EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2026

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Patricia Stevens

Final Grade: **Satisfactory/Unsatisfactory**

Semester: **Spring**

Date of Completion:

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

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. Faculty and teaching assistants will complete a cumulative evaluation of each competency at the midterm and final. 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)
1/20/2026	1 hour	Infection control orientation	1/23/2026 1 hour

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.**

Week	Care Map Top Nursing Priority	Evaluation & Instructor Initials	Remediation & Instructor Initials	Remediation & Instructor Initials

Note: Students are required to submit two satisfactory care maps over the course of the semester. If the care map is not evaluated as satisfactory upon initial submission, the student must revise the care map based on instructor feedback/remediation and resubmit. A maximum of two remediation attempts will be provided for a single care map and if still unsatisfactory, the student will be required to start fresh and initiate a care map on a new patient. At least one care map must be submitted prior to midterm.

Objective

1. Illustrate correlations to demonstrate the pathophysiological alterations in adult patients with medical-surgical problems. (2,3,4,5)*

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies: a. Analyze the involved patho-physiology of the patient's disease process. (Interpreting)			~~NI~~ S	**s**													
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			S	s													
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			~~NA~~ S	**s**													
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			S	**s**													
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	**s**													
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			S	**s**													
g. Assess developmental stages of assigned patients. (Interpreting)			S	**s**													
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	s		S	**s**													
Indicate your clinical site as well as your patient's age and primary medical diagnosis in this box weekly.	Meditech, FSBS, IV Pump Sessions		Rehab 93yo fe Total hip replacement pt had fall	3T 70 y0 M													
Instructors Initials	**KA**	**KA**	**MD**	**HS**													

****Evaluate these competencies for the offsite clinicals:** **DH: 1h** **IC: 1h.** **ECSC: 1g, h** **OR: All**

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 Objective 1 A-E: Patty, his week you were able to analyze your patient's pathophysiology, correlate symptoms, diagnostic testing, pharmacotherapy, and medical treatment with their diagnosis of a fracture! You did a great job with discussing how these all related together to provide the patient with appropriate nursing care! I am unsure of the rating for pathophysiology-we discussed her fracture and how it related to the therapies she was performing. I am wondering if this was because her focus really involved anxiety. We still discussed that her age and history of anxiety were working against her with the level of anxiety she was experiencing. Overall, great job! MD

Week 4 (1 a, b, c, d, e)-Nice job this week! This week you did a nice job discussing your patient's pathophysiology of his 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

*End-of-Program Student Learning Outcomes
Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

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

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

****Evaluate these competencies for the offsite clinicals: DH: N/A IC: 2f ECSC: N/A OR:2a,b,c,d,e**

Comments:

Week 1 (2f)- You satisfactorily completed the Meditech clinical update including documentation of IV solutions and the IV assessment. NS

Week 3 Rehab Objective 2 A, D, F: Patty, for demonstrating skill with accessing and documenting in the electronic record I adjusted your rating to an unsatisfactory. When you were documenting in the vital signs you documented the patient's SpO2 as 85%. When reviewing documentation, you stated that was not accurate and that her SpO2 was 95%. You also expressed difficulty with finding interventions to document in and finding information on your patient. Both of these are going to improve over time; however, I would like to encourage you to practice in the test hospital while on campus to continue to grow in confidence in documentation and finding items in Meditech. With the incorrect documentation for the SpO2, the result would have been yellow and it would not have been reported. Continue working on communicating assessments. At this moment in time, your biggest hurdle is time management which will also improve with time and practice. **Please be sure to respond with how you plan to improve your documentation and accessing Meditech for future clinical experiences.** MD

Week 4 (F) I am well aware that I need to improve on documentation and I am very frustrated by the difficulty I am having on this skill. But I continue to work through and to try to improve every day. One thing I well do is when typing any kind of information, I will proofread before it before I save and exit. But this week I found a lot of information on my patient that helped me greatly and learned about him and understood him better. I will spend some time in the test hospital on campus. I'll try to work on it for 30 minutes to an hour every week until I feel comfortable with documentation and I will at times ask an instructor to look at my documentation and get their

