

**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)
2/6/25	7	Missed clinical	TBD
2/10/25	1	Vsim Juan Carlos	2/10/2025 1hr

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
2/22/2025	Impaired Bowel Elimination	S/NS	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	NA	S	S	S	NA									
a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting)			S	NA	S	S	S	NA									
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			S	NA	S	S	S	NA									
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			S	NA	S	S	S	NA									
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			S	NA	S	S	S	NA									
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	NA	S	S	S	NA									
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			S	NA	S	S	S	NA									
g. Assess developmental stages of assigned patients. (Interpreting)			S	S	S	S	S	NA									
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		S	S	S	S	S	NA									
	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 & 57. Left acetabular fracture	ECSC	5T/Rehab, 87, Rib fractures involving the thorax.	3T, 90, L-3 compress fracture	4N, 87, Generalized weakness/G.I. Bleed										
Instructors Initials	KA	KA	MD	DW	SA	HS	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 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 (1a-h)- 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. SA

Week 6 - (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 all his medications that he was taking, especially the prn pain medications and how they impacted his plan of care. HS

Week 7 1(a-h) – Good work this week making correlations between your patient's health alterations and the nursing care required. You discussed the pathophysiology involved with her hematochezia. You discussed hemorrhoids and the recently prescribed dual anti-platelet therapy that could be causative factors. You correlated her signs and symptoms of increased weakness at home, bloody BM, elevated and irregular heart rate, and fatigue to her significant anemia. You discussed the importance of oxygen transport in relation to her low hemoglobin and identified signs to monitor for complications. You identified the rationale behind the planned colonoscopy procedure and discussed her low iron levels when reviewing her diagnostic results. Medications were reviewed and correlated to her current and past medical history. You discussed the potential for a blood transfusion and the importance of the colonoscopy to visualize the causative factor. Good job in our discussion and in developing your clinical judgement as portrayed in your care map submission this week. 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:			S	NA	S	S	S	NA									
a. Perform inspection, palpation, percussion, and auscultation in the physical assessment of assigned patient. (Noticing)			S	NA	S	S	S	NA									
b. Conduct a fall assessment and implement appropriate precautions. (Noticing)			S	NA	S	S	S	NA									
c. Conduct a skin assessment and implement appropriate precautions and care. (Noticing)			S	NA	S	S	S	NA									
d. Communicate physical assessment. (Responding)			S	NA	S	S	S	NA									
e. Analyze appropriate assessment skills for the patient's disease process. (Interpreting)			S	NA	S	S	S	NA									
f. Demonstrate skill in accessing electronic information and documenting patient care. (Responding)	S		NI	NA	S	S	S	NA									
	KA	KA	MD	DW	SA	HS	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 3(2f)- A couple times I miss clicked and incorrectly documented. For example, documenting a capillary refill under an apical pulse. This can be fixed by slowing down when charting and taking my time. This is a good assessment of your skills and something that will improve with time. MD

Week 3 Rehab Clinical Objective 2 A & D: While you were on clinical you performed a satisfactory physical assessment and communicated abnormal assessments to myself and to the primary nurse. Great job! MD

Week 5 (2a-f)- 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. SA

Week 6 (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

Week 7 2(a,e) – Good job with your assessments this week, noticing numerous deviations from normal. Specifically, you were able to assess an irregular and rapid heart rate related to her afib. 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	NA									
a. Perform standard precautions. (Responding)	S		S	NA	S	S	S	NA									
b. Demonstrate nursing measures skillfully and safely. (Responding)			S	NA	S	S	S	NA									
c. Demonstrate promptness and ability to organize nursing care effectively. (Responding)			S	NA	S	S	S	NA									
d. Appropriately prioritizes nursing care. (Responding)			S	NA	S	S	S	NA									
e. Recognize the need for assistance. (Reflecting)			S	NA	S	S	S	NA									
f. Apply the principles of asepsis where indicated. (Responding)	S		S	NA	S	S	S	NA									
g. Demonstrate appropriate skill with Foley catheter insertion, maintenance, & removal (Responding)			NA	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)			S	NA	NA	NA	NA	NA									
i. Identify the role of evidence in determining best nursing practice. (Interpreting)	S		S	NA	S	S	S	NA									
j. Identify recommendations for change through team collaboration. (Reflecting)			S	S	S	S	S	NA									
	KA	KA	MD	DW	SA	HS	NS										

