

**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
2/5-6/2025	Acute on Chronic Pain	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:			S	S	S	S	S										
a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting)			S	S	S	S	S										
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			S	S	S	S	S										
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			NA	S	S	S	S										
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			NA	S	S	S	S										
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	S	S	S	S										
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			NA	S	S	S	S										
g. Assess developmental stages of assigned patients. (Interpreting)			NA	S	S	S	S										
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		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	Infection control and digestive health	4N, 75 (toe amputations, stent placement) and 73	5T, 67 L2-5 laminectomy & T10-pelvis fusion	4N, 85, possible GI bleed, stroke	3T, 84, low SpO2, (empyema)										
Instructors Initials	KA	KA	DW	SA	MD	NS											

**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-h)- Great job identifying the patient's needs. SA

Week 5 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 6 1(a-h) – Lexi, nice job this week making correlations between your patient's health alterations and the nursing care required. You discussed clinical judgment throughout the week and did well answering questions presented to you regarding information from the EHR. You were able to discuss the risk factors your patient presented with related to a GI bleed, such as over-consumption of aspirin as an analgesic. You were able to discuss the risk factors for gastritis and peptic ulcer disease. You identified her symptoms of aphasia as being related to the newly identified stroke that occurred prior to discharge. You also identified signs and symptoms to monitor for related to blood loss from a GI bleed. Good job discussing diagnostic studies performed, identifying low hgb, hct, and RBC levels in addition to a very low iron level, which you correlated to the medications she was receiving. You identified the medical treatment for the GI bleed as being an EGD/colonoscopy, then discussed the rationale for having this cancelled as a result of the newly found stroke. Overall you were actively engaged in our discussions, researched the patient's chart, and demonstrated growing clinical judgement based on your patient's situation. NS

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

**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-f)- You successfully documented all assessments, including medications and rationale of needs for those medications.SA

Week 5 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 6 2(a,e) – You did well with your assessments this week, noticing numerous deviations from normal. Relating to her newly identified stroke, you were able to notice her aphasia, which seemed to improve throughout the week. You also correlated her stool that was positive for occult blood with her aspirin use and potential active GI bleed. You prioritized your assessments effectively and continue to improve your assessment skills. NS

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

**Evaluate these competencies for the offsite clinicals:

DH: 3a

IC: 3a, f, i

ECSC: 3a, j

Comments:

Week 5 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 6 3(c,d) – your time management and prioritization was strong this week, allowing you the opportunity to learn from other experiences. You were timely in your assessments, ensuring all pertinent data was collected. When your patient did not require nursing care, you were able to assist with dressing changes with your peer to enhance your knowledge. Good job!

Week 6 3(j) – You had an interesting experience this week as you accompanied your patient to digestive health for her scheduled EGD. You were able to identify the change in plans for the scheduled procedure due to her recent stroke. You correlated the risks associated with anesthesia following a stroke by collaborating and actively listening to the provider in digestive health. NS

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

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 (3a-r)- Great job this week following safety and fall precautions with your patients. Successfully presented an EBP article for your CDG. You administered medications per orders and navigated documentation in Meditech appropriately. You did great with all IV skills priming the tubing, administering IV fluids and IV push, and successfully administered a subcutaneous injection medication without interventions needed. Great job! SA

Week 5 Rehab Clinical Objective 3 K-L: 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 6 3(k-q) – Great job with medication administration this week! You observed the rights of medication administration and performed the three safety checks, utilizing the BMV scanner for patient safety. You gained experience administering an IVP medication, reconstituting a powdered medication with saline, administering ophthalmic medications, and preparing a secondary IV infusion. In each skill, you demonstrated beginning competence and used appropriate aseptic technique. You gained experience monitoring an IV site with a continuous infusion, utilize the IV pump to accurately program the iron infusion, and successfully regulated an IV flow rate. NS

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

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

Comments:

Week 3(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 Davis's Diseases and Disorders. APA formatting was right on target. DW