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

feedback. I will also learn to navigate Meditech. And I believe my communications with assessments were at the very least okay and will continue to work on them. Which I will try to be up to par by midterms. Great plan! HS
Week 4 (2a-f)- You were able to finish your assessment after many challenges on day 1 of caring for your patient. He had many interruptions while you were trying to complete your assessment between different care providers and leaving the floor to go to radiation therapy. On the second day you were able to complete your assessment in a timely manner with minimal interruptions. HS

*End-of-Program Student Learning Outcomes
Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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

****Evaluate these competencies for the offsite clinicals:** **DH: 3a** **IC: 3a, f** **ECSC: 3a, j** **OR: All**

Comments:

*End-of-Program Student Learning Outcomes
Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Week 3 Rehab Objective 3 A, B, E: This week you were provided an opportunity to remove staples! You did an awesome job performing standard precautions, using skillful and safe measure of removal, and recognized the need for assistance when appropriate while removing them! Amazing job! MD

Week 3 Rehab Objective 3 C, D, I: I am unsure of the NI rating for the role of evidence in determining best nursing practice. We were able to discuss anxiety and nursing practices we could perform to keep the patient calm. You did am amazing job keeping her calm and talking with her while she worried about her care. She had a difficult time maintaining decreased anxiety but you continued reassuring her which was amazing. I do agree for an NI with prompt and prioritizing nursing care. Day one of clinical, we were documenting your assessments from the beginning of the day at the end of the day. We set a goal to encourage more time management practice and you were successful on day two with meeting the goals. Each week be sure to continue to set goals to keep pushing for promptness and prioritization. You can do it! MD
Week 4 (c) I put NI for this because the1st day of clinicals in week 4 was a whirlwind for my patient(and me for that matter) with at least four people needing him. Then he went to his radiation therapy treatment. And I was able to go with him to see the oncologist, which was interesting. But anyway, it was busy and I could not seem to bring it all back in when he finally settled into his bed. I do realize this happens, probably more often than not, but I appreciate seeing that in the chaos it is important to learn to keep yourself grounded. I would agree, it was a challenging day with many interruptions. (2j)- I changed this to an S because we collaborated with the nurse on the second day in order to complete the care for the patient. The patient was frustrated from the day prior and we worked with the nurse to devise a plan, and then worked with the patient in order to come to an agreement so that he would allow the assessment to be completed. HS

Objective

3. Execute safety precautions in the implementation of quality, patient-centered care and evidence-based nursing interventions. (2,3,4,5,8)*

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

****Evaluate these competencies for the offsite clinicals:** **DH: N/A** **IC: N/A** **ECSC: N/A** **OR: All**

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/NS

(3r)- You satisfactorily performed a Quality Control check of the glucometer as well as demonstrate skills and knowledge required for proper fingerstick blood glucose measurement with the ACCU-CHEK Inform II glucometer. SA/DW

Week 3 Rehab Objective 3 K, L, M: While administering medications, you were able to identify the rights of medication administration for patient, dosage, time, route, indication, documentation, and medication. You were able to discuss your patient's medications in correlation to why they are taking them, side effects, and nursing

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

interventions to perform for each. This week, you administered oral medications and one subcutaneous medication. You did an awesome job providing step by step instruction on how to administer the subcutaneous medication and performing the administration! With more practice in the clinical setting, the use of the BMV will become second nature and you will continue to improve! Due to time constraints, you ended up administering medications on Thursday instead of Wednesday. A goal you have made for yourself in clinical is time management and I know you will succeed with this improvement throughout the semester! Awesome job! Keep up the great work! MD

Week 4 (3 k,l,m,n,o,p,q) You were able to administer an IV push dose of pantoprazole, you flushed the line before and after with a saline flush. You were able to research the medication and review the indications, side effects and nursing implications for the medication. You were also able to reconnect the patient to his IV line of maintenance IV fluids after returning to his room from his radiation treatment. You successfully discontinued his saline lock that was no longer working. Great job. HS