**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 (3a-j)- Great job this week working with your patient and the therapy team. You observed all therapy sessions and appropriately prioritized all nursing care duties. SA

Week 6 (3 c, d, e)- You were able to prioritize your care for the day and adjust care 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

Week 7 3(c,d) – Your time management was excellent this week. You were timely in your assessments, documented quickly, and were prepared for medication administration in a timely manner. You utilized your time well to provide patient care, review the patient’s chart, and identified education priorities. Great job! 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:																	
k. Administer PO, SQ, IM, or ID medications observing the rights of medication administration. (Responding)			NI	NA	S	S	S	NA									
l. Ensure patient safety through proper use of EHR, IV flow sheet, and BMV. (Responding)			S	NA	S	S	S	NA									
m. Calculate medication doses accurately. (Responding)			S	NA	S	S	S	NA									
n. Administer IV therapy, piggybacks, IV push, and/or adding solution to a continuous infusion line. (Responding)			NA	NA	NA	NA	NA	NA									
o. Regulate IV flow rate. (Responding)	S		NA	NA	NA	NA	NA	NA									
p. Flush saline lock. (Responding)			NA	NA	NA	NA	NA	NA									
q. Monitor and/or discontinue an IV. (Noticing/Responding)			NA	NA	NA	NA	S	NA									
r. Perform FSBS with appropriate interventions. (Responding)	S		S	NA	NA	S	NA	NA									
	KA	KA	MD	DW	SA	HS	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 3 (k)- I was hesitant and nervous during medication administration and need to work on being more confident in following through the steps. I can definitely understand your hesitancy for medication administration this week considering that this medication administration was the first for the semester. I do want to encourage you

that while the actual medication pass you were nervous and need confidence you were able to identify the rights of medication administration appropriately and provided a comprehensive analysis of the medications you were giving to your patient. You included the type of medication, side effects, and nursing implications for each medication and you were able to identify and practice the safe medication administration guidelines. MD

Week 5 (3k-m)- You did a nice job administering your medications this week. You observed the rights of medication administration and was able to answer all questions about your medications. You had the opportunity to pass PO and a topical patch medication this week. SA

Week 6 (3k, l, m, p)- You did a nice job with medication administration this week! You were able to administer PO medications, and SQ insulin. 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. (3q)- I changed this because you did complete and IV site assessment on your patient. (3r) You were able to complete a FSBS and determine the appropriate amount of insulin to be administered. HS

Week 7 3(k,l,m) – You did a wonderful job with medication administration this week. You were well-prepared to discuss the implications, side effects, and nursing considerations for each medication. You observed the rights of medication administration and promoted safety through the use of the BMV scanner. You gained insight into the importance of utilizing the safety checks and systems in place, as a medication was placed into the wrong pocket in the Pyxis machine and was identified when scanning the medication. You gained experience with several PO medications and administered a suppository using appropriate technique. All dosage calculations were performed accurately. 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	NA									
a. Integrate professionally appropriate and therapeutic communication skills in interactions with patients, families, and significant others. (Responding)			S	S	S	S	S	NA									
b. Communicate professionally and collaboratively with members of the healthcare team using hand-off communication techniques. (SBAR) (Responding)			S	S	NA	S	S	NA									
c. Report promptly and accurately any change in the status of the patient. (Responding)			S	NA	S	S	S	NA									
d. Maintain confidentiality of patient health and medical information. (Responding)			S	S	S	S	S	NA									
e. Consistently and appropriately post comments in clinical discussion groups. (Reflecting)			S	S	S	S	S	NA									
f. Obtain report, from previous care giver, at the beginning of the clinical day. (Noticing)			S	NA	S	S	S	NA									
g. Provide a clear, organized hand-off report to your patient's next provider of care. (Responding)			S	NA	S	S	S	NA									
	KA	KA	MD	DW	SA	HS	NS										

**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 healthcare provider led exercises for patient's with hip fractures that was interesting and detailed for the patient you worked with in clinical. The reference and in-text citation you provided were well written using APA formatting. Great job! MD

