

EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2025

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Colleen Camp

Final Grade: Satisfactory/Unsatisfactory

Semester: Spring

Date of Completion:

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

Faculty eSignature:

Teaching Assistant: Stacia Atkins, BSN, RN

DIRECTIONS FOR USE:

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

METHODS OF EVALUATION:

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

ABSENCE (Refer to Attendance Policy)

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

Faculty's Name	Initials
Kelly Ammanniti	KA
Stacia Atkins	SA
Monica Dunbar	MD
Rachel Haynes	RH
Heather Schwerer	HS
Nick Simonovich	NS
Dawn Wikel	DW

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

Satisfactory (S): Safe, accurate each time, efficient, coordinated; confident, focuses on the patient; some expenditure of excess energy; within a reasonable time period; appropriate affective behavior; occasional supporting cues; minimal faculty feedback related to written clinical work.

UNSATISFACTORY CLINICAL PERFORMANCE

Needs Improvement (NI): Safe; accurate each time; skillful in parts of behavior; focuses more on the skill and self rather than the patient; inefficient, uncoordinated, anxious, worried, flustered at times; expends excess energy within a delayed time period, frequent verbal and occasional physical directive cues in addition to supportive cues; faculty feedback required in several areas of clinical written work.

Unsatisfactory (U): Failure to achieve the course competency, safe but needs faculty reminders constantly, not always accurate, unskilled, inefficient, considerable expenditure of excess energy, anxious, disruptive or omitting behaviors, focus on skills and/or self, continuous verbal and frequent physical cues, unsafe, performs at risk to patient/clients/others, unable to function, incomplete, erroneous, faulty, illegible clinical written work, no feedback sought from faculty or response to feedback not evident in submitted written work. If the student does not self-rate a competency the competency is graded "U." A "U" in a competency must be addressed in writing by the student in the Evaluation of Clinical Performance tool. The student response must include how the competency has been or will be met at a satisfactory level. If the student does not address the "U," the faculty member (s) will continue to rate the competency unsatisfactory.

OTHER

Not Available (NA): The clinical experience which would meet the competency was not available.

***Grey shaded boxes do not need a student evaluation rating or faculty/teaching assistant initials.**

Date	Care Map Top Nursing Priority	Evaluation & Instructor Initials	Remediation & Instructor Initials	Remediation & Instructor Initials
1/27/25	Impaired Physical Mobility	S/RH	N/A	N/A

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	NA	S	NA	S								
a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting)			S	S	S	NA	NA	NA	S								
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			S	S	S	NA	NA	NA	S								
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			S	NA	S	NA	NA	NA	S								
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			S	NA	S	NA	NA	NA	S								
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	S	S	NA	NA	NA	S								
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			S	NA	S	NA	NA	NA	S								
g. Assess developmental stages of assigned patients. (Interpreting)			S	S	S	NA	NA	NA	S								
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		S	S	S	NA	NA	NA	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		51, 91 years old, Mechanical fall related to UTL.	ECSC/Infection control	3T, 77 years old, increased weakness and	NA	Digestive health	NA									
Instructors Initials	HS		RH	DW	HS	DW	DW	HS	HS								

**Evaluate these competencies for the offsite clinicals:

DH: 1h

IC: 1a, b, e, h.

ECSC: 1g, h

Comments:

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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

Week 3: 1(c, d, e) This week you did a great job of discussing your patient's pathophysiology of their illness as well as discussion of their medications. You were able to correlate why each medication was related to their care. RH

Week 5 - (1 a, b, c, d, e)-Great job this week! This week you did a great job discussing your patient's pathophysiology of their illness. You were also able to review the diagnostics and discuss how they correlated with the patient's diagnosis. You were able to discuss the importance of the medications that your patient was taking and how they impacted the plan of care. HS

