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

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

**Student**: Rebekah Klepper

**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

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**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.**

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**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) |
|---|---|---|---|
| 1/14/2026 | 3 hours | Trach and EBP Lab absence | 1/16/26, 3 hours |
| 1/20/2026 | 1 hour | IC Orientation | 1/26/26, 1 hour |
| 1/24/2026 | 1 hour | Late OR CDG | 1/24/26, 1 hour |
| 1/24/2026 | 1 hour | IC Scav. Hunt submitted handwritten | 1/26/26, 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.

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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 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **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) | | | N/A | 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 | | Infection Control/OR | 5T, 62F, Stage 3 pressure ulcer | 5T, 78M, right sided eakness due to CVA | | | | | | | | | | | | |
| Instructors Initials | **DW** | | **DW** | **RH** | | | | | | | | | | | | | |

****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 (Obj. 1)- Great job correlating, the patient's medical history, assessment, and intervention with the need for a double hernia repair. DW

Week 4 (1a-h): This week you were able to correlate the patient's symptoms, diagnostic tests, pharmacotherapy, treatment, and nutritional needs based on their reason for being on the rehab floor and their past medical history. You were able to bring some of these needs to light in your satisfactory CDG this week. RH

**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) | | | ~~N/A~~ S | S | S | | | | | | | | | | | | |
| b. Conduct a fall assessment and implement appropriate precautions. (Noticing) | | | N/A | S | S | | | | | | | | | | | | |
| c. Conduct a skin assessment and implement appropriate precautions and care. (Noticing) | | | N/A | S | S | | | | | | | | | | | | |
| d. Communicate physical assessment. (Responding) | | | N/A | S | S | | | | | | | | | | | | |
| e. Analyze appropriate assessment skills for the patient's disease process. (Interpreting) | | | ~~N/A~~ S | S | S | | | | | | | | | | | | |
| f. Demonstrate skill in accessing electronic information and documenting patient care. (Responding) | S | | S | S | s | | | | | | | | | | | | |
| | **DW** | | **DW** | **RH** | | | | | | | | | | | | | |

****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 (Obj. 2)- Please utilize the highlighted suggested competencies for evaluation above when attending the alternative clinical sites (DH, IC, ECSC, and OR). This will allow you to give full credit where it is due with every clinical experience. These competencies were not only demonstrated during clinical but also discussed in your CDG post. In terms of the adjusted evaluations above, you earned a S as your OR discussion post demonstrates understanding of the need for assessment and implementing safety measures associated with surgery. These measures were identified to be evidence-based. Well done! DW

Week 4 (2a-f): you were able to perform all assessments on your patient this week and chart them appropriately in meditech. You also were able to identify a priority problem with your patient and perform a detailed focused reassessment on your patient related to that problem. You communicated changes in your assessment to the proper healthcare team member. You also promptly notified the nurse caring for your patient of some abnormal vitals this week. RH

**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 | ~~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) | | | N/A | N/A | 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 | | | | | | | | | | | | |
| | **DW** | | **DW** | **RH** | | | | | | | | | | | | | |

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

**Comments:**

Week 4 (3a-g, i, j): You performed hand hygiene appropriately throughout both clinical days. You were able to organize your day and perform all nursing tasks/assessments in a timely manner while working around the therapy schedule. YouS were able to perform a wound dressing change both days of clinical this week using proper technique

and keeping supplies as sterile as possible. You asked for assistance when needed. 4g was changed to “S” because your patient did have a foley and you maintained and cared for it throughout the clinical days. RH

**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) | | | N/A | S | S | | | | | | | | | | | | |
| l. Ensure patient safety through proper use of EHR, IV flow sheet, and BMV. (Responding) | | | N/A | S | S | | | | | | | | | | | | |
| 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 | N/A | | | | | | | | | | | | |
| o. Regulate IV flow rate. (Responding) | S | | N/A | N/A | N/A | | | | | | | | | | | | |
| p. Flush saline lock. (Responding) | | | N/A | N/A | N/A | | | | | | | | | | | | |
| q. Monitor and/or discontinue an IV. (Noticing/Responding) | | | N/A | N/A | N/A | | | | | | | | | | | | |
| r. Perform FSBS with appropriate interventions. (Responding) | S | | N/A | N/A | S | | | | | | | | | | | | |
| | **DW** | | **DW** | **RH** | | | | | | | | | | | | | |