Week 4 (4e)- According to the CDG Grading Rubric, you have earned a satisfactory for your Erie County Senior Center discussion this week. Your discussion was thorough and backed by evidence from RNotes. Great job overall with APA formatting; just a couple thoughts for future improvement: 1. When you cite a direct quote from a resource, the in-text citation should include a page or paragraph number that the quote can be found; for example, (Myers, 2023, para 1). A paragraph number is only used when the resource does not have page number, such as an electronic resource like RNotes. 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 (4a-g)- 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! SA

Week 6 (4e)- Nice job on your CDG this week! 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 medication. You also provided an in-text citation and a reference for the initial and peer response. Nice job! HS

Week 7 4(e) – Nice work with your CDG this week focused on education. Descriptive details were provided. See my comments on your posts for further details. All criteria were met for a satisfactory evaluation. 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:			S	NA	S	S	S	NA									
a. Describe a teaching need of your patient.** (Reflecting)			S	NA	S	S	S	NA									
b. Utilize appropriate terminology and resources (Lexicomp, UpToDate, Dynamic Health, Skyscape) when providing patient education. (Responding)			S NI	NA	S	S	S	NA									
	KA	KA	MD	DW	SA	HS	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 5(a &b)- Education related to preventing respiratory complications due to having impaired physical mobility (This is done by deep breathing exercises, such as a deep breath through the nose, holding it for 2-3 seconds, then exhaling completely through the mouth, followed by a strong cough) was provided to my patient through discussion and demonstration. This was necessary to reduce the risk of the patient developing atelectasis due to physical inactivity. The teach-back/ show-back method was used. **This is great information to provide your patient, however, where did you obtain this information? It is important to include this to identify what resources you have available to you as a nurse! MD**

Week 5(a & b)- Education related to improving lung function and preventing complications how having decreased physical mobility (This was done by encouraging and explaining the importance of the incentive spirometer. The patient should inhale slowly through the mouth piece, then hold their breath for 3-5 seconds, and finally exhale slowly removing their mouth from the mouth piece) was provided to my patient through discussion. This is necessary to improve lung functions and prevent complications such as atelectasis. This information was found through Skyscape, and the teach-back method was used. **Nice intervention for lung function improvement. Skyscape is a nice resource tool and the teach back method confirms patient understanding. Great job! SA**

Week 6(a and b)- Education related to proper blood glucose level testing (This was done by encouraging the finger to be poked on the side of the finger instead of directly on the pad on the finger. The site should rotate as well) was provided to the patient through discussion. This is necessary to prevent complications such as infection and to prevent necessary pain to the patient. This information was found through Skyscape, and the teach-back method was used. **Nice job! HS**

Week 7(a & b)- Education related to recognizing symptoms of anemia and how it increases the risk of falling (This was done by explaining some of the symptoms of anemia like fatigue, SOB, and dizziness. As well as making sure if she experienced any dizziness when getting up that she sits back down in order not to fall.) was provided to that patient through discussion. This is necessary in order to prevent falls, which could create more injuries that lead to further complications. This information was found through Skyscape and the teach-back method was used. **Very good! Safety is a high priority in the hospital setting. Good job using your clinical judgment to correlate the**

symptoms she was experiencing as a result of the anemia and providing education so that she understood her risks when ambulating. Good use of clinical judgment to provide this education and ensure she had a good understanding. NS

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	NA	NA	S	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	S	NA									
	KA	KA	MD	DW	SA	HS	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:

See Care Map Grading Rubrics below.

Week 3(6.b)- My patient had a hip fracture that impaired his physical ability to do activities of daily living. While he is recovering and gaining back his ability to do things, he will be limited from certain things he normally could do. He will find it difficult, for example, to drive. This could severely effect his employment, which could eventually lead to financial strain on the patient. **Absolutely! 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

Week 5 (b)- My patient had rib fractures that impaired her ability to do activities of daily living. She would find it hard to continue doing the things she had previously done every day, such as feed her cat. Before her injury she had lived only, but now she will have someone coming to her house in order to help her with these tasks. She will pay this person which could lead to financial strain on the patient. **Great point of view! SA**

