EVALUATION OF CLINICAL PERFORMANCE TOOL
Medical Surgical Nursing – 2026

Firelands Regional Medical Center School of Nursing
Sandusky, Ohio

Student: Dehvin Shumate

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)

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
1/21-22/2026	Acute Pain	Satisfactory/MD	NA	NA

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

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies: a. Analyze the involved patho-physiology of the patient's disease process. (Interpreting)			S	S	S												
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			S	S	S												
c. Correlate diagnostic tests with the patient's disease process. (Interpreting)			S	S	S												
d. Correlate pharmacotherapy in relation to the patient's disease process. (Interpreting)			S	S	S												
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			S	S	S												
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			S	S	S												
g. Assess developmental stages of assigned patients. (Interpreting)			S	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		5T; 73, Right Hip Fracture	4N, 74, Back Fracture T11-T12	3T, 83, Aspiration Pneumonia; Respiratory [illegible]												
Instructors Initials	**NS**	**NS**	**MD**	**NS**													

****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: This 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! Great job! MD

Week 4 1(a,b) – Good job this week discussing your patient's alterations in health and making correlations with the nursing care required. This week you cared for a patient s/p fall with back fracture requiring surgical intervention and placement of a hemovac drain. You were able to discuss the causative factor of the injury from a mechanical fall and correlated his underlying dementia as a potential cause. You identified his symptoms of pain with movement, abnormal gait, use of a back brace and assistive device, weakness, and incontinence as related to his disease process and injury. (d) – you were able to correlate pharmacotherapy with his current and underlying disease processes. (e) – the medical treatment of the injury was discussed (surgical intervention) to fix the fracture and stabilize the spine. NS

Objective

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

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

****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 D, F: Great job this week with communicating your physical assessment findings and demonstrating skill in accessing information in the electronic record! Overall, your documentation improved from day 1 of clinical to day 2. Keep working hard to keep improving! MD

Week 4 2(a,e) – You did well with your assessments this week, noticing numerous deviations from normal. You were able to notice partially limited visual impairment with the use of glasses, missing teeth, unsteady gait, injury to the back, use of a back brace and walker, impaired skin integrity, and altered urinary elimination. On day one, you assessed an indwelling urinary catheter, noting the urinary characteristics. You also assessed a hemovac drain, noting the appearance and amount of drainage present. You discussed priority assessments to be completed, including circulation and sensation to the lower extremities following back surgery. NS

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies: a. Perform standard precautions. (Responding)	S		S	S	S												
b. Demonstrate nursing measures skillfully and safely. (Responding)	S		S	S	S												
c. Demonstrate promptness and ability to organize nursing care effectively. (Responding)			S	S	S												
d. Appropriately prioritizes nursing care. (Responding)			S	S	S												
e. Recognize the need for assistance. (Reflecting)			S	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)			N/A	S	N/A												
h. Implement DVT prophylaxis (early ambulation, SCDs, ted hose, administer enoxaparin or heparin) based on assessment and physicians' orders (Responding)			S	S	S												
i. Identify the role of evidence in determining best nursing practice. (Interpreting)	S		S	S	S												
j. Identify recommendations for change through team collaboration. (Reflecting)			S	S	S												
	NS	**NS**	**MD**	**NS**													

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

Comments:

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 4 3(b,c,d) – You demonstrated good time management skills this week, ensuring importance care needs were addressed in a timely manner. You frequently rounded on your patient ensuring his safety was maintained. You were prompt with your care, allowing you the opportunity to learn from your peers' experiences as well. You documented your findings in a timely manner without prompting and were efficient with your care, well done! NS

Week 4 3(g) – Great job with your care of an indwelling urinary catheter. On day one you had the opportunity to d/c the catheter following his surgical intervention. You were prepared to discuss the procedure, demonstrated good understanding, and implemented the intervention effectively. You appropriately drained and assessed urine characteristics, allowed the balloon to drain by gravity, and safely removed the catheter using aseptic technique and preventing complications from occurring. Great job! NS

Week 4 3(h) – You were able to implement DVT prophylaxis with the use of TED hose and SCDs. NS

Objective

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

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

****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, indication, route, documentation, medication, and added allergies. 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