Objective

2. Perform physical assessments as a method for determining deviations from normal. (3,4,5)*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies:			S	NA	S	NA	NA	NA	S								
a. Perform inspection, palpation, percussion, and auscultation in the physical assessment of assigned patient. (Noticing)			S	NA	S	NA	NA	NA	S								
b. Conduct a fall assessment and implement appropriate precautions. (Noticing)			S	NA	S	NA	NA	NA	S								
c. Conduct a skin assessment and implement appropriate precautions and care. (Noticing)			S	NA	S	NA	NA	NA	S								
d. Communicate physical assessment. (Responding)			S	NA	S	NA	NA	NA	S								
e. Analyze appropriate assessment skills for the patient's disease process. (Interpreting)			S	NA	S	NA	NA	NA	S								
f. Demonstrate skill in accessing electronic information and documenting patient care. (Responding)	S		S	S	S	NA	NA	NA	S								
	HS		RH	DW	HS	DW	DW	HS	HS								

**Evaluate these competencies for the offsite clinicals:

DH: N/A IC: 2f ECSC: N/A

Comments:

Week 1 (2f)- By attending the Meditech clinical update & providing your full, undivided attention during the demonstration of documenting IV solutions and the IV assessment, you are satisfactory for this competency. NS

Week 3: (2a-f) This week you performed a full head to toe assessment on your patient as well as a fall/safety assessment and skin assessment. You were able to identify your patient's laceration dressing was loose and did a wound assessment after removing the dressing. You were able to communicate any abnormalities in your assessment to myself and the nurse. You charted all your findings in the EHR appropriately. RH

Week 5 (2a-f)- You did a nice job with your assessment as well as documenting it within the electronic medical record. You also did a nice job communicating your findings to the RN. You were also able to discuss your focused assessment and the reasoning behind your decision of focus. HS

Objective																	
3. Execute safety precautions in the implementation of quality, patient-centered care and evidence-based nursing interventions. (2,3,4,5,8)*																	
Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies:	S		S	S	S	NA	S	NA	S								
a. Perform standard precautions. (Responding)	S		S	NA	S	NA	NA	NA	S								
b. Demonstrate nursing measures skillfully and safely. (Responding)			S	NA	S	NA	NA	NA	S								
c. Demonstrate promptness and ability to organize nursing care effectively. (Responding)			S	NA	S	NA	NA	NA	S								
d. Appropriately prioritizes nursing care. (Responding)			S	NA	S	NA	NA	NA	S								
e. Recognize the need for assistance. (Reflecting)			S	NA	S	NA	NA	NA	S								
f. Apply the principles of asepsis where indicated. (Responding)	S		S	S	S	NA	NA	NA	S								
g. Demonstrate appropriate skill with Foley catheter insertion, maintenance, & removal (Responding)			NA	NA	S	NA	NA	NA	S								
h. Implement DVT prophylaxis (early ambulation, SCDs, TED hose, administer enoxaparin or heparin) based on assessment and physicians' orders (Responding)			NA	NA	S	NA	NA	NA	S								
i. Identify the role of evidence in determining best nursing practice. (Interpreting)	S		S	S	S	NA	NA	NA	S								
j. Identify recommendations for change through team collaboration. (Reflecting)			S	S	S	NA	NA	NA	S								
	HS		RH	DW	HS	DW	DW	HS	HS								

**Evaluate these competencies for the offsite clinicals:

DH: 3a

IC: 3a, f, i

ECSC: 3a, j

Comments:

Week 3: (3a, b, d) You used proper hand hygiene throughout both clinical days. You were able to care for your patient while assisting therapy in helping your patient with their ADLs all while keeping safety in mind. You also were able to prioritize your day and organize your day in a way that allowed you to get all things done in a timely manner. You did great working around and with all the various therapies your patient had this week. RH

Week 5 (3 c, d, e)- You were able to prioritize your care for the day and adjust when necessary based on changes that occurred during the day. You were available to help others when needed, and ask for assistance when needed. (3g)-You were able to provide foley care, and educate your patient on the importance of proper foley care. (3h)- You were able to administer SQ heparin for DVT prophylaxis. HS

