

**EVALUATION OF CLINICAL PERFORMANCE TOOL  
Medical Surgical Nursing – 2026**

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

**Student:**

**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)
1/24/26	2 hours	Late DH and IC surveys	1/26/26, 2 hours

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.

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**\*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.

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**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
<b>Competencies:</b>			NA	S	S												
a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting)			NA	S	S												
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			NA	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)			NA	S	S												
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			NA	S	S												
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			NA	S	S												
g. Assess developmental stages of assigned patients. (Interpreting)			NA	S	S												
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		S	S	S												
Indicate your clinical site as well as your patient's age and primary medical diagnosis in this box weekly.	Meditech, FSBS, IV Pump Sessions		Infection Control / Digestive Health	Rehab. 78 y/o with L5 Compression Fracture.	3T. 89 y/o with SOB on exertion and suspected												
Instructors Initials	KA	KA	DW	MD													

\*\*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 4 Rehab Objective 1 A-E: This week you were able to analyze your patient's pathophysiology, correlate symptoms, diagnostic testing, pharmacotherapy, and medical treatment with their diagnosis of L5 compression fracture! You did a great job with discussing how these all related together to provide the patient with appropriate nursing care! Great job! MD

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

\*\*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 4 Rehab Objective 2 D, F: Great job communicating your physical assessment and accessing the electronic information/documentation of patient care! Keep working hard to continue gaining more confidence and skill with communicating and documenting as a nurse! MD

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

\*\*Evaluate these competencies for the offsite clinicals:

DH: 3a

IC: 3a, f

ECSC: 3a, j

OR: All

Comments:

Week 4 Rehab Objective 3 A, B, H: This week you were able to administer enoxaparin! You did an awesome job with appropriate standard precautions, demonstrating skillful and safe administration by discussing subcutaneous medication administration and completing the skill proficiently. You were also able to identify how the medication related to DVT prophylaxis! Great job! MD

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

\*\*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 as patient, route, time, dosage, medication, documentation, and the right to refuse. You were able to discuss your patient’s medications in correlation to why they are taking them, side effects, and nursing 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! Awesome job! Keep up the great work! MD

<b>Objective</b>																	
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
<b>Competencies:</b>			S	S	S												
a. Integrate professionally appropriate and therapeutic communication skills in interactions with patients, families, and significant others. (Responding)			S	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)			S	S	S												
c. Report promptly and accurately any change in the status of the patient. (Responding)			NA	S	S												
d. Maintain confidentiality of patient health and medical information. (Responding)			S	S	S												
e. Consistently and appropriately post comments in clinical discussion groups. (Reflecting)			NA	S	S												

f. Obtain report, from previous care giver, at the beginning of the clinical day. (Noticing)			NA	S	S												
	KA	KA	DW	MD													

\*\*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		
Safety: Restorative Care and Managing Potential Complications	1/28-29/2026	MD

**Comments:**

Week 4 Rehab Objective 4E: This week you completed the Restorative Care and Management Potential Complications CDG! You identified that a possible complication for your patient with an L5 compression fracture could be pressure ulcers based on impaired physical mobility. You discussed assessing for fall risks, pain, integumentary for skin changes and how they all related to the possible complication. You noted that her baseline included moderate assistance with ambulating with a walker or using a wheelchair related to her history of COPD/asthma and Parkinson's. For restorative care, you were able to assist her with dressing, education on mobility, and encouraged her independence and performance in PT/OT. You indicated that barriers to care could include the gender differences between both of you along with her irritation of being in the hospital. Additionally, you provided two great references and in-text citations and a satisfactory length CDG! Fabulous job, Michael! MD

**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
<b>Competencies:</b>			NA	S	S												
<b>a. Describe a teaching need of your patient.** (Reflecting)</b>			NA	S	S												
<b>b. Utilize appropriate terminology and resources (Lexicomp, UpToDate, Dynamic Health, Skyscape) when providing patient education. (Responding)</b>			NA	S U	S												
	KA	KA	DW	MD													

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

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

**Comments:**

Week 4: A teaching need for my patient would be to educate them on the risks of impaired physical mobility. My patient was a little irritated going to physical therapy so I educated them on the risks and complications of not being mobile, including pressure ulcer development, pneumonia, etc. This education was delivered orally and the reason or the teaching was them not being enthusiastic about going to PT and wondering what the point was. My patient received the teaching well because they were more enthusiastic about getting up and going to PT. **Michael, this is wonderful and appropriate education that you provided your patient this week. Unfortunately, you did not describe the resources you utilized for this education such as Skyscape, Lexicomp, UpToDate, etc. Please be sure to respond with how you will work on including this information in the future. MD**

