going back over the Foley Catheter, NG tube, wound care, I was impressed with my ability to remember how to perform the procedures. The repetition of repeating the skill in the first two weeks of lab only solidified the proper steps in my mind in order to prepare me for clinicals. My weakness was remembering the basics; IE (was my hands before the assessment of my mannequin in lab, checking their name and birthdate, putting their side rails back up.) It seems that I was so focused on the larger skills that the basics were slipping through. In order to remedy this, I will review the infection control and safety protocols, and role play with another classmate 4 times to make sure that these steps become like second nature again. I must have let my mind wonder in class when we were going over how to fill out the clinical tool for the first two weeks OR I assumed I knew how to do it. In the future, I will not assume I know what the lecture is going to say and do my best to stay present in class as to not miss any more important information. KA

Week 5 7A & 7B: I think my strengths this week was communication, responding, and leadership with the seniors at ECSC. I went into the situation feeling confident and took it upon myself to talk with them, ask questions and make a connection. I feel that I preemptively address many of their needs by offering coffee refills and clearing the trays of seniors with impaired physical mobility. My weakness this week was probably missing opportunities to educate some of the seniors on interventions and helpful tips on how they could improve mobility and potentially make their day to day lives a little easier. While I was listening to some of their stories, I could have given some suggestions but instead I just listened. To remedy this, I will talk with three elderly people in my family and make education part of my active listening skills. I will prioritize offering evidence-based interventions as a suggestion to make their activities of daily living slightly less demanding. Great ideas! SA

Week 6 7A & 7B: I think my area of strength this week was flexibility. I had two different patients and they both had crazy schedules. Both had PT, OT, and ST. One the first day my patients schedule was changed and on the second day my patients ST was not even on the schedule. On the first day I had imaging, lab, dietary and the NP come in while I was trying to get a focused assessment. I was able to shift priorities and adapt to the situation and still get everything that needed to be accomplished done. I think my weakness this week was patient hygiene. I was so busy with getting my patients to all of their therapy, passing meds, assessments and documentation that I didn't even think of offering a bag bath or wipes to my patient on the second day. In the future I will practice the act "habit stacking." For every remaining clinical I have this semester, I will offer some form of hygiene directly after my head-to-toe assessment. If I end my assessment with "lets get you cleaned up this morning" it will make it a priority for me and not something that falls by the wayside.

Student Name: Leah Shelley		Course 6					
Date or Clinical Week: 4		Objective:					
Criteria		3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)	3	You did a nice job listing the abnormal assessment findings, labs/diagnostics, and risk factors your patient had. 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 listing all the nursing priorities your patient had and highlighting the highest priority. You set an appropriate goal for you chosen nursing priority. You highlighted the relevant data in the noticing section that is associated with your nursing priority. I would highlight the neck pain, fall risk, and albumin level as well for your impaired physical mobility nursing priority. You identified 3 complications and signs and symptoms the nurse would assess for with each. 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	2	
	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 including all relevant nursing interventions and making sure they are individualized, realistic, and include rationales. You nursing interventions were not prioritized. Remember assessments are first, followed by other nursing tasks, and education is last. Only half of your nursing interventions had frequencies. You can time interventions in many ways for the one you did not time here are some options: as at all times, prn, every interaction, on ambulation, before discharge, on admission, daily. KA
	10. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete	0	
	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	
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	You did a nice job reassessing all highlighted data in the noticing section. You stated you would continue your plan of care. KA
	15. Evaluation includes one of the following statements: <ul style="list-style-type: none"> 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 you care map. See comments above for areas to improve on in the future. KA

Total Points: 40/45

Faculty/Teaching Assistant Initials: KA

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

Criteria	3	2	1	0	Points Earned	Comments
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	13. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete		
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: <ul style="list-style-type: none"> 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: Leah Shelley								
Skills Lab Competency Evaluation	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 or 1/9/25	Date: 1/8 or 1/9/25	Date: 1/10/25	Date: 1/15 or 1/16/25	Date: 1/15 or 1/16/25	Date: 3/10 or 3/11/25
	Evaluation:	S	S	S	S	S	S	S
Faculty/Teaching Assistant Initials	SA	SA	SA	SA	SA	SA	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 1/9/2025. 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. SA

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: Leah Shelley							
	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)
Performance Codes: S: Satisfactory U: Unsatisfactory								
	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	DW	SA						
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