****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 4 Week 3 (3k-m): You were able to perform medication administration this week. You were well prepared with all medication information to review with me prior to pulling medications. You had thoroughly looked up medications to be prepared. You administered PO medications. You did great calculating medication dosages and scanning all meds correctly. You used the rights of medication administration and your three checks to ensure there were no medication errors. RH

**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) | | | ~~N/A~~ S | S | S | | | | | | | | | | | | |
| c. Report promptly and accurately any change in the status of the patient. (Responding) | | | N/A | 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~~ NI | S | N/A | | | | | | | | | | | | |
| f. Obtain report, from previous care giver, at the beginning of the clinical day. (Noticing) | | | N/A | S | S | | | | | | | | | | | | |
| | | | **DW** | **RH** | | | | | | | | | | | | | |

****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 | 4 | RH |

**Comments:**

Week 3 (Obj. 4)- You were able to identify the importance of effective communication in the surgical department. Great job! Please explore the concepts of TeamSTEPPS a little further, as the goal will then be to find ways to utilize this effective communication in your own practice as a nurse. DW
Week 3 (4e)- According to the CDG Grading Rubric, you have earned a needs improvement for your participation in the OR/Surgery discussion this week. Your post was thoughtful and supported by evidence from the Potter and Perry textbook; however, only a citation was included; the full reference was omitted. Both components are required. Additionally, I'd like to offer a little support and feedback related to your APA formatting for future CDGs. The correct citation for Porter and Perry is: (Potter et al., 2026). Notice when there are more than two authors, it gets condensed to the first author and et al. Additionally, you do not need to include the page number if it's not a direct quote. As for the reference, this was omitted all together. The correct reference for this resource would have been:
Potter, P., Perry, A., Stockert, P., Hall, A., & Ostendorf, W. (2026). Fundamentals of nursing (12th ed). Elsevier.
While tricky, APA formatting can be developed over time. Please consider utilizing the APA Formatting Examples document available in the Clinical Resources on Edv360. It assists you with formatting and also gives you the correct formatting for several of our commonly used resources. Additionally, the Purdue Owl website is amazingly helpful as well. The website is https://owl.purdue.edu/research_and_citation/apa_style/apa_formatting_and_style_guide. DW

Week 4 (4a-f): You communicated professionally with all members of the healthcare team. You were able to communicate any changes with your assessment to the nurse caring for your patient in an organized manner. RH

**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) | | | N/A | S | S | | | | | | | | | | | | |
| **b. Utilize appropriate termino-logy and resources (Lexicomp, UpToDate, Dynamic Health, Skyscape) when providing patient education. (Responding)** | | | N/A | S | S | | | | | | | | | | | | |
| | | | **DW** | **RH** | | | | | | | | | | | | | |

****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. My patient was paralyzed from the waist down and had been for nearly 13 years. A main part of why she was on 5T was because of her stage 3 pressure injury on her bottom. Not only does being paralyzed and having to constantly sit influence its healing (and why it got so bad in the first place) but she also had poor circulation in her lower extremities and was incontinent of both her bowels and bladder. Keeping the area dry and free of urine and stool was incredibly difficult for her, as she lived alone, and had very little outside help. A main point of education that the healthcare team was trying to provide was how to successfully use a foley catheter and maneuver herself to and from her wheelchair with it. She was incredibly good at transferring herself unassisted, even in the unusual environment. Another point of education that I personally tried to convey was smoking cessation was going to help her wound healing and circulation, as she was a current smoker up until she was admitted to the hospital, and she did say that other healthcare team members had told her this as well but she did not understand that it wouldn't be a quick fix, so I did have to educate her as well that it would take some time as well, considering it was a very, very deep wound. Great synopsis of your patient as well as providing a variety of teaching options throughout the week. RH
B. My patient was not very receptive to most education and was not willing to view most information or be receptive to most teaching, as she was very agitated and potentially had delirium. However, I did utilize SkyScape when researching the medication that I administered, and I did try to research information on how long it would take to see circulation benefits of smoking cessation, but my patient was not receptive to wanting information. Some patients are not receptive to some information, but I am glad you tried! Good job. RH

Week 5: A. Because my patient recently suffered a stroke and has right sided weakness, he needed teaching on how to properly use his walker so that he was safe while ambulating. PT/OT mostly worked with him but there were moments when he was transferring from wheelchair to chair that I was able to remind him of how to safely do that. B. I don't think I really utilized any online resources for teaching him about safely ambulating, but I did utilize what we learned in Nursing Foundations and what OT/PT were telling him to do.