Week 6(b)- My patient had an L-3 fracture that severely impacted his mobility and his abilities of daily living. He would find it hard to do the necessary tasks he needed for every day life. He needed assists when moving, and experienced pain from just turning over in bed. He would more than likely have to pay someone for help assisting him, which as the potential to put financial and emotional strain on the patient. **Nice job, you have identified some important SDOH factors for the patient. He may have limited**

resources in a few different areas. We did not see any visitors while you cared for him, and financial concerns may also be a factor for him as well once he is discharged from the hospital. HS

Week 7 (b)- My patient had generalized weakness and a G.I. bleed that had a big impact of her mobility and her ability to perform activities of daily living. She was also at times confused and couldn't tell me why she was at the hospital. These factors could make it hard for her to care for herself without assistance. She might have to rely on her family, which could lead to an emotional strain on this patient. She also was recently discharged from the hospital and a few weeks later was sent back which could lead to financial strain. Good thoughts! NS

Week 7 6(a) – Satisfactory submission of a care map on the top priority problem of impaired bowel elimination. See the attached grading rubric for comments. NS

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	NA									
b. Reflect on an area for improvement and set a goal to meet this need.** (Reflecting)	S		S	S	S	S	S	NA									
c. Demonstrate evidence of growth, initiative, and self-confidence. (Responding)	S		S	S	S	S	S	NA									
d. Follow the standards outlined in the FRMCSN Student Code of Conduct Policy. (Responding)	S		S	S	S	S	S	NA									
e. Incorporate the core values of caring, diversity, excellence, integrity, and “ACE”- attitude, commitment, and enthusiasm during all clinical interactions. (Responding)	S		S	S	S	S	S	NA									
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (Responding)	S		S	S	U S	S	S	NA									
g. Demonstrate the ability to give and receive constructive feedback. (Responding)	S		S	S	S	S	S	NA									
h. Actively engage in self-reflection. (Reflecting)	S		S	S	S	S	S	NA									
	KA	KA	MD	DW	SA	HS	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.) One area of strength would be strong attention to detail in order to correctly following procedures taught in skills lab. This is a great skill to have in nursing.

KA

Week 1 (b.) One area of improvement might be improving my skill in dosage calculation. I will review that correct formulas and will practice by completing 10 dosage calculations before the next test. **Great idea! Practice makes perfect. There are a variety of practice problems in the IV Math folder in the resource section of the MSN course on edvance360. KA**

Week 3(a.) One area of strength would be providing interventions for the patient such as demonstrating deep breathing exercises. **Absolutely! MD**

Week (b.) One area of improvement would be gaining more confidence in medication administration. I will review the steps 5 times before my next clinical week in order to gain more confidence. **This is a great goal! I cannot wait to see how you grow in medication administration throughout the semester! MD**

Week 4 (a.) One area of strength would be my ability to properly assist the seniors when it came to their mobility. For example, helping them sit down and serving them so they did not have to get up. **I'm sure they greatly appreciated it, especially the older adults that require the use of a walker to be mobile. Keep up the great work! DW**

Week 4 (b.) One area of weakness would be finding the right volume to talk in when talking to the seniors. For example, one or two times my voice was too quiet and I had to repeat myself. This can be improved by practicing speaking louder 5 times before my next clinical. **Nevaeh, I can totally relate to this as someone that historically and naturally has a soft-spoken voice. The good news is that you can work on it and improve over time. Make a conscious effort to project your voice when interacting with others...in all realms of your life. Additionally, when interacting with someone that is hard of hearing, a deeper voice is more easily heard. High pitch is not always effective. Keep this in mind for the future. You've got this! DW**

Week 5(a) One area of strength would be assisting my patient to and from here therapy sessions. **You had a great experience getting to attend your patients therapy sessions. This also allowed you to reflect the importance of prioritizing your patients medications and needs to accommodate their busy schedule. SA**

Week 5(b) One area of improvement would be in improving my clinical judgement. This can be done by reviewing case studies 5 times before my next clinical. **SA**

Week 5 (f) I missed clinical time 2/6/25 and will make it up 3/13/25/. **Thank you for recognizing this as professionalism. I changed this back to a satisfactory grade as we understand that life happens and weather can prohibit our time and your safety is of utmost importance! SA**

Week 6(a)- One area of strength was communication with the patient. **Great job! Effective communication is key when providing care to our patients. HS**