Objective																	
3. Execute safety precautions in the implementation of quality, patient-centered care and evidence-based nursing interventions. (2,3,4,5,8)*																	
Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies:																	
k. Administer PO, SQ, IM, or ID medications observing the rights of medication administration. (Responding)			S	NA	S	NA	NA	NA	S								
l. Ensure patient safety through proper use of EHR, IV flow sheet, and BMV. (Responding)			S	NA	S	NA	NA	NA	S								
m. Calculate medication doses accurately. (Responding)			S	NA	S	NA	NA	NA	S								
n. Administer IV therapy, piggybacks, IV push, and/or adding solution to a continuous infusion line. (Responding)			NA	NA	NA	NA	NA	NA	NA								
o. Regulate IV flow rate. (Responding)	S		NA	NA	NA	NA	NA	NA	S								
p. Flush saline lock. (Responding)			NA	NA	S	NA	NA	NA	S								
q. Monitor and/or discontinue an IV. (Noticing/Responding)			NA	NA	NA	NA	NA	NA	NA								
r. Perform FSBS with appropriate interventions. (Responding)	S		NA	NA	S	NA	NA	NA	S								
	HS		RH	DW	HS	DW	DW	HS	HS								

**Evaluate these competencies for the offsite clinicals:

DH: N/A

IC: N/A

ECSC: N/A

Comments:

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

(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: (3k-m) You did great with your medication administration this week. You identified all medications and were able to provide me with detailed information about each medication, why the patient was getting the medications, and what to look for after administering the medications. You performed all checks prior to administration. You were organized and diligent while administering medications. You were able to scan all medications in the EMAR and chart them appropriately. You administered PO and topical medications this week. RH

Week 5 (3k, l, m, p)- You did a nice job with medication administration this week! You were able to administer PO, SQ medication and do an IV flush. 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. (3r) You were able to complete a FSBS and determine the appropriate amount of insulin to be administered. HS

Objective

4. Use therapeutic communication techniques to establish a baseline for nursing decisions. (1,5,7)*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies:			S	S	S	NA	S	NA	S								
a. Integrate professionally appropriate and therapeutic communication skills in interactions with patients, families, and significant others. (Responding)			S	S	S	NA	S	NA	S								
b. Communicate professionally and collaboratively with members of the healthcare team using hand-off communication techniques. (SBAR) (Responding)			S	S	S	NA	S	NA	S								
c. Report promptly and accurately any change in the status of the patient. (Responding)			S	NA	S	NA	NA	NA	S								
d. Maintain confidentiality of patient health and medical information. (Responding)			S	S	S	NA	S	NA	S								
e. Consistently and appropriately post comments in clinical discussion groups. (Reflecting)			S	S	S	NA	NA	NA	S								
f. Obtain report, from previous care giver, at the beginning of the clinical day. (Noticing)			S	NA	S	NA	NA	NA	S								
g. Provide a clear, organized hand-off report to your patient's next provider of care. (Responding)			S	NA	S	NA	NA	NA	S								
			RH	DW	HS	DW	DW	HS	HS								

**Evaluate these competencies for the offsite clinicals:

DH: 4a, b, d

IC: 4b, d, e

ECSC: 4a, b, d, e

Comments:

Week 3: (4b, e, f, g) You did a good job staying in communication with the nurse caring for your patient this week. You were able to use SBAR communication to keep the nurse informed of the care you provided and if there were any changes in your patient's status. You were also able to provide an SBAR handoff at the end of the day to the next provider of care. You did great with your clinical discussion post and finding an evidence-based article that related to your patient this week. RH

Week 4 (4e)- According to the CDG Grading Rubric, you have earned a satisfactory for your Infection Control and Erie County Senior Center discussion this week. Your discussion was thorough and backed by evidence from Nurses' Pocket Guide. Additionally, in terms of APA formatting, I have a couple suggestion: 1. When you are citing a reference within your text, Skyscape is only a platform that houses the actual resource; therefore, you won't say "Skyscape defines...". Instead you will use the author(s) and say, "Doenges et al. defines...". 2. Et al. is used when there are more than 2 authors for the citation. 3. When you cite a direct quote from a resource, the intext citation should include a page or paragraph number that the quote can be found; for example, (Doenges et al., 2022, para 1). A paragraph number is only used when the resource does not have page number, such as an electronic resource like Nurses' Pocket Guide. Please use this feedback to improve with APA formatting for future CDG's and other course/clinical paperwork. Also keep in mind that there is an APA Formatting Examples document in the Clinical Resources on Edvance360 and online resources to help you (ex. Purdue Owl website- I really like this one! https://owl.purdue.edu/owl/research_and_citation/apa_style/apa_formatting_and_style_guide/general_format.html). I am always happy to help you if some of these resources are unclear to you. DW

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

Objective

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

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

5a & b- You must address this competency in the comments below for all clinicals on **3T, 4N, or Rehab- describe the patient education you provided; be specific- include the topic, method of delivery, reason for teaching need, materials to support learning through above resources (if applicable), and method used to validate learning.