Objective

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

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

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

CDG	Week Completed	Initials
EBP Article: Discussing Evidence in Nursing Research		
Patient Education: Identifying and Intervening on Knowledge Deficit	1/21-22/2026	MD

*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Safety: Restorative Care and Managing Potential Complications	Week 4	HS

Comments:

Week 3 Rehab Objective 4 B, C: This week, you documented an SpO2 rating of 85%. When it was identified during documentation review, the result was an error in documentation. We did discuss the need to report the SpO2 of 85% as soon as possible to the primary nurse or the faculty/teaching assistant. When giving SBAR to your primary nurse at the end of the day, I noticed you gave information to the nurse with minimal updates. Continue practicing your SBAR format to enhance your communication skills. MD

Week 3 Rehab Objective 4 E: This week for your CDG you selected the topic of Patient Education: Identifying and Intervening Knowledge Deficit for your patient with a hip fracture. You identified the patient's priority education was her anxiety and buspirone. You expressed that the patient was experiencing great anxiety during any part of her care. She was very concerned with falling which is understandable given that is how she came to have the fracture. You did an awesome job discussing the most significant barrier of the education you provided was her confidence in trusting you during interventions and the anxiety created a barrier to fully participate in different activities. You provided a satisfactory CDG with an adequate word count; however, the reference and in-text citation were incorrect. I can definitely see where you would obtain your reference from, however it the reference you used was for the image on the site. This is the reference for the article you utilized:
National League of Nursing. (2025). Components of the ACE.S framework: ACE.S essential nursing actions.
https://www.nln.org/education/teaching-resources/professional-development-programsteaching-resourcesace-all/ace-s/nln-ace-s-framework
The in-text citation for this would be (National League of Nursing, 2025, p. 1) since it is on a webpage this would be how to cite it. In addition, be sure that all of the references you utilize is within 5 years of publishing. Considering the reference, in-text citation, and date outside of the 5 years, the rating for this competency will be a Needs Improvement. Overall, you did a great job, Patty! MD

Week 4 (4a,b,c) You were able to effectively communicate with the patient and other members of the healthcare team. You immediately communicated with faculty and the primary nurse once the patient had expressed concerns to you in the morning of the second day. (4e) You satisfactorily completed your CDG post this week on restorative care. You discussed the importance of a concern for falling related to the patient being weak. 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	S													
b. Utilize appropriate termino-logy and resources (Lexicomp, UpToDate, Dynamic Health, Skyscape) when providing patient education. (Responding)			U	~~S~~ U													
	KA	**KA**	**MD**	**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: 5a: The teaching need that I feel is one of the most important was trying to have my patient stand completely upright during transfers from bed to wheelchair and wheelchair to bed for improved safety, and ease of transfer to reduce risk of fall. I used both verbal and tactile cues to guide her as her anxiety holds her back. This is great information to provide your patient! Verbal and tactile cues are definitely appropriate! You did an awesome job with communicating with her! MD
Week 4 (5a) My patient's teaching need was to educate him that it would be better for him to sit in the chair, rather than laying in bed all day. I gave the facts but it didn't change his mind. Yes, encouraging him to get up is important for many different reasons. What rationale did you give him as to why it would be important for him to get out of bed? HS

5b: I used appropriate terminology but did not need, at this time, to use other resources as she could not to follow directions. Any education we provide our patients is learned from somewhere. Be sure to incorporate resources into all education. You are receiving an unsatisfactory rating for this competency due to not providing a self-rating. Please be sure to respond with how you will improve this in the future. MD
Week 4 (5b) From now on I will put a self-rating for this. I believe it was simply a matter of missing the fact that I needed to rate myself. Patty, you have addressed the U for week 3 but you did not state what resource you utilized for your teaching need for week 4 therefore this is a U because you did not fulfill the competency for the week. You need to state what resource you utilized to provide the information to the patient. 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. HS

*End-of-Program Student Learning Outcomes
Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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)			N/A	N/A													
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)			~~NI~~ U	~~NI~~ U													
	KA	**KA**	**MD**	**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.**

See Care Map Grading Rubrics below.

