

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

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

**Student:**

**Final Grade:** Satisfactory/Unsatisfactory

**Semester:** Spring

**Date of Completion:**

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

**Faculty eSignature:**

**Teaching Assistant:** Stacia Atkins, BSN, RN

**DIRECTIONS FOR USE:**

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

**METHODS OF EVALUATION:**

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

**ABSENCE (Refer to Attendance Policy)**

Date	Number of Hours	Comments	Make-up (/Date/Time)
1/28/2026	6	Missed Rehab Clinical	TBD (April 1 4N)

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

## PERFORMANCE CODE

### SATISFACTORY CLINICAL PERFORMANCE

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

### UNSATISFACTORY CLINICAL PERFORMANCE

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

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

### OTHER

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

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

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

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

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**Objective**

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
<b>Competencies:</b>																	
a. Analyze the involved pathophysiology of the patient's disease process. (Interpreting)			N/A	S	S												
b. Correlate patient's symptoms with the patient's disease process. (Interpreting)			N/A	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)			N/A	S	S												
e. Correlate medical treatment in relation to the patient's disease process. (Interpreting)			N/A	S	S												
f. Correlate the nutritional needs in relation to patient's disease process. (Interpreting)			N/A	S	S												
g. Assess developmental stages of assigned patients. (Interpreting)			N/A	S	S												
h. Demonstrate evidence of research in being prepared for clinical. (Noticing)	S		N/A	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		N/A- No clinical	94 Y/O 5-TOWER REHAB	101 F, 73 M- 3 Tower												
Instructors Initials	DW		DW	MD													

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

DH: 1h

IC: 1h.

ECSC: 1g, h

OR: All

**Comments:**

\*End-of-Program Student Learning Outcomes

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

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

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

**Objective**

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
<b>Competencies:</b>			N/A														
a. Perform inspection, palpation, percussion, and auscultation in the physical assessment of assigned patient. (Noticing)				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												
f. Demonstrate skill in accessing electronic information and documenting patient care. (Responding)	S		N/A	S	S												
	DW		DW	MD													

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

**Comments:**

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

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

**Objective**

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

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

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

DH: 3a

IC: 3a, f

ECSC: 3a, j

OR: All

**Comments:**

Week 4 Rehab Objective 3 B, D, J: This week your patient had a very sensitive blood pressure when her antihypertensives were administered. You demonstrated skillful and safe practice for taking her blood pressure and identifying the limits to her antihypertensive medication to be administered. You collaborated with the nurse to ensure

proper care of the patient's blood pressure is prioritized. You also discussed with faculty that you were continually assessing for signs and symptoms of hypotension. Great job! MD

<b>Objective</b>																	
3. Execute safety precautions in the implementation of quality, patient-centered care and evidence-based nursing interventions. (2,3,4,5,8)*																	
Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
<b>Competencies:</b>			N/A														
k. Administer PO, SQ, IM, or ID medications observing the rights of medication administration. (Responding)				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	S												
o. Regulate IV flow rate. (Responding)	U		N/A	N/A	S												
p. Flush saline lock. (Responding)			N/A	N/A	S												
q. Monitor and/or discontinue an IV. (Noticing/Responding)			N/A	N/A	N/A												
r. Perform FSBS with appropriate interventions. (Responding)	U		N/A	N/A	N/A												
	DW		DW	MD													

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

**Comments:**

Week 1 (30)- 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

(3o,r)- Unfortunately, these competencies are being evaluated as unsatisfactory due to omitting a self-rating. In the future, please be sure to rate yourself in all competencies with a white box. There may be times in the future that a competency does not apply. In this case, you will evaluate with NA. Take a moment to review the directions on page one of this tool for next steps on resolving these U's. When you submit the tool for week 3, please be sure to include comments for each U describing how you will prevent this from happening in the future. Failure to do so will result in a continued U rating. Let me know if you have any questions or need assistance. DW

Week 3 (3o,r)- Copied from Objective 7- And area of weakness is that I missed several self evaluation boxes in week 1. This being the first week I guess I just didn't realize there were so many! Moving forward I need to make time to fully read over this tool and not rush, rushing leads to missed steps and I want to prevent that from happening in the future. I'm not sure if I need to address each U individually because they were all marked U for the same reason.. missing the box. I've taken my time filling out this tool, and have double and triple checked it so that doesn't happen again. See my feedback in the objective 7 comments. DW