Week 4 3(k,l,m,p,q) – Good work with your medication administration this week. You were prepared to discuss each medication, including the classification, indications, side effects, and nursing implications for each. You were able to administer several PO medications, applied a topical powder, administered two IV push medications, and performed a saline flush. With each medication, you observed the rights of administration and performed three safety checks. You effectively utilized the BMV scanning system for each medication to promote safety. You confirmed that the correct dose was removed and administered. Experience was gained with withdrawing medication from a vial, monitoring an IV site for complications while administering medications, and ensuring medications were safely swallowed. NS

Objective

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies: 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)			S	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)			~~S~~ NA	S	N/A												
f. Obtain report, from previous care giver, at the beginning of the clinical day. (Noticing)			S	S	S												
	NS	**NS**	**MD**	**NS**													

****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	Week 4	NS
Patient Education: Identifying and Intervening on Knowledge Deficit		
Safety: Restorative Care and Managing Potential Complications		

Comments:

Week 3 Rehab Objective 4 A, B: Awesome job integrating professionally appropriate and therapeutic communication with your patient! You made a great connection with her and really provided her with great information! You also did a great job communicating with the primary nurse with clear, organized information! MD
Week 3 Rehab Objective 4 E: This week you turned in a care map. While the care map information is provided with the clinical discussion group (CDG) information, the actual CDGs are the EBP Article, Patient Education, and Restorative Care topics. This competency is an NA for this week. MD

Week 4 4(a,b) – You were challenged with communication this week due to your patient using minimal words. You were able to recognize non-verbal cues and attempted to communicate with him throughout the week. Although it was challenging to get much information from him, your approach to communication was positive and supportive. (b) You were able to gain experience collaborating with members of the health care team. You were able to improve from day 1 to day 2 in regards to communicating with the surgeon and having information readily available. Your communication with other members of the health care team and your peers is always positive and supportive. NS

Week 4 4(e) – You did a nice job summarizing an evidence-based article that was relevant to your patient care situation. I appreciate the time spend researching various articles and your willingness to learn from the article that I presented to you. Good work correlating this article to your patient's experience and how it can impact cost and outcomes. All criteria were met for a satisfactory evaluation. See my comments on your post for more details. One tip related to APA formatting: pay close attention to what gets italicized between the article title and the journal. In APA 7th edition, the title of the article is in regular font, only the first word and any word following a colon or period are capitalized. The journal and its volume number are italicized. Otherwise, great job! NS

Objective																	
5. Implement patient education based on teaching needs of patients and/or significant others. (1,6)*																	
Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
Competencies: **a. Describe a teaching need of your patient.**** (Reflecting)			S	S	S												
b. Utilize appropriate termino-logy and resources (Lexicomp, UpToDate, Dynamic Health, Skyscape) when providing patient education. (Responding)			S	S	S												
	NS	**NS**	**MD**	**NS**													

****5a & b- You must address this competency in the comments below for all clinicals on 3T, 4N, or Rehab- describe the patient education you provided; be specific- include the topic, method of delivery, reason for teaching need, materials to support learning through above resources (if applicable), and method used to validate learning.**
Example: Education related to orthostatic hypotension (changing positions slowly by sitting at the side of the bed or chair for a few minutes before moving to another position, utilizing the walker when ambulating) was provided to my patient through discussion and demonstration. This was necessary to maintain patient safety as he/she was experiencing a drop-in blood pressure and dizziness when getting out of bed. A patient education sheet was printed from Lexicomp and given to the patient. The teach back method was used to validate learning.