Example: Education related to orthostatic hypotension (changing positions slowly by sitting at the side of the bed or chair for a few minutes before moving to another position, utilizing the walker when ambulating) was provided to my patient through discussion and demonstration. This was necessary to maintain patient safety as he/she was experiencing a drop-in blood pressure and dizziness when getting out of bed. A patient education sheet was printed from Lexicomp and given to the patient. The teach back method was used to validate learning.

Comments:

week 3: During this clinical rotation I educated my patient on the proper use of a walker and nonskid socks. This education was provided to ensure her safety during her stay at the hospital as she had recently fallen due to unsteady gait. My patient and I had a discussion and demonstration on how to walk with a walker properly and how to make sure the walker is at the right height for her. I used skyscape to provide this education, and the patient demonstrated back to me how to use a walker properly therefore I knew the education was effective. **This is a great education topic for your patient since they are going home rather than to a nursing home or skilled nursing facility. RH**

Week 5: During this week on clinical I educated my patient on preventing CAUTI. My patient was a 77-year-old male with chronic kidney disease and a chronic catheter. The information I provided was a patient education sheet from Lexicomp, and it stated the different sign and symptoms of a UTI and how to properly clean and manage the catheter. I spoke with my patient's wife, and she told me she changes his catheter at home, and I educated her on being as sterile as possible when she changes it. Overall, I thought the education was successful as my patient and his wife were able to use the teach back method and they asked questions and were very engaged in the learning.

Great job! Nice job discovering that the wife was involved in the patients care, and including her in the education. HS

Objective

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

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

****6b- You must address this competency in the comments below for all clinicals on 3T, 4N, or Rehab. Refer to CMS Social Determinates of Health Screening Tool in the Resources folder for the course.**

Comments: See Care Map Grading Rubrics below.

week 3: My patient was a 91-year-old female who lived at home alone. This can affect her patient care because she cannot drive therefore she would have a hard time getting to follow up doctors' appointments and checkups. My patient also has impaired physical mobility making it hard for her to cook and keep up with the home. She did express some concerns about money and how she was going to pay for home health. All of these SDOH can affect her level care because she has limited access to transportation, financial strain, and disabilities. **Can you think of any services that we could provide information to her in order to help with some of these issues? Great observations. RH**

Week 5: My patient was a 77-year-old male who lives at home with his wife. After looking through his chart I saw he and his wife had no problems paying any bills and have a steady home life. One thing that did stand out is their main source of transportation is a family. With that they may not be able to get to appointments or be able to get groceries when they need because they are relying on another person. I think they should look into home health because he does have impaired physical mobility making it hard for him to get to bathroom and keep up with household chores as well as personal hygiene. **Transportation is definitely a concern regarding many aspects as you mentioned. HS**

6a- This was changed to a NA because you did not submit a care map this week. HS

Objective

7. Illustrate professional conduct including self-examination, responsibility for learning, and goal setting. (7)*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
a. Reflect on an area of strength. ** (Reflecting)	S		S	S	S	NA	S	NA	S								
b. Reflect on an area for improvement and set a goal to meet this need.** (Reflecting)	S		S	S U	S	NA	S	NA	S								
c. Demonstrate evidence of growth, initiative, and self-confidence. (Responding)	S		S	S	S	NA	S	NA	S								
d. Follow the standards outlined in the FRMCSN Student Code of Conduct Policy. (Responding)	S		S	S	S	NA	S	NA	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	NA	S	NA	S								
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (Responding)	S		S	S	S	NA	S	NA	S								
g. Demonstrate the ability to give and receive constructive feedback. (Responding)	S		S	S	S	NA	S	NA	S								
h. Actively engage in self-reflection. (Reflecting)	S		S	S	S	NA	S	NA	S								
	HS		RH	DW	HS	DW	DW	HS	HS								

**Evaluate these competencies for the offsite clinicals: DH: All IC: All ECSC: All

**7a and 7b: You must address these competencies in the comments section after each clinical experience. Please write a different comment each week. Remember that a goal includes what you will do to improve, how often you will do it, and when you will do it by (example- "I had trouble remembering to do the three checks of the six medication rights prior to administering medications. I will review the six rights and medication administration content in the textbook twice before the next clinical. Additionally, I will request to meet with my clinical faculty member to practice preparing and administering at least three medications before the next clinical.")