Week 4 (4a-g)- Excellent job communicating and working with the primary nurses on both your patients this week! You appropriately applied thorough content with your CDG discussion and EBP article as well. SA

Week 5 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 hand-press pellet for pain that was interesting and detailed regarding your patient and potential EBP therapies. The reference and in-text citation you provided were satisfactorily completed. Please see me if you have further questions! MD

Week 6 4(a,b) – you were challenged this week with therapeutic communication due to the frustrations that your patient experienced during her stay. When your patient’s EGD was cancelled, you were the one in the room as she returned, facing her frustrations. You used empathy to understand her concerns, and used appropriate communication techniques by actively listening. Collaboration occurred between you, the primary RN, and the patient advocate to help address the situation. NS

Week 6 4(e) – Great work with your CDG requirements this week! You answered all questions appropriately with good supporting details and utilized an appropriate, reputable resource to support the discussion. All criteria were met for a satisfactory evaluation. See my comments on your posts for further details. APA formatting looked spot on, well done! NS

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	S	S	S										
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	S	S	S										
	KA	KA	DW	SA	MD	NS											

****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 a & b: Provided education related to diabetic self-care including safe mobility, regular bathing, skin checks (especially feet) for ulcers, and wearing shoes and socks which was provided through discussion with the patient. This teaching was needed to prevent future ulcers leading to amputation from diabetes. The patient’s education was discussed from information on Skyscape. It was validated by the patient performing bathing, proper mobility with the walker, wearing required bilateral post op shoes and explaining why they would perform foot checks at home.

Week 4 (5a,b)- Great education and discussion with the patient. Skyscape is an excellent resource to use! Awesome! SA

Week 5 a & b: A teaching need for my patient was the use of the incentive spirometer. I was in the room when she went to use it and she proceeded to blow into the incentive spirometry showing improper education to my patient. I then educated her with proper information from Lexicomp and my knowledge from our textbook. This included me informing her to sit up straight, take a deep breath in and out, then place your mouth on the piece and breath in slow and deeply, hold it for a few seconds and then take your mouth off and breath out. I explained this is best if she performs it about 10-15 times every hour while awake to prevent respiratory problems. I found that my teaching was effective by her showing me how to then properly use the incentive spirometer and explained that she would do it around 10 times an hour for her lungs. Awesome! MD

Week 6 a & b: A teaching need of my patient was proper ambulation with a walker. I taught her to adjust the walker to fit right in her hands when her arms are slightly bent, around hip level. Then, I taught her to push off the bed to stand and then grasp onto the walker standing upright. Then to push the walker slightly forward and take the leading step with her weaker leg (left leg) and then follow with the stronger leg (right leg) and keep a steady pace. Also, she was told to always keep the walker in front of her and take turns slowly. I utilized Lexicomp and our textbook from my information to inform her on the correct way to ambulate with a walker. This teaching method was validated by her performing and correcting her ambulation with the walker with the information I provided. **Very good! Why do you think she required the use of a walker while in the hospital but not at home? Consider her anemia and recent cerebral event that occurred. This type of education is important to help promote safety if she needs to continue the use of a walker at home. Another important education topic for her on discharge is appropriate use of aspirin and other options for pain relief due to her GI bleed. Great job using your knowledge and resources to help promote safety in ambulation. NS**

Week 7 a & b: A teaching need of my patient was the need for proper nutrition. I delivered this teaching in a packet from Lexicomp called "High Calorie, High Protein). This packet included information on calorie and protein intake along with foods and ways to increase them in your diet. Specifically, to intake 5-6 small meals a day, to increase fruits, vegetables, meats, dairy, and to include ensure plus drinks in and between meals. My patient needed this teaching because he has lost 40 pounds in 6 months and has multiple disease processes that I feel he would benefit from an increased diet in calories and protein. My teaching was validated by the patient stating he would try to intake more meats and vegetables and buy some of the ensure plus drinks for his home. Also, when I was leaving the room, I saw as he picked up the packet and started reading showing active engagement by the patient.