Comments: 6b My patient was difficult to get to know and has difficulty answering questions, but looking through the CMS Social Determents of Health Screening I would say that 23 and 24 the patient would answer these questions with a 3's would be concerning.

But at the same time I don't have any information from the patient. Your patient had many SDOH that could be identified based on her history and current diagnosis. She was a 92-year-old, so one example could have been financial-does she have the financial resources to provide the necessary means for a positive outcome? What about her support system? Does she have adequate support to be cared for at home or does she need further living assistance? I was able to locate the CMS Screening Tool you mentioned in the comments and I do agree question 23 regarding little interest or feeling down, depressed or hopeless and question 24 regarding anxiety are appropriate questions for your patient, but all of the questions could be utilized in assessing the patient's SDOH. Please be sure to respond how you will work on improving determining SDOH in the future. MD

Week 4 (6b) I will ask open ended questions so patients will be open for conversations that will help me identify factors associated with Social Determinants of Health and/or cultural elements that may influence patient care. In fact, I did have a conversation with my patient about SDOH and cultural and spiritual needs. Patty, you addressed the U from week 3 but you did not provide a comment on the SDOH factors for your patient for week 4 therefore your evaluation is a U for week 4.

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

****Evaluate these competencies for the offsite clinicals:** **DH: All** **IC: All** **ECSC: All** **OR: 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: 7a: An area of strength is I am excited to keep learning and doing the best I can. I used to get upset with myself if I didn't do as well as I thought I should or didn't get the grade I thought I would. But this semester I have realized that it isn't always the grade but the effort that is put into it. Great reflection on past behavior and how you have adjusted your outlook. Good luck as you enter the first week of clinical for the semester! KA

7a: my area of strength is I am getting better at time management. But I am going to continue to work on that. I would like to encourage you to also keep this as an area of improvement. Over the course of the semester you will have more practice with time management! MD

Week 4 7(a) An area of strength for me is that I truly care about my patients. I treat them with respect and caring. I believe that when someone is sick they are usually not at their best. I treat them with the respect and understanding they deserve and my hope is that when I leave the room they feel as though I truly care about them. Great job Patty. HS

7b. My area of improvement is the IV math. I will continue to keep doing math problems every day. I believe the repetition will get me to where I need to be. If I feel I am not making progress I will ask someone to help me understand it. Great plan. I have dosage calculation books in my office if you would ever want to borrow them for additional problems to solve. KA

7b: my area of improvement is documentation. It is much better but there are a few little things I need to work on to become proficient with it. What is the goal you will have to achieve this improvement? By the next clinical? By midterm? Please be specific in your areas of improvement goals. MD

Week 3 Rehab Objective 7 C-H: Patty, this week has been a great experience witnessing your first week in the clinical setting for MSN! You persevered through some big challenges of Meditech and time management! Throughout the week of clinical, you kept an ACE attitude with your patient. You maintained professionalism with your patient and followed the Student Code of Conduct policy. You also were able to give and receive constructive feedback from your peers and myself as well as engage in reflection on your clinical week! I cannot wait to watch you grow this semester! MD

Week 4 7(a) My area of improvement continues to be documentation. So far it has gotten better each time, but always room for improvement. So, when I document I am going to concentrate on documentation. I will be mindful of the mistakes I have made along the way and make sure I don't do them again. I will take the time to look at all of it and get used to how the system is setup and embrace it. I am giving myself until midterms to achieve my goal. It will continue to get easier the more you are in Meditech. I would encourage you to use the practice handouts from Nursing Foundations that are in the computer lab to practice. HS

Student Name:				Course 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)*		
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
	13. An appropriate rationale is included for each intervention	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**		
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	**>75% complete**	**50-75% complete**	**<50% complete**	**0% complete**		
	15. Evaluation includes one of the following statements: • Continue plan of care • Modify plan of care • Terminate plan of care	**Complete**			**Not complete**		

Reference

An in-text citation and reference are required.
The care map will be graded "needs improvement" if missing either the in-text citation or reference, but not both.
The care map will be graded "unsatisfactory" if both in-text citation and reference are not included.