Week 3 Rehab Objective 3 K, L, M: While administering medications, you were able to identify the rights of medication administration as patient, medication, time, dosage, route, and documentation. 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 were able to obtain your patient's blood pressure, interpret that the result was too low to administer the antihypertensives, and respond by discussing this with the patient and the primary nurse. You did an awesome job providing step by step instruction on how to administer the subcutaneous medication and performing the administration! Overall, you did an excellent job! Please be sure to slow down during the administration process so you can continue to satisfactorily administer medications. MD

**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
<b>Competencies:</b>			N/A	U	S												
a. Integrate professionally appropriate and therapeutic communication skills in interactions with patients, families, and significant others. (Responding)			N/A	U	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	U	S												
c. Report promptly and accurately any change in the status of the patient. (Responding)			N/A	U	S												
d. Maintain confidentiality of patient health and medical information. (Responding)			N/A	U	S												
e. Consistently and appropriately post comments in clinical discussion groups. (Reflecting)			N/A	U	S												
f. Obtain report, from previous care giver, at the beginning of the clinical day. (Noticing)			N/A	U	S												
			DW	MD													

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

CDG	Week Completed	Initials
EBP Article: Discussing Evidence in Nursing Research		
Patient Education: Identifying and Intervening on Knowledge Deficit		
Safety: Restorative Care and Managing Potential Complications	1/28-29/2026	MD

**Comments:**

Week 4 Rehab Objective 4 A-F: Unfortunately, you did not self-evaluate these competencies prior to submitting your clinical tool. These competencies are critical to evaluate with every submission of this document. **Please be sure to respond to these unsatisfactory ratings and how you will prevent this from occurring in the future. MD**

Week 4 Rehab Objective 4 E: This week you completed the Restorative Care and Managing Potential Complications CDG. The potential complication for your patient was the possibility of orthostatic hypotension and an increased risk for falls related to her antihypertension medications. You discussed assessing the patient's blood pressure and heart rate prior to medication administration of antihypertensives along with before and after activity to ensure she is not having symptoms of hypotension. Some intervention examples you provided your patient included encouraging slow position changes and using a cane/walker for assistance. You also noted that the patient's baseline was very independent prior to being admitted in the hospital, so the restorative care you provided promoted mobility and independence with PT and ADLs. Barriers you noted would be the challenge of her fluctuating blood pressure along with her decreased endurance. You provided a great reference and in-text citation with a satisfactory word count. This CDG is satisfactory. Great job! MD

I really need to slow down when submitting. So I submitted my Tool and came back to re-open it after submission and realized I did NOT respond to these U's so it was a good thing I slowed down and came back to re-check. I will continue to do that throughout the course, so to not miss something again.

**Objective**

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

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

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

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

**Comments:**

**Week 4 Rehab Objective 5 A, B: Unfortunately, you did not self-evaluate these competencies prior to submitting your clinical tool. These competencies are critical to evaluate with every submission of this document. Please be sure to respond to these unsatisfactory ratings with information on a teaching need for your patient and resources you utilized along with how you will prevent this from occurring in the future. MD**

A teaching I discussed with my patient was the need to sit up for a few minutes before going directly from laying to standing to prevent falls from hypostatic hypertension. This is essential to prevent dizziness and falls while ambulating to different positions. I was able to have the patient teach back the importance of getting up slowly and sitting up for a few minutes before trying to ambulate from a sitting position.

A reoccurring theme I'm having is missing things on this tool because there are just so many sections. Heather did suggest this week that AFTER submitting the tool we go back into it and look to make sure everything saved correctly so I will be doing that from now on to make sure I don't miss anything else moving forward.

**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	U	S												
b. <b>Identify factors associated with Social Determinants of Health (SDOH) &amp;/or cultural elements that have the potential to influence patient care.**</b> (Noticing, Interpreting, Responding, Reflecting)			N/A	U	S												
			DW	MD													

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

See Care Map Grading Rubrics below.

**Comments:**

Week 4 Rehab Objective 6 A, B: Unfortunately, you did not self-evaluate these competencies prior to submitting your clinical tool. These competencies are critical to evaluate with every submission of this document. **Please be sure to respond to these unsatisfactory ratings with information on your patient’s SDOH along with how you will prevent this from occurring in the future. MD**

Some SDOH for this patient is her increased age, her decrease in mobility, transportation because she is no longer able to drive herself.

A reoccurring theme I’m having is missing things on this tool because there are just so many sections. Heather did suggest this week that AFTER submitting the tool we go back into it and look to make sure everything saved correctly so I will be doing that from now on to make sure I don’t miss anything else moving forward.

Week 5- Some SDOH for my 101 year old patient are her age of 101 years old, Limited mobility, Inability to understand and manage her medications and self-care. The loneliness of her children and husband all passing away before her.