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	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	S	S	S										
	KA	KA	DW	SA	MD	NS											

****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:

Week 4 B: Social determinants of health for my patient is retirement/low income, living alone, less access to transportation, and a lower level of education. These could all affect patient care at home. The availability to medications could alter due to income and insurance, and less access to transportation could lead to unavailability to doctor's appointments. This could alter the patient's ability to take care of their chronic diseases at home. **Week 4 (6a,b)- Education is an extremely important factor for this patient. Educating the patient on the importance of medication compliance can provide them knowledge they may not be subjected to due to their living situation. Providing them with resources for access to the care they need can also promote a successful treatment plans for them as well. Great job!**

Week 5 B: Social determinants of health for my patient is a lower income from recent retirement, her older age of 67, her housing situation which will be going home alone, and less access to proper food and nutrition. All of these will contribute to her access to healthcare especially after she returns home alone. It will be difficult to take care of herself along with her chronic pain and illnesses. She will not be driving so access to doctor's appointments, therapy, and the grocery store will be challenging. These all play a major role in her recovery and continued therapy journey at home. **Excellent identification of SDOH for your patient! Who could you get involved for her care to help with her needs? MD- home health**

Week 5 Rehab Clinical Objective 6 A: This week you were able to develop a satisfactory care map based on acute on chronic pain. Please see rubric for additional comments! MD

Week 6 B: Social determinants of health for my patient is a lower income as she is retired and on Medicare which could lower her access to safe housing, proper medical treatment, and proper nutrition. Another SDOH for my patient is less access to transportation as she does not drive, is lower income, and lives at home alone. Lastly, she has a history of domestic abuse from her late husband in which causes her psychological problems. **Good identification of SDOH that can impact her health outcomes. This is sad to hear about her past. All of these factors will play a role in her ability to meet intended goals once discharged. I hope that she has some friends/family around to help with her follow up appointments, as she will need to see both GI and neuro. We as nurses can help work with case management to identify her needs and help set her up for success upon discharge. Good thoughts! NS**

Week 7 B: Social determinants of health for my patient was lacking in his support system or caregiver. His wife seems to have early signs of dementia causing the patient to be frustrated, depressed, and worried as to how he is going to live at home with her. They are each other's caregiver and now her neurological status is declining. This will also cause difficulty with transportation as it may not be safe for either of them to drive. They both will have to start relying on family and friends to go to the grocery store, doctor's appointment, etc. Lastly, the transportation issue will cause a lack of proper nutrition as they may not be able to go to the grocery store themselves or must wait a week for groceries to be delivered from a family member.

See Care Map Grading Rubrics below.

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

**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: A. I think that my area of strength was coming prepared and using my time very efficiently to practice for check off.

b I feel that my area of weakness was confidence in performing my check off. I felt that I was very nervous and had to stop and make sure I did not forget a step. To improve on my confidence in Trach suctioning

and care, I will go over the checklist again and go through the motions of suctioning and trach care every week until I feel confident in my skills. **This is a great goal. You can also practice this skill during Lab Day in March. This will be a skill you will master in time with your determined dedication and continued practice. KA**

WEEK 3: A. I think that my area of strength was being familiarized with the isolation precautions for the different infections from my previous experience at the hospital. **Way to use past experiences to your advantage in your med-surg clinical experiences. DW**

B. I feel that my area of weakness was speaking up and asking questions during the digestive health experience. I thought that it was very interesting and wanted to learn more but once 8 o'clock came and all patients started coming in it was very fast paced. Getting them in for preop and taking them back within 10 minutes, the procedure lasting about 15 minutes and then post op and discharge within 30-45 minutes and onto the next patient. I do think this experience was positive though and gave me insight into an outpatient nursing career that could be in my future. **Lexi, you shared an opportunity for improvement, but not a goal to guide your improvement. Sometimes you have to think outside of the box to create a goal; for example, maybe you will approach three people in your class that you don't know and ask them a question before the next clinical to take you out of your comfort zone a bit. Unfortunately, not including a goal in your comments for 7b will result in a U for this competency. Don't be overly hard on yourself. You are still learning the process and have the whole semester to show growth in establishing goals. Please review the directions on page 1 of this document to ensure you are addressing your U correctly. You must comment on how you have improved for 7b with the next tool submission. Failure to do so will result in a continued U. If you have any questions, please do not hesitate to ask. DW**

Week 4 A. I feel that my area of strength was checking blood sugars because I have previous experience as a PCT, so this did not make me nervous in my skill.