Week 5: A teaching need for my patient would be to educate them on the importance of coughing and deep breathing. I delivered this teaching orally. This teaching was delivered because my patient had fluid buildup in the lungs as well as COPD and was not aware as to how important something as simple as coughing and deep breathing could be to promote stuff like lung expansion. I used the resource Skyscape to pull specific information on how coughing and deep breathing helps people with fluid buildup, COPD, etc. I validated the patient’s teaching by using the teach back method and making sure he understood the reason behind it. **I will address the unsatisfactory I received on Week 4 by making sure I skim through ALL of the requirements that the yellow boxes require on the clinical tool and by utilizing specific resources like Skyscape next time I provide education to be able to tell the patient all needed relevant information.**

**Objective**

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
a. Develop and implement a priority care map utilizing the nursing process and clinical judgment. (Noticing, Interpreting, Responding, Reflecting)			NA	NA	S												
b. <b>Identify factors associated with Social Determinants of Health (SDOH) &amp;/or cultural elements that have the potential to influence patient care.**</b> (Noticing, Interpreting, Responding, Reflecting)			NA	S	S												
	KA	KA	DW	MD													

**\*\*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:** Social Determinants of Health that have the influence to impact my patient’s care would be their financial situation. My patient let me know that she was extremely anxious that her insurance would kick her out of therapy and that she would not be able to get the treatment she needs because of this. My patient was also the opposite gender of me so that could have made her more hesitant to receive care from me but I was patient and pleasant with her so this did not really affect anything. **You did a fantastic job providing her patience and understanding with this stressful situation. What kinds of resources could you provide her for the financial situation? MD**

Week 5: Social Determinants of Health that have the influence to impact my patient’s care would be their homelife. My patient is a very old person who lives with their wife and is her caregiver and she has Alzheimer’s. This can put a lot of financial and emotional burden on the patient and it got to the point where the patient was

prescribed an SSRI because of the stress on them. This can make the patient not want to get the care they need so it is important to be aware of the patient's emotions. Also, living practically alone while having a chronic condition like COPD and being at an advanced age is a huge risk factor when it comes to mortality. I could possibly consult the patient with a social worker to see if that resource would be of any use.

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

\*\*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:**

An area of strength I have is with IV and trach because I do this at my job so I have experience with it. An area of weakness for me is remembering some of the Nursing Fundamental skills so I will have to touch up on these in my free time. **Please remember when writing an area for improvement you need to set a realistic goal (i.e. I will watch all of the Nursing Fundamentals skills videos once before my first inpatient clinical.) KA**

Week 3: An area of strength I had was knowing a lot about infectious disease and infection prevention strategies already. **Great! You will have lots of additional opportunities to put these principles into action. DW** An area of weakness for me would be knowing what was going on when it came to the digestive health procedures like the colonoscopy so I am going to study some digestive system A&P until I am confident with the structures. **Wonderful idea! This should help quite a bit, but don't feel bad if you get the opportunity to experience a scope again and it still doesn't look familiar. Textbook pictures and the actual thing are totally different, especially when you are inside of an organ or tube. You could also try to google videos of these procedures, so you can see from the scope's perspective. Either way, these healthcare providers train for years to understand the actual anatomy. I love the interest either way! Keep up the great work! DW**

Week 3 (7f)- Unfortunately, with the newness of all clinical requirements for the first week of clinical, the Digestive Health and Infection Control surveys were overlooked and not submitted by the deadline. This resulted in 2 hours of missed clinical time that was made up on 1/26/26. Please keep in mind that this U does not define you, but offers an opportunity to improve for the future. I know you've got this, but I am always available to help with organization or clarification of course requirements as needed. Additionally, please be sure to review the directions on page 1 of this document. You are required to comment on how you plan to prevent any future U's related to this when you submit your tool for week 4. Failure to do so will result in a continued U rating until completed. **DW**

Week 4: An area of strength this clinical is how patient I am with people who can be a little cranky. Instead of making the patient agitated by having an attitude back, I was able to keep a calm and pleasant demeanor the entire time which in turn made the patient trust me. **This absolutely was a great strength! MD** A weakness **area of improvement 😊** that I have is time management especially in the rehab unit needing to balance their breakfast, getting their physical therapy in and my assessment in, etc. I will improve on this by reflecting on what I could have done better and coming up with a step-by-step plan to knock out the vitals and assessments in a much more organized manner. **Great goal! MD I will also prevent any future U's by making sure after every clinical I check with the faculty as well as with my classmates and on eAdvance any things that are needed to be submitted for the clinical experience, including signature forms, surveys, CDG's, etc. MD**

Week 4 Rehab Objective 7 C-H: Michael, this week has been a great experience witnessing your first week in the inpatient clinical setting for MSN! You really showed self-confidence in the care of your patient and interactions with peers while maintaining the Student Code of Conduct, ACE attitude, and positive professional behavior! 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 5: An area of strength this clinical for me would be being a patient advocate. I earned the patient's trust by being engaged with what they were telling me, asking questions about the patient, and making good on promises that I would make to them. For example, the patient was on a 1500 mL fluid restriction and asked if they could get coffee. I said I could ask their nurse and I immediately followed through on this promise. I got them their coffee and they were very pleased with me and they had no problem or annoyance with any care I provided after that point. An area of weakness would be medication administration involving syringes. I have handled needles very seldomly so my dexterity and technique is lacking when it comes to preparing the vials and what not. I will improve on this area of weakness by consulting with faculty and looking up videos and resources involving best practice and technique.