Comments:
Week 3: Due to my patient's condition, a teaching need that I reinforced through discussion to my patient was understanding safe mobility, correct ambulation with assistive devices, and adherence to weight-bearing restrictions to prevent falls and protect their injured right hip. Reinforcing and educating my pt on these techniques was essential to promote proper healing and support independence during their recovery! Although my patient was aware of these precautions through the help of occupational and physical therapy, continued education on my end as a nurse was just as necessary to reinforce safety and prevent further injury. While providing continuous education during clinical, I utilized resources such as Skyscape to review my patient's multiple medications and their potential adverse reactions. Understanding side effects such as dizziness or hypotension was important, as these could increase fall risks and interfere with safe mobility and proper ambulation while protecting the injured right hip. Fantastic, Dehvin! You did an awesome job with education this week and really diving deep into fall prevention education! I love that you also incorporated medications into this education! MD
Week 4: A teaching need for my patient was the importance of always ambulating with his back brace on and with X2 assistance. Due to my patient's spinal fracture, he had limited mobility, an increased risk for falls, and further injury complications. Following through with fall precautions that were in place was essential to prevent my patient from further injuring himself and prolonging his stay. Along with his injury and limited mobility it was also important to educate my patient on the importance of wearing his thigh high TED hose and SCDS, to promote circulation and reduce the risks of DVT, which he is also at an increased risk for due to his decreased mobility. Prior to educating my patient I utilized my resource such as sky scape to look up complications of my nursing diagnoses for my patient; this allowed me to provide accurate evidence-based care and education as to why these interventions could help prevent further complications. Although my patient's communication was limited, I made sure to use clear simple language and speak slowly to make sure he understood his care and felt supported. Very good, Dehvin! A very detailed reflection on the teaching needs provided during your clinical experience. His underlying dementia living at home alone highlight the importance of these educational topics. I appreciate you focusing your teaching on preventing complications. Patients post-operatively are at high risk for numerous complications. It can be frustrating for them to have to call for help, utilize assistive devices, learn how to use a brace, etc. However, our job is to help the patient understand the rationale behind these measures to help promote understanding and compliance. It sounds like you were effective in your approach this week! NS
Week 5: A teaching need for my patient was the importance of adequate ventilation techniques such as cough and deep breathing exercises, maintaining adequate hydration and fluid intake when applicable, keeping the head of the bed elevated at 30-45 degrees, and the importance of repositioning frequently. Due to my patient's respiratory

conditions, ensuring the understanding of these techniques and following through with the interventions was essential to improve her breathing patterns and prevent further complications in her condition. While educating my patient I utilized Skyscape to understand and implement evidence-based interventions related to her respiratory condition, this allowed me to provide safe and accurate evidence-based care and education to my patient.

Objective

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

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

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

See Care Map Grading Rubrics below.

Comments:
Week 3: My patient had a few positive social determinates of health that supported their recovery. Having two daughters provided a strong support system to assist with daily needs if they cannot do certain tasks independently. My patient also has health insurance and access to transportation, which both contribute to continuous access to medical care and therapy if needed. Additionally, my patient has a safe and reliable one floor home that reduces fall risks and supports safe mobility for their condition. A few negative social determinates of health that my patient also has is they were a former smoker, and their husband does not feel comfortable with assisting with their care. Both factors may increase health risks and may make recovery a little more challenging; past smoking may affect lung function and limited family support from a spouse can reduce immediate assistance with activities around the home, when their daughters are not available. Excellent analysis, Dehvin! What kinds of resources do you think you could utilize to assist the patient in continuing positive progress and ending with a positive outcome? MD

Week 3 Rehab Objective 6 A: You completed a satisfactory care map on Acute Pain for your patient with a hip fracture! Great job! MD

Weel 4: A few social determinates of health affecting my patient included the fact that he is in the middle of a divorce, he has a hard time understanding his medical care because of his early Alzheimer's-dementia, and he has limited family support because his son and a daughter live a few hours away. These factors significantly influence my patients care because they affect the ability for my patient to understand medical instructions, make informed decisions, and manage his health independently, due to his

cognitive impairment. His limited family support may reduce help with daily care and appointments, especially with having a spinal injury. Additionally, the stress of his divorce may impact my patient's emotional health and involvement in his own care. Good reflection on SDOH that can impact your patient's health outcomes. He is going through a difficult life transition with a pending divorce. Luckily, it sounds like his soon to be ex-wife is still involved with his medical care; however, he still has some significant determinants. His social context and home environment will be a challenge moving forward. Collaborating with case management and advocating for discharge planning will be important. Good thoughts. NS

Week 5: A couple of positive social determinates of health that my patient had was the support of her two daughters at her bedside, as well as three other children and my patient also had Medicare insurance, to help fund her treatment. These factors contributed to my patient's health because her family provided emotional support, comfort, they helped her understand the information regarding her care from the healthcare team, and they aided during her time of need; having access to insurance allowed her to obtain access to medical treatment and follow up services if necessary. However, due to my patients age and hearing limitations, she had a low health literacy and had a difficult time understanding what the health care team was communicating to her regarding her care.