B. I feel that my area of weakness was remembering the steps to set up an IV infusion through the pump. To improve on this skill, I will watch the IV Alaris Pump video twice this week and go through the steps in my head and then write them down from start to finish from getting the bag from the Pyxis to starting the pump.

Week 4 (7a-h)- Excellent job with your IV push and fluid administration! Great plan for improvement before next clinical. As you saw that we all may experience troubles with the IV pump and it is beneficial to always call on to others for help. But you did a great job at taking your time at priming your tubing and handling your patient appropriately. I look forward to seeing you improve and grow this semester! SA

Week 5 A: I feel that my strength was patient communication. My patient seemed to really enjoy our conversations and continued to want me to stay and sit down with her to talk. I think it was good for her to have a student that was able to take all their time to focus on one patient. It allows the patients to have someone to talk to for a good part of the day if they so choose. **You did an excellent job with communication with your patient! MD**

B. I feel that my weakness was time management during medication pass. I think that I just get flustered and if I calm down and just go through the steps it will get better with time. To start improving this skill this week, I will go through all the 7 steps of medication administration and the steps of med pass in my head once every day to hopefully improve on this skill for next week's clinical. **This is an excellent goal! I do feel some of it may have been the confusion of her timing for pain and muscle relaxant medications. It is always a great goal to work on time management in all areas! MD**

Week 6 A: I feel that my strength was connecting the lab values and diagnostics to my patient's diagnosis and medical problems. **Great strength! You were able to demonstrate your clinical judgment and ability to make correlations between the EHR and your patient care. I presented you with numerous questions as we reviewed the chart, and you did well to answer confidently. I hope this was a beneficial learning experience in connecting the dots! NS**

B: I feel that my weakness was reconstituting medications (Pantoprazole). I feel that this skill was difficult for me as it was my first time doing it. I feel that with time and other experiences I will improve. To start improving on this skill this week, I will watch the correct reconstitution process in a video twice a week to make myself comfortable for my next opportunity. **Good reflection! This is partly why I wanted you to perform this skill with your fellow classmate's present. Until you get to see it/perform the skill, you don't truly understand the dexterity involved. As you learned, it takes a good amount of strength to reconstitute due to the pressure involved. However, you seemed to improve on day 2 with your second experience, which is what learning is all about! Keep up the hard work. NS**

Week 7 A: I feel that my strength was time management. I feel that the assessment and charting does not take as long as the start of school. This then allows me to have time to look up meds and give them in a timely manner.

B: I feel that my weakness was hanging IV piggyback. I feel that I still have to ask questions and reassure my knowledge while completing this skill. To improve this skill each week I will watch the IV setup videos twice a week until the next clinical and then on if needed.

Student Name: Lexi Bores		Course Objective: Acute on Chronic Pain					
Date or Clinical Week: 2/5-6/2025							
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	1. When identifying noticing criteria be sure to be very specific with the data. This will assist you with the evaluation at the end. For example: can you tell me more about her anxiety? Is it debilitating? 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	3	14. Be sure to be specific just like #1. Here you could say that the patient has either decreased or increased anxiety pending on how much anxiety they were experiencing at the beginning of your care map. Let me know if you have any additional questions. MD
	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:

Total Points: 45/45 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: <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: Lexi Bores								
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	KA	KA	KA	KA	KA	KA	KA	
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 January 8, 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: Lexi Bores							
	Performance Codes: S: Satisfactory U: Unsatisfactory	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)
	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	MD						
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