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		
<b>Reflecting</b>	14. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete		
	15. Evaluation includes one of the following statements: <ul style="list-style-type: none"> <li>• Continue plan of care</li> <li>• Modify plan of care</li> <li>• Terminate plan of care</li> </ul>	<b>Complete</b>			<b>Not complete</b>		

**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:**

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**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		
<b>Reflecting</b>	14. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete		
	15. Evaluation includes one of the following statements: <ul style="list-style-type: none"> <li>Continue plan of care</li> <li>Modify plan of care</li> <li>Terminate plan of care</li> </ul>	<b>Complete</b>			<b>Not complete</b>		

**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:**

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**Faculty/Teaching Assistant Initials:**

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

Student name: Michael Ingram								
<b>Skills Lab Competency Evaluation</b>	<b>Lab Skills</b>							
	<b>Week 1</b>	<b>Week 1</b>	<b>Week 1</b>	<b>Week 1</b>	<b>Week 1</b>	<b>Week 2</b>	<b>Week 2</b>	<b>Week 9</b>
Performance Codes: S: Satisfactory U: Unsatisfactory	<b>Insulin</b> (2,3,5,7)*	<b>Assessment</b> (2,3,4,5,7)*	<b>IV Math Application</b> (3,7)*	<b>Lab Day</b> (1,2,3,4,5,6,7)*	<b>IV Skills</b> (2,3,5,7)*	<b>Trach</b> (1,2,3,4,5,6,7)*	<b>EBP</b> (3,7)*	<b>Lab Day</b> (1,2,3,4,5,6,7)*
	<b>Date:</b> 1/6/26	<b>Date:</b> 1/6/26	<b>Date:</b> 1/7/26	<b>Date:</b> 1/7/26	<b>Date:</b> 1/9/26	<b>Date:</b> 1/16/26	<b>Date:</b> 1/16/26	<b>Date:</b> 3/10/26
Evaluation:	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	
Faculty/Teaching Assistant Initials	<b>KA</b>	<b>KA</b>	<b>KA</b>	<b>KA</b>	<b>KA</b>	<b>KA</b>	<b>KA</b>	
<b>Remediation: Date/Evaluation/Initials</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	

\*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 1/8/26. 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 demonstrated competence with tracheostomy care and tracheostomy suctioning, great job! You were able to maintain sterility throughout both procedures and were conscientious of your sterile field. You did not require any prompts, very well done! You were efficient and communicated well with your “patient” throughout. Keep up the hard work! NS

(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: Michael Ingram					
Performance Codes: S: Satisfactory U: Unsatisfactory			Evaluation	Faculty Initials	Remediation Date/Evaluation/Initials
<b>Date:</b> 1/26/26	Shadow Health (Respiratory Hourly Rounds: Medical-Surgical) (*1, 2, 3, 4, 5, 6)	Scenario	<b>S</b>	<b>DW</b>	<b>NA</b>
		DCE Score	94.8%		
<b>Date:</b> 2/9/26	Shadow Health (Endocrine Hourly Rounds: Medical-Surgical) (*1, 2, 3, 4, 5, 6)	Scenario			
		DCE Score			
<b>Date:</b> 2/23/26	Shadow Health (Basic Patient Case: Pharmacology) (*1, 2, 3, 4, 5, 6)	Scenario			
		DCE Score			
<b>Date:</b> 2/25 or 2/26/26	Simulation #1 (Musculoskeletal & Resp) (*1, 2, 3, 4, 5, 6, 7)	Prebrief			
		Scenario			
		Reflection Journal			
		Survey			
<b>Date:</b> 3/24/26	Shadow Health (Perioperative Care Hourly Rounds: Medical-Surgical) (*1, 2, 3, 4, 5, 6)	Scenario			
		DCE Score			
<b>Date:</b> 4/8 or 4/9/26	Simulation #2 (GI & Endocrine) (*1, 2, 3, 4, 5, 6, 7)	Prebrief			
		Scenario			
		Reflection Journal			
		Survey			
<b>Date:</b> 4/13/26	Shadow Health (Intermediate Patient Case: Pharmacology) (*1, 2, 3, 4, 5, 6)	Scenario			
		DCE Score			
<b>Date:</b> 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