| 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 | 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) | | | N/A | S | S | | | | | | | | | | | | |
| | | | **DW** | **RH** | | | | | | | | | | | | | |

****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 4: My patient had a lot of social issues that affected her health outcomes. The main one was not having regular help at home for any kind of wound care or peri care. While she was very independent in her own ways, she was unable to access a home health nurse or aide because she still worked part time, and it was not on a set schedule. She also had very unreliable family support, as she lives alone, and some of her children live far away. The ones that do live local aren't able to come every day to help her like she would realistically need for wound care or toileting care. On top of that, she was a current smoker and while she did not specifically mention being addicted to alcohol or have a drinking problem, she did heavily mention that being incontinent heavily affected her ability to drink and enjoy alcohol, and she made it a very big point to keep mentioning that because she had to worry about the foley, she was no longer able to do that like she would like. Great job listing a variety of SDOH that impact your patient. It sounds like she has not the best support system and some financial/economic SDOH. RH
Week 5: My patient's social determinants of health were his age, as he was very stuck in his way of wanting to do things (not slow down) that he previously could do prior to his stroke. He thankfully had his wife who took care of a lot of things for him. He also lives in a rural area (Berlin Heights) where making the drive for various follow up appointments can be difficult for him.

**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~~ NI | 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~~ U | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | |
| | **DW** | | **DW** | **RH** | | | | | | | | | | | | | |

****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 & 2

A. I think an area of strength for me was showing up to lab with a positive attitude, many of my peers were very nervous for the trach lab (rightfully so, it was a lot of steps) but I tried not to let self-doubt get to me and affect the way I spoke about my competencies. I think attitude has the ability to affect your performance and how you handle pressure I love this, Rebekah! Mindset plays a huge role, not only for yourself, but also for those around you. Keep up the great work! Well done during week 1 and 2. DW

B. An area of weakness for the week was my lack of preparedness. I should have gone to open lab because I think I would have felt more comfortable interacting with the steps and supplies of our trach lab had I gone. My goal is that from now on I would like to do the "extra" or non-mandatory things because they're obviously things that will only help me learn. That's fair! Lesson learned 😊 Maybe it will help for you to find a buddy that will motivate you when you aren't feeling it, and vice versa. When you get in the thick of the semester, it may feel really easy to skip the optionals, but just as you mentioned, they are there for your benefit. The faculty and I can be your cheerleader when you need it too. DW

Week 3:

A. An area of strength for clinical this week was how engaged and hands on I was able to be in the operating room. I got the opportunity to help surgical techs gown up while maintaining their sterile field, learn how to plug in the cauterization and filtering equipment, clean the patients abdomen for surgery, help move the patient from bed to operating table, and in the PACU I was able to remove the LEA (the actual term for it is escaping me right now, but it's a partial airway device that they can use instead of needing to fully paralyze and intubate the patient for shorter surgeries. Very cool!) from the patient. Being able to be hands on was awesome! How exciting! So glad you loved the experience and jumped in full force! DW

B. A weakness of mine for clinical this week is that I feel I could have done more in the PACU and in pre-op. I was unaware about the rules of medication administration and if I was able to do it yet without the guide of my actual instructors, so I did a lot of waiting and watching. I was able to see how they chart things during pre-op, which was good because their worklist items are different from what I've seen on floors like 3T and 4N. This is a fair assessment, but what will you do to improve on this hesitation in the future? Always be sure to include a goal; maybe its contacting an instructor to get clarification, or asking before the experience so you know. Additionally, I'll add that not setting and following through with goals will ultimately leave gaps in your learning. Over time, this will affect your knowledge and skill base; which later affects your ability to understand complex concepts and clinical judgment. This is why we require weekly goals. Future omission of an actual goal will result in a U for this competency. DW