Week 6 (b)- One area of weakness would be not fully completing a pain assessment. I didn't follow up by asking the patient if there was anything that he needed for the pain or if he needed additional pain medication. To fix this I will go over and practice pain assessments 3 times before my next clinical. **That sounds like a good plan. HS**

Week 7 (a)- One area of strength was talking with the patient. **Good! It looks like communication was your identified strength last week. Try to think of something different each week that you can highlight as a strength. For example, this week you had the opportunity to administer a suppository medication for the first time. While this isn't something overly exciting, it is a new skill that you performed effectively. NS**

Week 7 (b)- One area of improvement would be building confidence in clinical decision making. I will do this by reflecting on patient's conditions and what nursing interventions would be needed. I will do this 5 times before my next clinical. **Good! I thought you did well using your knowledge and clinical judgment in our discussions. You demonstrated an understanding of her risks and potential complications. This can be hard when on the spot in unfamiliar situations, but I thought you handled the week well. Great plan for improvement! Keep up the hard work. NS**

Student Name: Nevaeh Walton		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
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	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	All criteria met. 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: Nevaeh Walton		Course Objective: 6					
Date or Clinical Week: Week 7							
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	Seven abnormal assessment findings were listed based on the care provided during the clinical experience. Consider including the irregularity with her heart rate in addition to the rapid rate (afib). Also, consider including her high fall risk score, as her weakness from anemia can lead to complications. Three abnormal diagnostic findings were listed. Points were deducted due to several abnormal lab and diagnostic values being omitted. For your consideration, she had an elevated PT level of 17.0, chloride level of 116, decreased calcium of 8.5, iron of 18, iron saturation of 5.8. She also had an abdominal CT that showed bile duct stent and hepatic cysts. Lastly, she had a stool sample collected that showed positive occult blood. These would be important diagnostics to include in the care map. 8 risk factors were identified, based on her current and past medical history.
	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)	1	
	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	A thorough list of nursing priorities were identified. Based on the noticing section and patient care provided, it was appropriately determined that impaired bowel elimination was the priority problem based on her admission for hematochezia. An appropriate and realistic goal was identified. Due to the omission of important lab values, not all relevant data was highlighted in support of the priority problem. See my comments above for examples. Three priority potential complications
	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	

							were identified with specific signs and symptoms to monitor for each.
Responding	9. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete	2	<p>A list of 11 nursing interventions were provided. Most interventions listed focus on assessing the patient. I encourage you to think of additional interventions that the nurse can do to help the priority problem. For example, you administered a suppository medication aimed at treating her internal hemorrhoids. She was also scheduled for a colonoscopy procedure, so we would want to include the education and preparation for this procedure, including medications prescribed for bowel preparation.</p> <p>Each listed intervention is prioritized appropriately with assessments taking highest priority.</p> <p>Be sure to include specific medication prescriptions that are individualized for your patient that you administered.</p>
	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	2	

	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	Appropriate rationale provided for each listed intervention.
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete	3	<p>A list of re-assessment findings for each abnormal findings listed in the noticing section was provided to evaluate the effectiveness of the plan of care. Based on the recent findings, it was appropriately determined to continue the plan of care.</p>
	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: Nevaeh, nice work with your care map on the priority problem of impaired bowel elimination. Be sure to review the comments provided and let me know if you have any questions!

Total Points: 40/45 – Satisfactory

Faculty/Teaching Assistant Initials: NS

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

Student name: Nevaeh Walton								
Skills Lab Competency Evaluation	Lab Skills							
	Week 1	Week 1	Week 1	Week 1	Week 1	Week 2	Week 2	Week 9
Performance Codes: S: Satisfactory U:Unsatisfactory	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: Nevaeh Walton							
	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	U	S					
Faculty/Teaching Assistant Initials	MD	SA	KA					
Remediation: Date/Evaluation/Initials	NA	2/10/2025 S/HS	NA					

* Course Objectives

Comments:

vSim Juan Carlos- this was due 2/10/25 at 0800. Unfortunately, you did not turn in the vSim in on time. Once you submit your vSim, it will be satisfactory. Please have completed by 2/14/2025 1500. Let me know if you have any questions. SA

2/10/2025-Juan Carlos- was completed satisfactorily. HS

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