**Objective**

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

Weeks of the Course	1	2	3	4	5	6	7	8	Midterm	9	10	11	12	13	Make Up	Make Up	Final
a. <b>Reflect on an area of strength. ** (Reflecting)</b>	S		S	U	S												
b. <b>Reflect on an area for improvement and set a goal to meet this need.** (Reflecting)</b>	S		S	U	S												
c. Demonstrate evidence of growth, initiative, and self-confidence. (Responding)	U		N/A	U	S												
d. Follow the standards outlined in the FRMCSN Student Code of Conduct Policy. (Responding)	U		N/A	U	S												
e. Incorporate the core values of caring, diversity, excellence, integrity, and “ACE”- attitude, commitment, and enthusiasm during all clinical interactions. (Responding)	U		N/A	U	S												
f. Exhibit professional behavior i.e. appearance, responsibility, integrity, and respect. (Responding)	U		N/A	U	S												
g. Demonstrate the ability to give and receive constructive feedback. (Responding)	U		N/A	U	S												
h. Actively engage in self-reflection. (Reflecting)	U		N/A	U	S												
	DW		DW	MD													

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

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

**Comments:**

Week 1- An area of strength I would say was the lab skills, and the Trach lab I always think I’m better working with my hands and better able to learn that way. **Hands-on experience is extremely crucial to your group, so this makes sense. Any skill in particular that seemed to be your greatest strength, and why? Curious! DW** An area of weakness is the quizzes, I’ve yet to get a 85 or higher on any quiz. I spend a lot of time studying, but tests give me anxiety to begin with and I feel like as soon as I start

taking it I forget everything. So that's absolutely an area I need to work on. Jessica this is quite understandable and I am glad you are recognizing it as an opportunity and not just hoping for the best in the future. Keep in mind, 7b asks you to set a goal for improvement. Identifying an issue only gets you so far. You have to make adjustments to see improvements and that's where the goal comes in. Luckily for you, you are doing something about it. You reached out to me and also requested a LAP referral. This is great, as they will be able to evaluate your current practices and offer opportunities to make changes for positive outcomes. In the future, please be sure to include your goal (what you will do, how often you will do it, and when you will do it by) in order to avoid a U for this competency. I am happy to help with goal setting if you need it. Also, keep in mind that this tool focuses on clinical. Please make sure that future strengths and goals for improvement focus on clinical. Once you start clinical in the weeks to come, this will be easier to identify and focus on clinical. DW

Week 1 (7c-h) Unfortunately, these competencies are being evaluated as unsatisfactory due to omitting a self-rating. In the future, please be sure to rate yourself in all competencies with a white box. There may be times in the future that a competency does not apply. In this case, you will evaluate with NA. Take a moment to review the directions on page one of this tool for next steps on resolving these U's. When you submit the tool for week 3, please be sure to include comments for each U describing how you will prevent this from happening in the future. Failure to do so will result in a continued U rating. Let me know if you have any questions or need assistance. DW

Week 3- I think an area of strength I had this week is my schedule and focusing on studying and making time to study I feel like I did really good at that this week and in turn feel better prepared for the quiz on Monday. **Excellent! DW**

And area of weakness is that I missed several self evaluation boxes in week 1. This being the first week I guess I just didn't realize there were so many! Moving forward I need to make time to fully read over this tool and not rush, rushing leads to missed steps and I want to prevent that from happening in the future. I'm not sure if I need to address each U individually because they were all marked U for the same reason.. missing the box. I've taken my time filling out this tool, and have double and triple checked it so that doesn't happen again. **Thank you for being so diligent and wanting to improve each week. It is greatly appreciated. As for your uncertainty, in the future, if the U's are for the same reason, you do not need multiple separate comments. With that said, you must provide a comment for each objective that has a U (ex. objective 3 and 7 should each be addressed in the comments for week 1). We will make this work this week and I will copy and paste your comment under objective 3 as well. In the future, if you get a U, comment under any and all objectives that apply. You've got this! DW – THANK YOU for explaining Dawn that makes more sense now!**

Week 4- An area of strength I feel like I continue to have is connecting with my patients. I feel because I've worked in the medical field for so many years talking and interacting with patients always comes natural to me. **You definitely were natural with talking to your patient! Great job! MD**

Area of IMPROVEMENT **YES!!!!** (because Monica HATES weakness **ABSOLUTELY!!!** 😊)- Is my time management and setting alarms. I didn't double check my alarms for Wednesday morning and ended up oversleeping and missing clinicals because I set my alarms for 6 PM instead of AM. Now I make sure to double check my alarms are set for the correct time so this doesn't help again. **This is a great goal! MD**

Week 4 Rehab Objective 7 A-H: Unfortunately, you did not self-evaluate these competencies prior to submitting your clinical tool. These competencies are critical to evaluate with every submission of this document. **Please be sure to respond to these unsatisfactory ratings and how you will prevent this from occurring in the future. MD**

A reoccurring theme I'm having is missing things on this tool because there are just so many sections. Heather did suggest this week that AFTER submitting the tool we go back into it and look to make sure everything saved correctly so I will be doing that from now on to make sure I don't miss anything else moving forward. This is funny because I came down here and responded to the strengths and areas of IMPROVEMENT! Maybe when I clicked the S's removed or something, but either way after I submit this week I'm going to go back through to make sure everything is still correct.