Comments:

Week 1-

One competency I feel I performed strongly in was obtaining a FSBS. I have done this before at home for a family member, therefore I felt this was a good review for me! Great job! HS

One competency I feel I need improvement in is programming the IV pump and remembering what buttons to push for setting the medications. To improve I will re-watch the videos in my IV lab lesson on advance 3 time prior to going to clinical on Wednesday. That is a great plan! You will become more comfortable with the IV pump as you have additional experiences in the clinical setting. HS

Week 3: One competency I feel I performed strongly in was connecting with my patient and understanding her needs. On Wednesday of clinical she was not feeling very motivated to go to therapy and mostly wanted to stay in bed. On Thursday when I went in she got a shower and I curled her hair and it made a huge difference in her motivation to go to therapy. She ended up going to all her session Thursday and seemed to be in a better mood. **You could tell that she was in such a better mood on Thursday after her hair was done rather than on Wednesday when she wanted to sleep all day. RH**

One competency I feel I need improvement in is managing my time. During med pass I am very slow and with therapy being so often throughout the day on 5T I feel that I need to be faster so that I do not interfere with their therapy session. To improve this I will prioritize my tasks every morning when at clinical and I will review med pass steps 3 times before my next clinical date. **This is a good goal, I will say you will have much more practice with this skill during this semester than last semester so give yourself some grace. You were organized and diligent during your medication pass. Speed will come with practice and familiarity of the process. RH**

Week 4: One competency I feel I performed well was assessing the needs of the elderly at the ECSC and adapting our game to fit their needs. One competency I feel I did well in for infection control was knowing what needed to be in the cart for the specific disease. **Excellent! I appreciate that you shared a strength for both clinical experiences! Keep up the great work! DW**

One thing I feel I could work on is speaking up and being a leader. I do not like to stand up in front of people with a microphone and talk because it makes me nervous therefore, I need to work on that side of my communication skills. With that being said for infection control I had a hard time speaking up when I noticed people not foaming in or out. **Colleen, I appreciate your recognition of this opportunity for improvement, as I can totally relate with having a hard time being vocal as the center of attention within a group. With that said, I don't see a goal to improve in this area. What will you do, how often will you do it, and when will you do it by to show actual growth in this area. Just saying you need to do better next time does nothing to help with growth. Sometimes you have to think outside of the box a bit. For example, maybe over the next 2 weeks, you could make an announcement in class to the entire group or even introduce yourself to 2 new people in the clinical setting to force yourself out of your comfort zone. Does this make sense? Unfortunately, not including a goal will result in a U for competency 7b this week. Please review the directions on p. 1 of this document. You must comment below on how you will improve your U for week 5. Failure to do so will result in a continued U until completed. Let me know if you have any questions. DW**

Week 5: One competency I feel I performed strongly in this week was my med pass. I was able to pass meds on the second day of clinical therefore I wrote all my meds down on Wednesday and came prepared to report on them Thursday morning. I was able to give a subcutaneous injection of heparin as well as obtain a FSBS and give insulin; I also gave PO meds. I feel I am getting faster and more efficient with my med pass. One of my weaknesses this week was forgetting to aspirate before flushing the IV. To correct this mistake, I will go over the steps of giving an IV flush 3 times before my next clinical. **That is a great plan! HS**
Last week I received a U for my weakness. To correct this, I will make sure every week that my weakness has a time frame and goal to achieve to fix it. I will also go over the clinical tool rules to make sure everything is correct before turning it in. **HS**

Week 7: one competency I feel I performed strongly in was being able to correlate the disease processes with the diseases processes I learned about in clinical. It was cool to see how the disease looks in the colon compared to just reading about it. **I love that you could combine your knowledge with tangible clinical examples. DW** One competency I feel I could work on is being more engaged in asking questions and speaking up. I will fix this by asking 3 questions during lecture and be more engaged in lecture before my next clinical so I can feel confident in asking questions. **Great goal! Way to think outside of the box. DW**