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												
b. Reflect on an area for improvement and set a goal to meet this need.** (Reflecting)	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	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												
	NS	**NS**	**MD**	**NS**													

****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:

Week 1: An area of strength that I have gained for this week is my willingness to learn new material and continuously seek new knowledge. I actively engage in lecture and lab by asking questions to better my understanding when certain concepts are unclear, which has helped me adapt to new information and improve my critical thinking. An area of improvement for this week is to strengthen my understandings of complex concepts and improve myself mentally to manage my stress and replace my self-doubt. To improve in this area, I will dedicate extra time on topics I find challenging by reviewing material more consistently so I can do better on my exams, in the clinical setting, labs, and simulations. To

improve in myself mentally I will focus on my growth instead of constantly being too hard on myself. Good reflection this week, Dehvin! The first two weeks of the semester are quite busy and require dedication and time management. We appreciate your willingness and excitement to learn, which is always on display. I love your plan for improving the mental side of things, particularly related to self-doubt. You are doing so many great things so far. Celebrate the victories, and focus on your goals, you got this! NS

Week 3: An area of strength I gained from this clinical was becoming more confident in my role as a nurse. I was able to think more critically in situations that tested my clinical judgment and assist patients beyond just my assigned patient. I also helped my peers with their tasks and responded to as many call lights as I could. Overall, putting myself out there on the floor and taking every opportunity to help strengthened my confidence and enthusiasm as a nurse. You did an amazing job! I am so proud of you for jumping out of your comfort zone and diving in with both feet! MD An area of improvement in this week's clinical is my documentation when it comes to my head-to-toe assessments, sometimes I do not chart enough information other times I chart too much information that was not required. To improve in this area, I plan on setting aside additional time with Monica in the computer lab or the library to work on this specific area of documentation and have more time to practice one on one with an instructor to be prepared for each clinical rotation! Great goal! Let me know when you would like assistance! MD

Week 3 Rehab Objective 7 C-H: Dehvin, this week has been a great experience witnessing your first week in the clinical setting for MSN! You really showed more self-confidence between day one and day two of clinical by facing your anxiety and nervousness by answering call lights while maintaining the Student Code of Conduct, ACE attitude, and professional behavior with everyone you came in contact with! 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 know you were so nervous for your first week on clinical and I cannot wait to watch you grow this semester! MD

Week 4: An area of strength that I gained this week from clinical was effective communication and teamwork to my patient and the individuals around me. I made sure to always communicate clearly with my patient to ensure they understood their care while implementing interventionists, med pass, and assessments. I realize patient care is truly individualized based off a patient's conditions, so I made sure to alter my assessments around my patient's needs, while delivering safe and effective patient care. My instructor additionally made me feel more confident by allowing me to ask questions when I was unsure and helped with my med-administration which made me feel even more confident about passing meds, especially through my patients IV line, which strengthened my confidence! Love to hear the positivity, Dehvin! These are great strengths to note. This was an interesting week of communication since he did not provide a lot back to you. However, you didn't let this deter you from being yourself and building a rapport. I enjoyed hearing your enthusiasm when talking with him and educating him. Furthermore, your support of your peers is top notch. You are consistently talking them up, supporting them, and spreading positivity. Now, we just need you to focus that positive energy on yourself and all the good that you are doing as well. You are growing every day, and you need to keep having confidence in yourself each day. Keep up the hard work, you're doing great! NS

An area of improvement that I need to work on is obtaining SBAR more in detail from my nurse in the morning. To improve in this area, I will not shy away when they ask if I have any questions and if I do not understand what's in report, I will ask questions during or after report and while on the floor to ensure my hand off report at the end of my shift is efficient as well! I will also seek out more practice from my instructors of giving off SBAR and receiving it. Good reflection on an area you want to grow in! SBAR is intimidating and comfort will come with more experience. As the semester progresses, we will expose you to more formal feedback and SBAR opportunities. I think you have a great plan in place to continue your growth! NS

Week 5: An area of strength that I gained from this week's clinical was gaining more confidence in the care I was providing and the interventions I was implementing. Learning information in lecture regarding disease processes, their clinical manifestations, and nursing interventions, then applying that information in the clinical setting allowed me to connect information and use critical thinking skills to provide safe and effective patient care. An area that I need to improve in is my ability to multitask in the clinical setting, such as implementing interventions like obtaining vital signs while my patient or their family members are speaking to me. To improve in this area, I will work on maintaining focus on patient care while still being able to manage and effectively communicate with my patients and their family members. I also plan to practice performing simple interventions with my family and or friends at home while being able to engage in conversation with them and get things done efficiently and improve multitasking skills.