Week 3 (7f)- Unfortunately, with the newness of all clinical requirements for the first week of clinical, the OR/Surgery CDG was submitted late and the Infection Control scavenger hunt data was submitted in handwritten form (instead of typed as required). This resulted in 2 hours of missed clinical time that was made up on 1/24/26 and 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: A. An area of strength for me in clinical this week was being able to deal with a very difficult patient, who unfortunately had very little understanding of what her new life may have to look like until her wound healed, and did not want to accept that change either. During my first assessment of her she became very impatient, and honestly quite mean, to which I calmly told her "If you would be more comfortable not having a student nurse, then I'm able to find a different patient." To which she didn't actually say anything to, but post assessment she did end up apologizing. She continued to be very rude, and generally aggravated, but each time I calmly either redirected to either something that I could do to fix the situation (like her hating her breakfast tray, so instead I offered yogurt that we had in the kitchenette, which she happily agreed to and ate) or just sat and listened. I think oftentimes patients can have an unrealistic idea of what their care can look like, not because they want doctors and nurses to be miracle workers (like her 2.5inch deep pressure ulcer healing in 10 days) but because they simply don't understand how certain behaviors, activity levels, nutrition, and other chronic conditions can affect their health outcomes. This of course is no fault to the patient, because oftentimes (and especially in older patients who are set in their ways) they simply do not understand. It's also very uncomfortable to be "out of your element" and being in a hospital setting can be very anxiety inducing, so oftentimes patients will try to control literally anything that they can, even if it seems like silly requests to healthcare teams. I think I handled taking care of this patient very professionally, but also very empathetically as well, while still achieving what I needed to do for clinical (thank you cluster care!), which is sometimes all you can do in a situation like this. This is such a great reflection of your clinical week and how you turned a not so great experience into a positive one. Good job! RH
An area of improvement for me from clinical this week that I would like to improve upon would be my time management. While I think I handled my patients needs very well, I did get stuck in the room talking to her for a good 40 minutes the second day, which did put me behind on my charting. While I did not want to seem like I was ignoring her or brushing off her complaints about adjusting to having a catheter, it did put me behind on 1. Being able to complete my initial head to toe assessment but also 2. Being able to chart it. One of my patients main concern was that the healthcare team was not listening to what she had to say, so I tried to be very attentive. I could have begun charting in the room, but given the fragile state she was in, decided against it. This put me about an hour behind charting, because she also had therapy about 5 minutes after I was able to finally start charting, and I did not want to miss that. I know that when I become a nurse I will have more than one patient and unfortunately will not be able to be that attentive emotionally to just one of them, as I will need to do a laundry list of things for ALL of my patients. I think a good goal to set here will be to communicate better in the future that I do have a few things that I need to do, but will be able to come back when I'm finished doing them to talk more about what is on

their mind, and to finish addressing any questions or concerns that they may have. I think it's very important as a nurse (as well as even when I'm just working as PCT like I do now) to be emotionally in tune with my patients just as much as I am in tune with their physical state, but to not neglect the other aspects of my job or any other patients needs as well. RH

Week 4 (7f): This was changed to a "U" because your tool was submitted past the due date/time. Please address this "U" and state how you will prevent getting another one in the future. This will remain a "U" until it is addressed. RH

Week 5: An area of strength is that my grade lecture is no longer under a 77%, so I am happy about that. An area of improvement that I would like to work on is getting more confident with injections during medication administration. My patient needed insulin this week and not only was I very nervous, but it felt like I was learning how to do it for the first time. I will be mindful and go through the resources on Edvance about injections again before my next inpatient clinical.

Addressing my U: I received U's because my clinical tool was not turned in on time for two weeks in a row. For the rest of the semester I will turn it in before 5pm on Saturdays so that I know for a fact it was turned in on time. I will also make sure to double check that it got submitted instead of just trusting the technology (which isn't always reliable!).

| **Student Name:**<br>**Date or Clinical Week:** | | | **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)* | | |
|---|---|---|---|---|---|---|
| **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:<br>• Continue plan of care<br>• Modify plan of care<br>• 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<br>45-35 points = Satisfactory<br>34-23 points = Needs Improvement*<br>< 23 points = Unsatisfactory*<br>***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.**<br><br>*****Students that are not satisfactory after 2 attempts will be required to meet with course faculty for remediation. *****<br><br>**Faculty/Teaching Assistant Comments:** | **Total Points:**<br><br>**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:<br>• Continue plan of care<br>• Modify plan of care<br>• 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: Rebekah Klepper | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Skills Lab Competency Evaluation**<br><br>Performance Codes:<br><br>**S**: Satisfactory<br><br>**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: 1/16/26** | **Date: 1/16/26** | **Date: 3/9/26** |
| Evaluation: | S | S | S | S | S | S | S | |
| Faculty/Teaching Assistant Initials | DW | DW | DW | DW | DW | DW | DW | |
| **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. Two prompts needed for suctioning. Great job catching when to apply sterile gloves! One prompt for trach care. RH/DW/NS/HS

(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:** Rebekah Klepper | | | | | |
|---|---|---|---|---|---|
| **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** | **DW** | **NA** |
| | | DCE Score | 91.1% | | |
| **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