Week 4 Rehab Objective 7 C-H: Jessica, this week has been a great experience witnessing your first week in the inpatient clinical setting for MSN! You really showed self-confidence in the care of your patient and interactions with peers while maintaining the Student Code of Conduct, ACE attitude, and positive professional behavior! You also were able to give and receive constructive feedback from your peers and myself as well as engage in reflection on your clinical week! I cannot wait to watch you grow this semester! MD

Week 5- An area of strength I would say was connecting with my patient this week being confident in their care, rolling with the punches for example while going to take out the patients catheter and finding she had a BM too I didn't worry I just realized plans were changed and we were just going to focus on one thing at a time and it would get done, even if we had to go to lunch late. In nursing that happens things don't go as planned and I think a strength is rolling with that. An area of growth or improvement would be me rushing to complete things and making small errors. There were a few small errors I made while charting my Wednesday patient that I remembered and didn't repeat for my Thursday patient. So I just have to remind myself it's not a race, and everything will get done, but it's better to 1. Slow down and 2. Double check for accuracy.

<b>Student Name:</b>		<b>Course Objective:</b> 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)*					
<b>Date or Clinical Week:</b>							
<b>Criteria</b>		<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>Points Earned</b>	<b>Comments</b>
<b>Noticing</b>	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)		
<b>Interpreting</b>	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.	<b>(lists at least 3)</b>	<b>(lists 2)</b>		<b>(lists &lt; 2)</b>		
	8. Identify signs and symptoms to monitor for each complication.	<b>(lists at least 3)</b>	<b>(lists 2)</b>		<b>(lists &lt; 2)</b>		
<b>Responding</b>	9. List all nursing interventions relevant to the top nursing priority.	<b>&gt; 75% complete</b>	<b>50-75% complete</b>	<b>&lt; 50% complete</b>	<b>0% complete</b>		
	10. Interventions are prioritized	<b>&gt; 75% complete</b>	<b>50-75% complete</b>	<b>&lt; 50% complete</b>	<b>0% complete</b>		
	11. All interventions include a frequency	<b>&gt; 75% complete</b>	<b>50-75% complete</b>	<b>&lt; 50% complete</b>	<b>0% complete</b>		
	12. All interventions are individualized and realistic	<b>&gt; 75% complete</b>	<b>50-75% complete</b>	<b>&lt; 50% complete</b>	<b>0% complete</b>		

Criteria		3	2	1	0	Points Earned	Comments
	13. An appropriate rationale is included for each intervention	<b>&gt; 75% complete</b>	<b>50-75% complete</b>	<b>&lt; 50% complete</b>	<b>0% complete</b>		
<b>Reflecting</b>	14. List all of the highlighted reassessment findings for the top nursing priority.	<b>&gt;75% complete</b>	<b>50-75% complete</b>	<b>&lt;50% complete</b>	<b>0% complete</b>		
	15. Evaluation includes one of the following statements: <ul style="list-style-type: none"> <li>Continue plan of care</li> <li>Modify plan of care</li> <li>Terminate plan of care</li> </ul>	<b>Complete</b>			<b>Not complete</b>		

### Reference

An in-text citation and reference are required.

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

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

Total Possible Points= 45 points  
45-35 points = Satisfactory

**Total Points:**

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:**

**Faculty/Teaching Assistant Initials:**

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

Criteria		3	2	1	0	Points Earned	Comments
	13. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete		
<b>Reflecting</b>	14. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete		
	15. Evaluation includes one of the following statements: <ul style="list-style-type: none"> <li>• Continue plan of care</li> <li>• Modify plan of care</li> <li>• Terminate plan of care</li> </ul>	<b>Complete</b>			<b>Not complete</b>		

**Reference**

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

Total Possible Points= 45 points  
45-35 points = Satisfactory  
34-23 points = Needs Improvement\*  
< 23 points = Unsatisfactory\*  
**\*Total points adding up to less than or equal to 34 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.**  
  