Midterm- Colleen, great job in the first half of this semester in the medical surgical nursing course! You have shown growth in both your skills and your critical thinking abilities this semester in the clinical setting. You have successfully completed one care map satisfactorily. You are satisfactory in all competencies at this point in the semester, great job! Continue to seek out additional experiences in the clinical setting to expand your knowledge base, especially competencies related to IV site monitoring and discontinuing of the IV site, and administering IV medications. **Keep up the hard work through the last half of the semester! HS**

Student Name: Colleen Camp				Course Objective: 6			
Date or Clinical Week: MSN Week 3							
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. RH
	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	4. Great list of nursing priorities! 8. Good complications list. Included key symptoms for each complication. RH
	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	Good job correlating your interventions with your nursing priority and potential complications. RH
	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	
	15. Evaluation includes one of the following statements: - Continue plan of care - Modify plan of care - Terminate plan of care	Complete			Not complete	3	

Reference

An in-text citation and reference are required.

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

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

Total Possible Points= 45 points

45-35 points = Satisfactory

34-23 points = Needs Improvement*

< 23 points = Unsatisfactory*

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

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

Faculty/Teaching Assistant Comments: Great job with your care map. You provided a very detailed list of nursing priorities and listed some specific potential complications for the top nursing priority you identified. You were able to tailor your interventions to the potential complications and to the care you provided while on clinical. RH

Total Points: 45/45

Faculty/Teaching Assistant Initials: RH

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

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

Reference

An in-text citation and reference are required.

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

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

Total Possible Points= 45 points

45-35 points = Satisfactory

34-23 points = Needs Improvement*

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***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: Collen Camp								
Skills Lab Competency Evaluation Performance Codes: S: Satisfactory U: Unsatisfactory	Lab Skills							
	Week 1	Week 1	Week 1	Week 1	Week 1	Week 2	Week 2	Week 9
	Insulin (2,3,5,7)*	Assessment (2,3,4,5,7)*	IV Math Application (3,7)*	Lab Day (1,2,3,4,5,6,7)*	IV Skills (2,3,5,7)*	Trach (1,2,3,4,5,6,7)*	EBP (3,7)*	Lab Day (1,2,3,4,5,6,7)*
	Date: 1/7/25	Date: 1/7/25	Date: 1/9/25	Date: 1/9/25	Date: 1/10/25	Date: 1/15/2025	Date: 1/15/2025	Date: 3/10 or 3/11/25
	Evaluation:	S	S	S	S	S	S	
Faculty/Teaching Assistant Initials	MD	KA/RH	HS	NS	HS	DW	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 1/9/2025. KA/DW/HS/SA

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

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

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

* Course Objectives

Comments:

Situation #1-Please review the comments placed on the Simulation scoring sheet below. In addition, review the individual faculty feedback placed within the Simulation #1 Prebrief and Reflection Journal dropboxes. HS

Lasater Clinical Judgment Rubric Scoring Sheet

Student Roles: A=Assessment Nurse; M=Medication Nurse

STUDENT NAME(S) AND ROLE(S): Collen Camp (A) Nevaeh Walton (M)

GROUP #: 2

SCENARIO: MSN Scenario #1 – Musculoskeletal/Respiratory

OBSERVATION DATE/TIME(S): 2/26/2025 1015-1215

CLINICAL JUDGMENT COMPONENTS					<u>OBSERVATION NOTES</u>
NOTICING: (2) *					<u>Focused Observation</u>
• Focused Observation:	E	A	D	B	Focused obtaining VS (Bp, HR, RR, Spo2)
• Recognizing Deviations from Expected Patterns:	E	A	D	B	Focused assessment of left leg
• Information Seeking:	E	A	D	B	Focused assessment of right leg color, pulse, temp
					Used proper patient pronouns
					Assessed respiratory status but did not listen to lung sounds
					<u>Recognizing</u>
					Recognized elevated BP and HR
					Assesses dressing to be dry and intact
					Recognizes improved color of left foot
					Recognizes redness to right lower leg and pain
					Recognizes right pedal pulse weak
					Recognizes patient short of breath and complaints of chest pain
					<u>Information Seeking</u>
					Sought information related to history of elevated BP
					Assesses patients' allergies
					Sought additional information related to pain in right leg
					Assessing pedal pulse to right foot
					Sought information related to chest pain 8/10
					Obtaining SpO2 after complaints of chest pain
					Reassessed breathing after applying oxygen
					Regarding chest pain prior to medicating
INTERPRETING: (1) *					<u>Prioritizing Data</u>