Student Name: Dehvin Shumate				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: 1/21-22/2026 Acute Pain							
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	Great job identifying all abnormal assessment and lab/diagnostic information related to your patient! You also did a great job identifying risk factors! MD
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	**(lists at least 3*) *provides explanation if < 3**		**(lists 3 but no specific patient data included)**	**(lists < 3 or gives no explanation)**	3	
	3. Identify all risk factors relevant to the patient.	**(lists at least 5*) *provides explanation if < 5**	**(lists 4)**	**(lists 3)**	**(lists < 3 or gives no explanation)**	3	
Interpreting	4. List all nursing priorities and highlight the top priority problem.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	2	Awesome job, Dehvin! For the nursing priorities-Risk for falls and risk for infection would be appropriate to add to this list give that the patient obtained her fracture from a fall and that she is not up moving around as usual which increases her risk for infection. If those were added the total number of priorities would be 6. With the omitted 2 priorities, the percentage completed was 67% giving you a score of 2. MD Side note-consider going through the nursing diagnosis app in Skyscape. I was able to find a tighter statement for limited mobility to be impaired physical mobility. I did not take points for this, just a suggestion 😊 MD
	5. State the goal for the top nursing priority.	**Complete**			**Not complete**	3	
	6. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	7. Identify all potential complications for the top nursing priority problem.	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**	3	
	8. Identify signs and symptoms to monitor for each complication.	**(lists at least 3)**	**(lists 2)**		**(lists < 2)**	3	
Responding	9. List all nursing interventions relevant to the top nursing priority.	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	Wonderful job listing all of the nursing interventions, prioritizing them, including a frequency, and making them individual for your patient! MD
	10. Interventions are prioritized	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	11. All interventions include a frequency	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
	12. All interventions are individualized and realistic	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	

	Criteria	3	2	1	0	Points Earned	Comments
	13. An appropriate rationale is included for each intervention	**> 75% complete**	**50-75% complete**	**< 50% complete**	**0% complete**	3	
Reflecting	14. List all of the highlighted reassessment findings for the top nursing priority.	**>75% complete**	**50-75% complete**	**<50% complete**	**0% complete**	3	You did an awesome job reassessing your findings and evaluating appropriately! MD
	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. Care map has both a Reference and In-text citation. MD
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:
Dehvin-You did an awesome job for your first care map in MSN! Keep up the great work! MD

Total Points: 44/45 Satisfactory MD

Faculty/Teaching Assistant Initials: MD

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:

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

Student name: Dehvin Shumate								
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: 1/8/26**	**Date: 1/8/26**	**Date: 1/9/26**	**Date: 1/16/26**	**Date: 1/16/26**	**Date: 3/9 or 3/10/26**
Evaluation:	**S**	**S**	**S**	**S**	**S**	**S**	**S**	
Faculty/Teaching Assistant Initials	MD	KA/RH	KA/DW/HS	MD/NS	NS	NS	KA	
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NS	

*Course Objectives

Comments:
(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

(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. NS

(Trach Care & Suctioning) - During this lab, you satisfactorily demonstrated competence with tracheostomy care and tracheostomy suctioning, great job! During trach care, one prompt was required as a reminder to assess the effectiveness of suctioning through auscultation prior to suctioning the oropharynx. You were able to remind yourself to re-assess lung sounds, however, the oropharynx was already suctioning. You identified that a new suction catheter would be required if further tracheal suctioning was needed. Otherwise, well done! During trach care, you were able to remind yourself about removing the inner cannula and soiled tracheostomy dressing prior to applying

your sterile gloves. You were able to verbalize how to proceed in the process if this were to occur without contaminating supplies and satisfactorily remediated the process. 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:					
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	84.2		
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