**\*\*\*Students that are not satisfactory after 2 attempts will be required to meet with course faculty for remediation. \*\*\***  
  
**Faculty/Teaching Assistant Comments:**

**Total Points:**

**Faculty/Teaching Assistant Initials:**

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

Student name: Jessica Seciliot								
<b>Skills Lab Competency Evaluation</b>	<b>Lab Skills</b>							
	<b>Week 1</b>	<b>Week 1</b>	<b>Week 1</b>	<b>Week 1</b>	<b>Week 1</b>	<b>Week 2</b>	<b>Week 2</b>	<b>Week 9</b>
Performance Codes: S: Satisfactory U: Unsatisfactory	<b>Insulin</b> (2,3,5,7)*	<b>Assessment</b> (2,3,4,5,7)*	<b>IV Math Application</b> (3,7)*	<b>Lab Day</b> (1,2,3,4,5,6,7)*	<b>IV Skills</b> (2,3,5,7)*	<b>Trach</b> (1,2,3,4,5,6,7)*	<b>EBP</b> (3,7)*	<b>Lab Day</b> (1,2,3,4,5,6,7)*
	<b>Date:</b> 1/6/26	<b>Date:</b> 1/6/26	<b>Date:</b> 1/7/26	<b>Date:</b> 1/7/26	<b>Date:</b> 1/9/26	<b>Date:</b> 1/14/26	<b>Date:</b> 1/14/26	<b>Date:</b> 3/9/26
Evaluation:	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	
Faculty/Teaching Assistant Initials	<b>DW</b>	<b>DW</b>	<b>DW</b>	<b>DW</b>	<b>DW</b>	<b>DW</b>	<b>DW</b>	
<b>Remediation: Date/Evaluation/Initials</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	

\*Course Objectives

**Comments:**

**Week 1**

(IV Math)-You satisfactorily participated in the IV Math learning session on 1/6/26 as well as the assigned IV Math practice questions and the IV Math Application Lab on 1/7/26. 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. HS

**Week 2**

(Trach Care & Suctioning) - During this lab, you satisfactorily demonstrated competence with tracheostomy care and tracheostomy suctioning, great job! You were able to maintain sterility throughout both procedures and were conscientious of your sterile field. During trach suctioning, you required two prompts: one related to hyper

oxygenating the patient prior to performing suctioning, and the other related to returning the oxygen to the previous setting after completing suctioning. During trach care, you required one prompt related to re-assessing the patient's respiratory status after completing trach care. Otherwise, well done. Keep up the hard work! 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: Jessica Seciliot					
Performance Codes: S: Satisfactory U: Unsatisfactory			Evaluation	Faculty Initials	Remediation Date/Evaluation/Initials
<b>Date:</b> 1/26/26	Shadow Health (Respiratory Hourly Rounds: Medical-Surgical) (*1, 2, 3, 4, 5, 6)	Scenario	<b>S</b>	<b>DW</b>	<b>NA</b>
		DCE Score	82.5%		
<b>Date:</b> 2/9/26	Shadow Health (Endocrine Hourly Rounds: Medical-Surgical) (*1, 2, 3, 4, 5, 6)	Scenario			
		DCE Score			
<b>Date:</b> 2/23/26	Shadow Health (Basic Patient Case: Pharmacology) (*1, 2, 3, 4, 5, 6)	Scenario			
		DCE Score			
<b>Date:</b> 2/25 or 2/26/26	Simulation #1 (Musculoskeletal & Resp) (*1, 2, 3, 4, 5, 6, 7)	Prebrief			
		Scenario			
		Reflection Journal			
		Survey			
<b>Date:</b> 3/24/26	Shadow Health (Perioperative Care Hourly Rounds: Medical-Surgical) (*1, 2, 3, 4, 5, 6)	Scenario			
		DCE Score			
<b>Date:</b> 4/8 or 4/9/26	Simulation #2 (GI & Endocrine) (*1, 2, 3, 4, 5, 6, 7)	Prebrief			
		Scenario			
		Reflection Journal			
		Survey			
<b>Date:</b> 4/13/26	Shadow Health (Intermediate Patient Case: Pharmacology) (*1, 2, 3, 4, 5, 6)	Scenario			
		DCE Score			
<b>Date:</b> 4/23/26	Shadow Health (Renal Hourly Rounds: Medical-Surgical) (*1, 2, 3, 4, 5, 6)	Scenario			
		DCE Score			

\* Course Objectives

Comments:

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

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

I was given the opportunity to review my final clinical ratings in each course competency. I was given the opportunity to ask questions about my clinical performance. I have the following comments to make about my clinical performance/final clinical evaluation:

Student eSignature and Date:

12/19/25