• Prioritizing Data: E A D B • Making Sense of Data: E A D B	Prioritizes focused assessment Prioritizes pain medication Prioritizes calling provider after identifying potential DVT/PE Prioritizes calling provider test results <u>Making Sense</u> Educating patient on importance of getting out of bed now that she has a PE Patient not getting out of bed and not wearing SCD's may have lead to blood clot (DVT, leading to PE) Correctly interpreted ABG's as Respiratory Alkalosis partially compensated Explaining to patient significance of enoxaparin and side effects and subcutaneous route of medication
RESPONDING: (2,3,4,5,6) * • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B	<u>Communication</u> Educated patient on taking deep breaths Team work with med nurse while leaving the room to call provider SBAR with provider regarding right leg pain and shortness of breath and chest pain Excellent job with reading back orders and clarified order details with provider regarding enoxaparin route Nice communication with patient regarding new orders for labs and CT scan explained the possibility of a blood clot SBAR missing background when calling provider back with provider regarding ABG's respiratory alkalosis and other lab values Good communication with the patient regarding the CT results and the new orders <u>Intervention</u> Need to apply oxygen after chest pain and spo2 level Called lab to notify of stat orders Called CT to notify of stat CT order Reassessed Spo2 level Incorrect dosage of morphine administered. 3ml total which would be 6mg dose. The medication was supplied at 2mg/ml Left the morphine sitting at bedside while leaving the room Needle size incorrect for IM morphine administration

	Initiated fall precautions Re-assessed SPo2 and lung sounds Re-assessed Spo2 and patient's chest pain Administered SQ enoxaparin correct dose given (confused stated to waste .5ml to be wasted. Total dose to be administered would be 1ml per the dosage calc it would be 0.95ml (which you cannot measure that amount on the syringe)
REFLECTING: (7) * - Evaluation/Self-Analysis: E A D B - Commitment to Improvement: E A D B	A nice discussion occurred regarding the scenario. The group was able to independently evaluate and analyze personal clinical performance. They were able to demonstrate commitment to ongoing improvement, and discuss strengths and weaknesses. Students were able to summarize the scenario and the fact that the patient had a postoperative complication resulting in a DVT then a PE. They were able to state how they organized their interventions and the plan of care. The students were able to review the correct size needle to be used for an IM injection. They were able to discuss the things that went well during the scenario as well as areas to improve upon into the future.
SUMMARY COMMENTS: * = Course Objectives Satisfactory completion of the simulation scenario is a score of "Developing" or higher in all areas of the rubric. E= Exemplary A= Accomplished D= Developing B= Beginning Scenario Objectives: - Select focused physical assessment priorities based on individual patient needs. (2)* - Implement appropriate nursing interventions based on patient's assessment. (1,3,6)* - Communicate appropriately with the patient, family, team members, and healthcare providers incorporating elements of clinical judgment and conflict resolution. (4,7)* - Provide patient-centered care with consideration to cultural, ethnic, and social diversity. (2,3,6)* - Provide appropriate patient education based on diagnosis. (5)* * Course Objectives	Lasater Clinical Judgement Rubric Comments: Noticing: Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Actively seeks subjective information about the patient's situation from the patient and family to support planning interventions; occasionally does not pursue important leads. Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. Even when facing complex, conflicting, or confusing data, is able to (a) note and make sense of patterns in the patient's data, (b) compare these with known patterns (from the nursing knowledge base, research, personal experience, and intuition), and (c) develop plans for interventions that can be justified in terms of their likelihood of success. Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Interventions are tailored for the individual patient; monitors patient progress closely and is able to adjust treatment as indicated by patient response. Is hesitant or ineffective in using nursing skills. Reflecting: Independently evaluates and analyzes personal clinical performance, noting decision points, elaborating alternatives, and accurately evaluating choices against alternatives. Demonstrates commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops specific plans to eliminate weaknesses.

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