Total Possible Points= 45 points
45-35 points = Satisfactory
34-23 points = Needs Improvement*
< 23 points = Unsatisfactory*
***Total points adding up to less than or equal to 34 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.**

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

Faculty/Teaching Assistant Comments:

Total Points:

Faculty/Teaching Assistant Initials:

Student Name:	Course 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)*
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
	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.
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45-35 points = Satisfactory
34-23 points = Needs Improvement*
< 23 points = Unsatisfactory*
***Total points adding up to less than or equal to 34 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.**

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

Faculty/Teaching Assistant Comments:

Total Points:

Faculty/Teaching Assistant Initials:

Firelands Regional Medical Center School of Nursing
Medical Surgical Nursing 2026
Skills Lab Competency Tool

Student name:								
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: 1/6/26	**Date: 1/6/26**	**Date: 1/7/26**	**Date: 1/7/26**	**Date: 1/9/26**	**Date: 1/14/26**	**Date: 1/14/26**	**Date: 3/9 or 3/10/26**
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
(IV Math)-You satisfactorily participated in the IV Math learning session on 1/6/26 as well as the assigned IV Math practice questions and the IV Math Application Lab on 1/7/26. KA/DW/HS
(Assessment)- You were able to satisfactorily demonstrate the Basic Head to Toe Assessment during lab. KA/RH
(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
(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. RH/DW/NS/HS Remember to always reapply the oxygen source and to assess effectiveness of suctioning after each time. Two prompts needed for suctioning. Great job talking yourself through the steps, you were very thorough. RH

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

Firelands Regional Medical Center School of Nursing
Medical Surgical Nursing 2026
Simulation Evaluations

Student Name:					
Performance Codes: **S**: Satisfactory **U**: Unsatisfactory			**Evaluation**	**Faculty Initials**	**Remediation Date/Evaluation/Initials**
Date: 1/26/26	Shadow Health (Respiratory Hourly Rounds: Medical-Surgical) (*1, 2, 3, 4, 5, 6)	Scenario	**S**	**MD**	**NA**
		DCE Score	81.6		
Date: 2/9/26	Shadow Health (Endocrine Hourly Rounds: Medical-Surgical) (*1, 2, 3, 4, 5, 6)	Scenario			
		DCE Score			
Date: 2/23/26	Shadow Health (Basic Patient Case: Pharmacology) (*1, 2, 3, 4, 5, 6)	Scenario			
		DCE Score			
Date: 2/25 or 2/26/26	Simulation #1 (Musculoskeletal & Resp) (*1, 2, 3, 4, 5, 6, 7)	Prebrief			
		Scenario			
		Reflection Journal			
		Survey			
Date: 3/24/26	Shadow Health (Perioperative Care Hourly Rounds: Medical-Surgical) (*1, 2, 3, 4, 5, 6)	Scenario			
		DCE Score			
Date: 4/8 or 4/9/26	Simulation #2 (GI & Endocrine) (*1, 2, 3, 4, 5, 6, 7)	Prebrief			
		Scenario			
		Reflection Journal			
		Survey			
Date: 4/13/26	Shadow Health (Intermediate Patient Case: Pharmacology) (*1, 2, 3, 4, 5, 6)	Scenario			
		DCE Score			
Date: 4/23/26	Shadow Health (Renal Hourly Rounds: Medical-Surgical) (*1, 2, 3, 4, 5, 6)	Scenario			
		DCE Score			

* Course Objectives

Comments:

EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2026

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:

-

12/19/25